

The Building & Enhancing Bonding & Attachment (BEBA)

Retrospective Study:

A Unique Clinical Approach Supporting Families

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This report is dedicated to

Ray Castellino,

in love and appreciation.

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This BEBA Retrospective Study and Report could not have been conducted without the inspiration and leadership of BEBA co-founder and Director Ray Castellino. His vision for a research and educational clinic that would support families was far-sighted and became the realization of an idea whose time had come. Ray's ability to empathize with babies and children provided a model for how to treat children with respect and tenderness. We have all been blessed by this ideal of how to welcome all beings from their early beginnings and how that loving acknowledgement and treatment generates adults who are securely attached and best of all—able to give and receive love.

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**The Building & Enhancing Bonding & Attachment (BEBA) Clinic
Retrospective Study
A Unique Clinical Approach Supporting Families**

Section I: Introduction

In 1993 a nonprofit clinic was established in Santa Barbara, California, based on the recognition that babies and children are innately conscious beings, capable of remembering their experiences. This Clinic, known as the Building and Enhancing Bonding and Attachment (BEBA) Clinic, has continuously supported a holistic approach to healing early trauma that impacts the health of children, their parents and entire families. The Clinic was founded by Ray Castellino, D.C. (retired), R.P.P., R.P.E, RCST® and Wendy Anne McCarty, Ph.D., R.N. calling upon years of research and practice in the field of health and wellbeing that honors the baby's/child's experience (Chamberlain, 1988; Noble, 1993; Verny, 1981). Castellino and McCarty held the intention that they, and the families they served, could learn from babies; they could observe how babies communicate non-verbally through their movements, sounds, and interactions with their caregivers and the world. This recognition could lead to the repair of challenging imprints and the restoration of the wellbeing of whole family systems.

Over the years the Clinic trained a group of facilitators and assistants who offered services to more than 250 families. From 2012 to 2020 the Clinic was co-directed by Ray Castellino and Tara Blasco, PhD, RCST®. After Ray passed in December 2020, the Clinic has continued to operate in Ojai, California, as well as online, under the directorship of Dr. Blasco. The clinic's mission remains the same: to support families in the resolution of prenatal, birth and other early trauma, both physical and emotional, while facilitating the development of compassionate relationships, the healthy growth of children, and effective parenting. The Clinic promotes the art of addressing early trauma by working with the entire family.

While supporting families at the BEBA Clinic Castellino wrote extensively about his work (Castellino, 1995/1996a, 1995/1996b, 1996/1999/2002/2010, 1997/2001, 2000, 2005, 2014). That archive of relevant information is drawn upon in this report to enumerate the early research that reinforced the wisdom of the BEBA Family Clinic's practices.

Castellino continued to incorporate newer and evolving research as he improved his practices in the Clinic. In a later section of this report, current research is presented which corroborates the effectiveness of the principles and processes that have been implemented by Castellino and his staff.

During 2020, under the guidance and supervision of Castellino himself, the BEBA organization conducted a retrospective study among the families that had been served over more than a quarter century. The study was comprised of quantitative and qualitative components asking both closed and open-ended questions of participants. The results of the surveys and interviews are reported in subsequent sections of this paper.

Defining BEBA

The BEBA Clinic (referred to hereafter as BEBA) is a child-centered, family clinic dedicated to helping babies, children and their families resolve early restrictive patterns originating from prenatal and perinatal trauma including bonding and attachment issues. Parents learn to understand what their babies/children are communicating with body language, symbolic play, behaviors and words about their earliest experiences; families learn ways of interacting and activities that will lead to resolution of early trauma and closer, more loving family bonds (<https://beba.org>).

Traumatic early experiences can have long term effects on an individual's emotional, psychological and physical health and wellbeing (Emerson, 1996; Grof, 1992; Janov, 1983; Rank, 1929/1993; Verny, 1981). "Prenatal and perinatal hurts tend to form a kind of template or pattern on which later hurts are layered," (Linn & Emerson, 1999, p. 1). The earlier these experiences are resolved, the quicker a family, and all its members, prevent the layering consequences of trauma and can regain or create anew the harmony and happiness they desire. Therefore, BEBA families work with trained facilitators who utilize approaches that respect the innate wisdom of the child and seek to understand the child's perspective and experience. This model brings together the best of pre- and perinatal psychology and body-oriented therapies including craniosacral therapy, playing, modeling, movement facilitation, role-playing and focusing on pacing, tempo and establishing harmonic resonance.

BEBA's Goals and Objectives

BEBA's goal is to expand the understanding of the nature of early stress and trauma from prior to conception through the first years of life, including their effects on human development and their profound impacts on relationships. The Clinic supports the development of successful strategies and interventions to help babies, children, and their caregivers repattern and heal challenging and/or restrictive imprints from those early periods. Since BEBA's objective as a research and teaching clinic has always been to investigate these issues and educate the professional and public sectors about its findings, conducting a retrospective study naturally evolved to determine what current and former participants in clinical sessions thought was most effective.

What is Early Trauma?

Early trauma can occur anytime during conception, gestation, birth, the events following birth and the bonding and attachment phases. It can leave restrictive imprints (memories) in the nervous system and affect future behaviors, emotions, belief systems, psychological orientations and physical health and wellbeing. It has long been known that nicotine, alcohol, drug use and poor nutrition have traumatic effects on prenatals and babies (Chamberlain, 1988; Nathanielsz, 1999, 2010; Verny 1981). Stressful family events, emotional tension and the way routine medical procedures are performed may also have long-lasting traumatic effects (Castellino, 1995/1996a; Emerson, 1996; Sills, 1989/2002). In fact, trauma occurs in many different situations. It can come from something as obvious as being born prematurely (marchofdimes.org) or something as subtle as losing a twin in the early stages of fetal development (Landy & Keith, 1998; Sampson & de Crespigny, 1992; Sulak & Dodson, 1986). Early prenatal experiences like a death in the family or not being wanted are significant examples (David, 2006; David et al., 1988). Likewise, being whisked away from one's parents right after birth can be particularly traumatic, as can interventions like induced labor and birth by caesarian section (Arms, 1996; Buckley, 2003; Noble, 1993). The term *birth trauma* specifically refers to adverse experiences one has during birth, but

any traumatic events that take place between conception and about the age of three have particular significance in shaping an individual's life (Janov, 1983; Rank, 1929/1993).

Why is early trauma resolution important?

Gestation, birth, and early childhood are remarkable stages in a person's life. An ever-growing body of research indicates that the experiences one has during these stages profoundly affect one's long-term physical, emotional, and mental health (Chamberlain, 1988; Emerson, 1983, 1996, 2002). Brain development, learning capacity, emotional stability, physical coordination, early language skills, and self-esteem are all affected by life's earliest experiences. Neurological research shows a direct link between individuals' experiences and the development of their nervous systems (Siegel, 1999). This means that what infants or prenatals experience not only impacts their ability to form secure attachments and make decisions later in life, it actually contributes to the structure of their brains and nervous systems.

Babies and prenatals routinely suffer traumatic experiences that negatively impact their development (Arms, 1996; Castellino, 1995/1996a; Janov, 1983). These experiences make it difficult for them to manage stress, deal with conflict, develop self-esteem, or even fully attach to their parents. In later life, unresolved early traumas affect personality, behavior, and relationship formation. They also impact physiological characteristics like balance and the ability to orient in space, and mental characteristics like the ability to focus attention and learn effectively from experience. In short, one's entire self-image and manner of responding to outside events is affected by early trauma (Emerson & Schorr-Kon, 1993; Janov, 1983). Additionally, traumatic events impact an infant's neurological development. The physiological response to stress is informed by this neurological development, which means that adult stress responses are likely to be very similar to, and perhaps dependent upon, what was learned as a prenatel and as an infant (Siegel, 1999).

BEBA research, and research conducted in the prenatal community at large (Klaus, Kennel, & Klaus, 1995; Levine, 1997), makes it very clear that if a baby is hurt, the whole

family is hurt. An infant's ability to perceive its surroundings is truly remarkable. Babies and prenatals will readily feel anything their mother, father, or sibling is undergoing. Dr. Daniel Siegel, author of *The Developing Mind* (1999), points out that prenatals and babies learn how to respond to the world around them from their caregivers and are dependent on the caregiver's help in order to process trauma. Infants are still growing, not yet fully formed, and early experiences and responses are incorporated into their developing bodies and nervous systems. What a baby goes through, the family goes through, and what a family goes through, the baby experiences as well. This gives family-wide importance to both the resolution of babies' early trauma as well as the resolution of conflict between (and within) other family members.

Repatterning and healing early trauma also give babies and their families tools that they may not have had before. Children learn how to resource themselves, that is, to find inner-stability when events in the outside world are unsettled (Schoore, 1994). Approaching imprinted trauma at their own pace and in an utterly safe, supportive environment allows the baby/child and family to make sense of their traumatic experience and gives them the opportunity to change how they respond to stressful situations. The nervous system's response to stress can actually be reordered: hormones are released differently, different parts of the brain are activated, and a difficult situation can be navigated with less stress (Levine, 1997; Odent, 1999; Scaer, 2001; van der Kolk, 2014).

Trauma resolution contributes in many ways to the health and well-being of an individual (Levine, 1997; van der Kolk, 1994). Infants who have resolved their early trauma are often more able to sleep through the night. They are more alert, better able to self-attach and breastfeed, and better able to perceive someone else's state of mind. Dr. Peter Nathanielsz (1999) makes a very well-supported and convincing suggestion that adult health is dependent upon prenatal growth and infancy. In his book *Life in the Womb*, he cites a wealth of information supporting this notion. Timely resolution of trauma and strong, loving familial bonds lead to healthy children and, in turn, healthy adults. Ultimately, and best of all, healing early trauma contributes to the health of the entire family and allows a family to bond much more closely.

Section II: Bonding, Attachment & Trauma

Research Underlying the Early Work of the BEBA Clinic

In this section of the BEBA Retrospective Report, early research supporting the work undertaken at the Clinic is cited. This short history and literature review includes quotations taken from the writings of founder Ray Castellino himself. Families were continuously being observed as they participated in BEBA sessions, providing a rich source of clinical evidence that recorded effective strategies for healing early trauma as well as enhancing bonding and attachment. Those strategies and observations constitute an archive of BEBA's contributions to the fields of Prenatal and Perinatal Psychology, Somatic Psychology, Bonding, Attachment, and both Polarity and Craniosacral Therapy.

Bonding & Attachment

Bonding and attachment are concepts upon which the BEBA Clinic was founded. Therefore, these topics are briefly reviewed, citing experts with whom Castellino personally collaborated or whose work he respected and studied. Major influences in this arena were psychologists and trauma specialists William Emerson and Peter Levine, Cranial Sacral Biodynamic pioneer Franklyn Sills, and physiotherapist Anna Chitty. Castellino's understanding of individuals and family interactions grew as he studied, conferred with colleagues and commensurately worked closely with families at BEBA. Castellino (1996/1999/2002/2010) distilled his knowledge into several key concepts: 1) clinicians and caregivers can learn from babies, and healing modalities, as practiced in the BEBA Clinic, should be infant-centered; 2) people, particularly parents, connect with each other in specific ways that can be altered for the better or enhanced; 3) individuals in relationship have an ability to attune to one another—a connection which Castellino called “harmonic resonance,” (p. 1); and, 4) there is consistency between how preverbal infants “express themselves and relate imprinted implicit memories and how verbal children and adults express imprints from preverbal time” (p. 1). Castellino concluded, “It turns out that these four aspects are essential for healthy bonding and attachment” (p. 1).

Castellino (1996/1999/2002/2010) noted that some attachment researchers did not “make any distinction between attachment and bonding” (p. 2). In contrast, physicians Klaus and Kennell (1983), renowned bonding and attachment clinicians and researchers, defined a bond as “a unique relationship between two people that is specific and endures through time” (p. 2). Attachment, according to these authors of *Bonding: The Beginnings of Parent-Infant Attachment*, is “crucial to the survival and development of the infant, . . . [is] the major source for all the infant’s subsequent attachments and is the formative relationship during which the child develops a sense of himself” (p. 2). In 1995 Klaus and Kennell, whose landmark research Castellino (1995/1996a, 1995/1996b, 1996/1999/2002/2010, 1997/2001, 2004) would cite in his own articles, were joined by fellow-researcher Phyllis Klaus and again clearly differentiated between bonding and attachment in their classic book *Bonding: Building the Foundations of Secure Attachment and Independence*. These authors explained that “the term *bonding* refers to the tie from parent to infant, whereas the word *attachment* refers to the tie from infant to parent” (Klaus, Kennell, & Klaus, 1995, p. xviii). They pointed out that bonding “refers to the parents’ emotional investment in their child . . . [and] the infant is powerfully influenced by this emotional investment” (p. 192).

In his paper titled *Bonding and Attachment with Treatment Strategies*, first written in 1996 and continually revised for application in his Castellino Foundation Training™, Castellino expressed his view of the *interaction* of bonding and attachment:

Personally, given the history, I like to use [the term] bonding for parent’s connection with their babies. Babies [innately] attach to their parents, so together bonding and attachment means the glue or the substantive matrix for making healthy connection. Bonding and attachment then are the processes by which parents and babies come to love each other in ways that support optimal growth of the child and wellbeing of the parents. (p. 2)

Castellino (1997/2001, 2005) agreed with Solter (1984) who described bonding as falling in love with a newborn baby. Nonetheless, he elaborated on the positive aspects of uniting the processes of bonding and attachment, thinking of them as occurring simultaneously and reciprocally.

In healthy bonding and attachment individuation is also supported. It’s an exquisite state of merging and knowing your separateness at the same time. This healthy bonding and attaching gives the baby the space to experience herself as a fully loved

being and the parents a sense of profound gratitude for the presence of their child and the mysteries of life. (Castellino, 1996/1999/2002/2010, p. 3)

Castellino (1996/1999/2002/2010) emphasized that:

Healthy bonding and attachment support:

- the full flow life energy,
 - open clear communication,
 - loving connection in relationships,
 - the ability to hold presence in the moment,
 - the ability to be spontaneous and creative,
 - the ability to see and feel possibilities, and to have more freedom of choice,
 - the strength to be present with pain is there,
 - the strength to be present in our bodies with whatever the condition is occurs.
- (p. 3)

In the first issue of the *Journal of Prenatal & Perinatal Psychology & Health*, doctors Rene Van de Carr and Marc Lehrer (1986) noted that researchers like Klaus and Kennell (1983), Peterson and Mehl (1978), and Svejda, Camos, and Emde (1980) were investigating how parents and infants bond immediately after birth. Van de Carr and Mehl went on to describe their Prenatal University program which emphasized “cooperative relating to the baby *before* [emphasis added] it is born as a vehicle for helping develop better parent-parent communication as well as promoting better parent-infant bonding” (Van de Carr, 1983, p. 29).

In the latter half of the 20th century other researchers were also observing the powerful effects of bonding and attachment. William Emerson, with whom Castellino collaborated, published *The Vulnerable Prenate* in 1996. In this journal article, Emerson stated unequivocally:

Prenatal and birth traumas impair bonding at birth. In addition to posing a risk of birth traumatization, prenatal traumas have another more insidious impact. When traumas occur prior to or during birth, the quantity and quality of bonding is radically reduced. (p. 129)

As Emerson (1996) uses the term *bonding*, it appears to be a generalized expression implying both bonding and attachment, that is, an amalgamation the infant’s ability to develop secure attachments and trusting relationships *and* the parent’s ability to form loving ties with their

child. Emerson emphasized that his work with clients led him to conclude that “lack of bonding predisposes the individual to aggression and violence” (p. 129).

Even though bonding and attachment can be interrupted by birth trauma and early separation, the experience at the BEBA clinic has demonstrated over and over that the connection can be reestablished at any time particularly once the traumatic birth experience has been processed and integrated. The child is wired to attach to his primary caregiver; if that sequence of attachment is interrupted because of trauma and/or separation, it can be reestablished later on (Blasco, 2003).

It was John Bowlby (1969/1982), a British psychoanalyst, who coined the term *attachment*. He observed that children expressed stress behaviors when separated from their primary caregiver. Bowlby noted:

To say of a child that he is attached to, or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations notably when he is frightened, tired, or ill. (p. 371)

Bowlby (1969/1982) proposed an ideal over five decades ago:

A young child’s experience of an encouraging, supportive, and cooperative mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favorable model on which to build future relationships. Furthermore, by enabling him to explore his environment with confidence and to deal with it effectively, such experience also promotes his sense of competence. Thence-forward, provided family relationships continue favourable, not only do these early patterns of thought, feeling and behaviour persist, but personality becomes increasingly structured to operate in moderately controlled and resilient ways, and increasingly capable of continuing so despite adverse circumstances. (p. 378)

Bowlby (1969/1982) also proposed that:

Other types of early childhood and later experience have effects of other kinds, leading usually to personality structures of lowered resilience and defective control, vulnerable structures which also are apt to persist. (p. 378)

It has been the BEBA mission to provide the models, methods and mental constructs that encourage parents to be supportive, to build every child’s sense of worth, and thereby build trusting relationships.

Mary Ainsworth (Ainsworth et al., 1978), a graduate student herself, devised an experiment to investigate Bowlby’s contentions. Called *The Strange Situation* this

experiment was designed to observe year-old children in a laboratory setting. In unfamiliar situations children were separated from their primary caregivers, usually their mothers, then reunited. Subsequently it was determined that children as young as one year old develop an attachment style: secure, insecure avoidant, or insecure ambivalent. Ultimately, associates Mary Main and Eric Hesse added another category: disorganized.

Attachment styles have been described in many books and articles. Daniel Siegel (1999) distilled the work of attachment researchers in his book *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*, cited by both Castellino and Blasco in their publications. Siegel succinctly states that

“Attachment” is an inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant caregiving figures. The attachment system motivates an infant to seek proximity to parents (and other primary caregivers) and to establish communication with them. At the most basic evolutionary level, this behavioral system improves the chances of the infant’s survival. (p. 67)

In this influential volume Siegel (1999) explored the concept of “self-regulation—the way the mind organizes its own functioning” (p. 8) as it is strongly associated with attachment. Siegel built on the work of Allan Schore (1994) who had written the highly regarded *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Castellino was more than familiar with the concept of self-regulation and was introducing this subject to students at Santa Barbara Graduate Institute in the early 2000s.

“Self-regulation is fundamentally related to the modulation of emotion” (Siegel, 1999, p. 8). Schore (1994) pointed out that during the time leading up to the publication of his book focusing on affect regulation, there had been an “explosion of infant research” (p. 4). That research “established that the infant’s affect is initially regulated by the mother, but over the course of development it becomes increasingly self-regulated” (p. 8). Castellino (2004) cited both Schore (2003a) and Siegel with his co-author Hartzell (2003) because their research was revealing that “babies learn to self-regulate and balance within themselves by the way they are held and treated” (p. 5). Castellino stated:

I like to define self-regulation as the ability of the systems to function within a range of activity while integrating the experience from moment to moment. When the baby’s caregivers have the skill of self-regulating, the baby learns to self-regulate as well. Self-regulation is an unconscious process of fundamental physiological and

endocrinological functions as well as emotional regulation in response to internal and external events (Schoore, 2003b, p. 248). Self-regulating and secure attachments are more likely to occur in babies when their caregivers are well attuned with them. (p. 5)

In this 2004 article *Supporting Successful Breastfeeding and Attachment* Castellino promoted skin to skin contact immediately after birth as a way to support both “mom and baby to self-regulate, come into a more attuned space and ANS [autonomic nervous system] balance” (p. 9). He was observing what other researchers were finding as well, including neonatologist Raylene Phillips, who in 2013 would write the definitive paper on skin-to-skin contact: *The Sacred Hour: Uninterrupted Skin-to-Skin Contact Immediately After Birth*. Dr. Phillips clearly pointed out:

The manner in which a new baby is welcomed into the world during the first hours after birth may have short and long-term consequences. There is good evidence that normal, term newborns who are placed skin to skin with their mothers immediately after birth make the transition from fetal to newborn life with greater respiratory, temperature, and glucose stability and significantly less crying indicating decreased stress. Mothers who hold their newborns skin to skin after birth have increased maternal behaviors, show more confidence in caring for their babies and breastfeed for longer durations. Being skin to skin with mother protects the newborn from the well-documented negative effects of separation, supports optimal brain development and facilitates attachment, which promotes the infant’s self-regulation over time. (p. 67)

Psychologist Erik Erikson has been given credit for coining the psychological term *mutual regulation* as he proposed his eight stages of human development. This term referred to parent-child emotional reciprocity but mutuality applied throughout Erikson’s life stages. The process of mutual regulation is also described as co-regulation, a term that Castellino expanded. No longer just limited to the mother’s modeling of self-regulation whereby the child could learn to self-regulate, co-regulation implied that the mother, as she did when in skin-to-skin contact with her newborn, was also affected by the emotional interaction with her child. Castellino spoke about *co-regulation* in describing how mother and infant emotionally regulate each other. Further, he reported (2004) that, in his clinical experience at BEBA,

We find that when we, including parents, actually meet a baby’s internal rhythmic needs and attune ourselves to the baby’s rhythm, it increases the likelihood that the

baby will form secure attachments to her parents. A primary skill that caregivers (parents and practitioners) need to develop in order to do this with a baby is to be able to be authentic with their own feelings, state them, differentiate them and be with the baby. . . . The amazing thing is that when we attune to the baby's rhythmic needs, we function better and are more capable of making sense and integrating our own experience, moment to moment. We self-regulate and we become more coherent in ourselves. (p. 11)

Castellino recognized the important interaction between mother/primary caregiver and infant which necessitated parental involvement in the healthy development of a child—therefore, families, involving children *and* their parents, were at the heart of BEBA's principles and practices. Even more, he recognized the ability of facilitators in a clinical environment to co-regulate with parents and children as well. Developmental psychologist Ed Tronick (1989) addressed the emotional communication between infants and adults and their ability “to mutually regulate their interactions (p. 112). He subsequently hypothesized a “Mutual Regulation Model” (MRM) of infant-adult interaction. The MRM describes the Observation and Question microregulatory social-emotional process of communication that generates (or fails to generate) dyadic intersubjective states of shared consciousness” (1998, p. 290). Tronick agreed with Castellino's contention that an individual's past experience of mutual regulation “affects current emotional and relational functioning” (p. 299). In the process of mutual regulation, he saw an opportunity for the expansion of individual “states of consciousness” (p. 299).

Connectedness with the mother permits the infant to expand his or her state of consciousness. Dyadic expansion of consciousness is a powerful force for change. The infant's mind becomes more coherent and incorporates more information. And when a dyadic state of consciousness is achieved there is a restructuring and change of the infant's present and past mental organization. Analogously, in the therapeutic setting my hypothesis is that the therapist and the patient can also achieve these dyadic states. Dyadic states of consciousness between the patient and therapist do not involve interpretation, although interpretations may aid in their creation. They are purely emotional and procedural (implicit). (Tronick, 1998, p. 298)

Whether co-regulation is spoken of in terms of physiological responses (Phillips, 2013), brain wave states, particularly calling upon the limbic/emotional brain (Tronick, 1998), or in the musical language of attunement and rhythm (Castellino, 2004), the connection between mother and child is regarded as imperative for the development of a

child's ability to self-regulate. Co-regulating adults can come into synchrony with a child, another adult, or even a client in a therapeutic setting.

At the BEBA Clinic Castellino and his facilitators were seeing secure and insecure attachment styles of interacting in the dynamics of the families they were assisting. Insecure attachment is not a diagnosis; it is a pattern of strategies employed by an individual in relationship with others. Merging the terms bonding and attachment, which are reciprocating processes that reinforce one another, Castellino (1996/1999/2002/2010) wrote "attachment and bonding may occur out of love and nurturement or as a result of trauma" (p. 2).

Having drawn on earlier bonding and attachment research and his clinical experience at BEBA, Castellino (1996/1999/2002/2010) declared:

In BEBA . . . it appears that a natural outcome of healing prenatal and birth trauma is that healthy bonding and attachment occurs in all the relationships of a family. Secure bonding and attachment is an effect of the work we are doing in BEBA In my view, prenatal and birth trauma imprinting interferes with the healthy bonding and attachment processes between baby and loved ones. The completion of the traumatic experience, especially integrating the experience consciously, leads to healthy bonding and attachment. When traumatic experience is not completed or integrated, something must be done to bring that about. Otherwise the compensation, survival and dysfunctional behaviors left over from the trauma will be repeated and recapitulated over and over again. The resolution of traumatic imprints from prenatal and birth experience allows healthy bonding and attachment to happen. (p. 2)

Trauma: Interruptions, Insults, Betrayal & Imprints

Bonding and attachment processes can be interrupted. It is in the treatment of "interruptions and insults" (Castellino, 1996/1999/2002/2010, p. 3) to those essential processes that Castellino distinguished himself. In his paper *Bonding and Attachment with Treatment Strategies* (1996/1999/2002/2010) he stated there is a "need for babies and moms to have the sanctity of their connection respected. Misattunements interrupt the rhythmic integrity and harmonic resonance necessary for healthy resonance for healthy bonding and attachment" (p. 3).

Castellino was able to identify troubling patterns of behavior in children and adults that arose from prenatal and birth interruptions, that is, circumstances that interrupted the process of bonding, attachment, or both. Together with colleagues William Emerson and

Franklyn Sills, Castellino developed an *Energetic and Somatic Prenatal and Birth Model* which he presented in *Being with Newborns: An Introduction to Somatotropic Therapy*. This model incorporated “new tools for assessing and treating prenatal and birth trauma” (Castellino, 1995/1996a, p. 3).

Trauma, even in 2021, is defined by the American Psychological Association (APA) as “an emotional response to a terrible event like an accident, rape or natural disaster,” (<https://www.apa.org/topics/trauma>). This traditional definition has been expanded by Castellino and his associates in the field of Prenatal and Perinatal Psychology to include prenatal and birth events that impact the physical, mental and emotional wellbeing of the mother, and even more importantly, to the physical, mental and emotional wellbeing of the baby.

In 1949 Winnicott, renowned pediatrician and psychoanalyst, read a paper at a meeting of the British Psycho-Analytical Society. This paper was later published as a chapter in his *Collected Works* which Castellino cited in *Being with Newborns*. In *Birth Memories, Birth Trauma, and Anxiety* Winnicott asked “whether birth memories are individual or racial, whether birth can be normal or whether trauma is an inherent part of birth or a variable and chance accompaniment” (p. 174). He observed that in the mid-20th century:

It is rare to find doctors who believe that the experience of birth is important to the baby, that it could have any significance in the emotional development of the individual, and that memory traces of the experience could persist and give rise to trouble even in the adult. (p. 175)

Castellino (1995/1996a) disagreed with this historic prejudice and stated:

Until very recently, few professionals and parents knew that prenatals, birthing babies and newborns are conscious, sentient beings, possibly as early as conception. This means that prenatals, birthing babies and newborns have a sense of what is going on. They know when they are disconnected, not acknowledged, and not included in decision making. Whether or not they are capable of making decisions, they still have something to say about them. Prenatals and babies are conscious sentient beings who deserve our attention and respect in the same way we would offer it to anyone our own age. (p. 18)

Castellino (1995/1996a) pointed out that “ideally, parents, care givers and healthcare providers are supposed to be trustworthy Without trust, our children are left betrayed” (p. 18). Describing how feelings of betrayal are generated, he wrote,

During pre- and peri-natal life, betrayal is unwittingly and unintentionally perpetrated onto the pre- and neonate. The neonate feels unprotected, delivered into the hands of the enemy and betrayed. Clinically, I have seen betrayal feelings reported by adults and portrayed in babies and children from all of the following: alcohol or drug use at conception or during pregnancy, abortion ideation (thinking about abortion while pregnant), abortion attempts, scalp fetal heart monitors at birth, anesthesia or analgesia, forceps, vacuum extraction, cesarean section birth, cutting the umbilical cord too soon or too rapidly, eye drops, insensitive bathing after birth, pediatric interventions after birth, heel sticks to draw blood for medical tests, vaccinations and circumcision. This list is by no means complete. Betrayal feelings can easily be recapitulated by parents just by telling the birth story without including the baby in the conversation. Parents, caregivers, and healthcare professionals often do not understand, nor acknowledge protests and tears that babies express while experiencing procedures or while someone is talking about them without including them. Research has shown that babies do experience perceptions and express feelings in direct response to what is happening to them. These unresolved betrayal feelings undermine the primary trust the neonate has of his parents. Without trust firmly in place, parenting and being parented is unnecessarily encumbered. Unresolved betrayal inhibits the child parent relationship and, more often than not, results in power struggles between the child and his parents. (p. 18-19)

Castellino (1995/1996a) concluded,

I think it is impossible for a child to be born and grow up in this and many cultures without knowing some level of betrayal. To start with, we don't understand that our children are being betrayed. Then, when our children are acting out betrayal behaviors, we don't understand that either. Finally, we don't know how to appropriately respond to the child's behavior. Both parent and child remain confused, and the betrayal cycle continues. (p. 19)

Castellino noted that interruptions, insults, and interventions of all types during birth can be betrayals—traumatic events—that lead to distress being experienced by the infant. Further, these experiences are recorded in the child's body and mind, later recapitulated, and ultimately become patterns which are played out over the course of their entire lives. It is his treatment to resolve these experiences that frees individuals to have healthier lives.

Castellino (1995/1996a) described the biological mechanism by which traumatic experiences are recorded—imprinted—in our bodies, minds and emotions:

When we are having some kind of stressful experience that drives our adrenal cortex, our fight or flight responses are stimulated and the level of catecholamine hormones in our system rises. It is during these kinds of heightened experiences that our body memory patterns, emotional memory patterns and mental memory patterns get

imprinted. Imprinting occurs in a triad of body first, emotions and then mind. The earlier the event in prenatal life, the deeper the imprinting. (pp. 21-22)

Castellino was exceptionally attuned to infants and respected their inherent capacity to communicate their needs to caregivers. He described how infants convey imprinted trauma residing in their nervous systems.

Every expression and movement a newborn makes has purpose. Babies do not do anything without purpose. Breaks in the continuity of movement patterns are obvious and easy to identify. An obvious movement pattern which demonstrates breaks in the neonate's integral continuity is jerky movements. The baby's nervous system is unable to deliver an integrated motor signal in a consistent even flow from their neocortex. Non-traumatized babies, including neonates, are observed to move their limbs and body in even continuous patterns. (Castellino, 1995/1996a, p. 10)

The BEBA Clinic's approach to supporting families has always been anchored in Castellino's knowledge, expertise, empathy and intuitive understanding of babies and their innate wisdom. This approach led Castellino and his staff to offer a series of steps in the healing of betrayal. Policies and practices for healing birth trauma, betrayal and other bonding and attachment challenges are presented in a later section of this report.

As Castellino wrote in *Being with Newborns*:

Betrayal feelings do not need to be lost in our shadows. They can be healed. Professionals trained in the Somatotropic approach for the resolution of prenatal and birth trauma in infants and children can support families to heal unresolved betrayal. Domestic and social violence can be prevented. This, in turn, can allow parents and children to have open, trusting, expressive, and growth filled relationships, free of betrayal. (p. 26)

Infant research has grown exponentially during the 21st century, and much now substantiates the work of Castellino and his colleagues at the BEBA Clinic. That research is presented in the section of this report titled *Corroborating Resources*.

Section III: Quantitative Research The Online Survey

Ray Castellino, Tara Blasco and their team of four colleagues (Susan Highsmith, Kate White, Moriah Whoolilurie, and India Leigh; midwife, BEBA Board President and longtime associate Mary Jackson joined the team upon Ray's demise) performed a retrospective study of the BEBA Clinic's quarter century of work. It was decided that gathering both objective and subjective data would best serve the intention to explore and evaluate how BEBA clients viewed the short and long term effects of having participated in sessions at the Clinic. Quantitative and qualitative research methods were each employed creating a mixed method design that would yield statistical data as well as personal accounts.

An online survey was designed to assess BEBA clients' attitudes. In terms of determining to whom the survey would be offered, the population was specific and, thus, narrow. The families were those who had received services from the BEBA Clinic from its inception in 1993. Two hundred sixty two families were in the data base; 233 emails were sent to known email addresses. Seventy eight of those emails were opened; 54 families agreed to fill out the survey, and, of those, 12 individuals or families agreed to be interviewed.

Initially families were contacted by email which was composed as an introductory letter (Appendix A) stating BEBA's plan to conduct a retrospective study and inviting families to participate. After allowing a one-to-two week period for receipt of the email/letter, personal phone calls were made to each family. Two team members called and/or texted every one listed in the BEBA data bank. According to one of the researchers, "our biggest challenge was reaching the families whose contact information was outdated."

If an individual or family agreed to participate, they were provided with an Informed Consent Form (Appendix B) and given a link to the online survey (Appendix C). The data distilled from that survey are reported below. Individuals who agreed to participate in a personal interview were given instructions regarding how to schedule an appointment at a convenient time so they could share more detailed perspectives about their experiences at the BEBA Clinic. The qualitative data including transcriptions of the responses are discussed in Section IV of this report.

The Online Survey

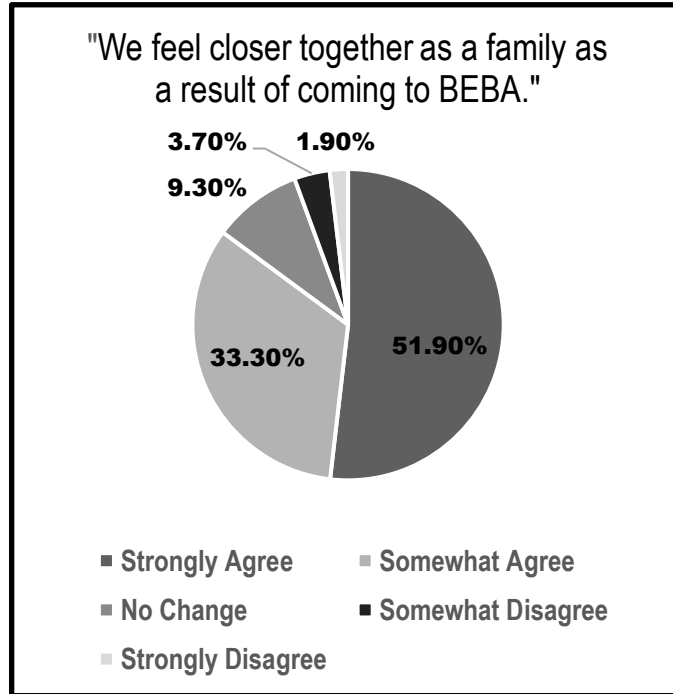
The online survey was designed to ask questions of those who had utilized the services of the Clinic over the 27 years that it had been supporting families. Questions were asked that would give BEBA families an opportunity to share how they perceived the value they received. Responses to eight questions were scaled from strongly disagree to strongly agree; a ninth question was comprised of twenty items that could be rated on a scale of 0 - 10 with 0 representing no benefit and 10 representing the greatest possible benefit. One other choice was offered to this series of ratings: prefer not to answer. Each question with the collective responses are presented graphically below. The quantitative data would be compared and contrasted with qualitative statements which were added at the end of the survey and further elucidated by interviews if participants agreed to that option.

The demographic data provided by respondents to the survey yielded the following: the mean age of participants was 50 years; 91% were female; 66% of respondents were married, 19.1% were divorced, 6.4% were engaged or in a serious relationship, 4.3 % were single, and 4.3% were widowed; some of those who responded had no children but most had one, two or three; the average family income was \$75,000. Visits began as early as 1994 and the last visits reported ended during 2020, the year of the study. The time dedicated to attending BEBA sessions varied widely: 25% of the respondents attended sessions from 0 to 6 months with some attending only one BEBA session; 10.4% attended from 6 to 12 months; 43.8% attended from 1 to 2 years; and 20.8% attended sessions for 2 years or more.

The Survey Results

Fifty four people responded to all eight questions which were posed as statements. Three respondents preferred not to answer four of the questions/statements which is pointed out when the results of each statement are reported below. The percentages are rounded to the nearest tenth of one percent. The responses on a Likert Scale from strongly agree to strongly disagree are reported in three different ways: 1) on a pie chart; 2) on a table which includes the number (frequency) of responses; and as a narrative which is the language used to discuss conclusions later in the report.

1) We feel closer together as a family as a result of coming to BEBA.

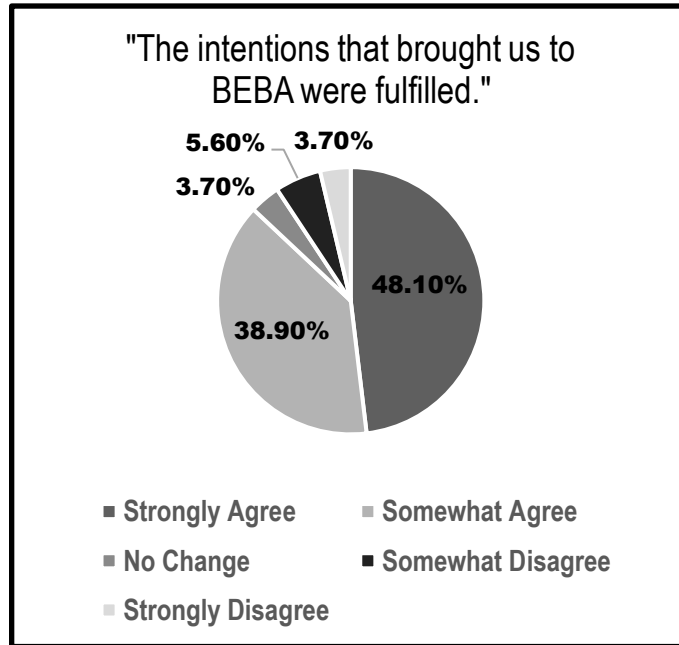


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	28	51.9	51.9	51.9
	Somewhat Agree	18	33.3	33.3	85.2
	No Change	5	9.3	9.3	94.4
	Somewhat Disagree	2	3.7	3.7	98.1
	Strongly Disagree	1	1.9	1.9	100.0
	Total	54	100.0	100.0	

Responding to the first statement, 28 individuals or 51.9% of those served by the BEBA Clinic strongly agreed that they felt closer together as a family as a result of coming to BEBA. Eighteen or 33.3% somewhat agreed, while five or 9.3% felt they experienced no change in

the closeness of their family, and two (3.7%) somewhat disagreed with the statement. One person or just less than 2% (1.9%) strongly disagreed and did not feel that they felt closer as a family.

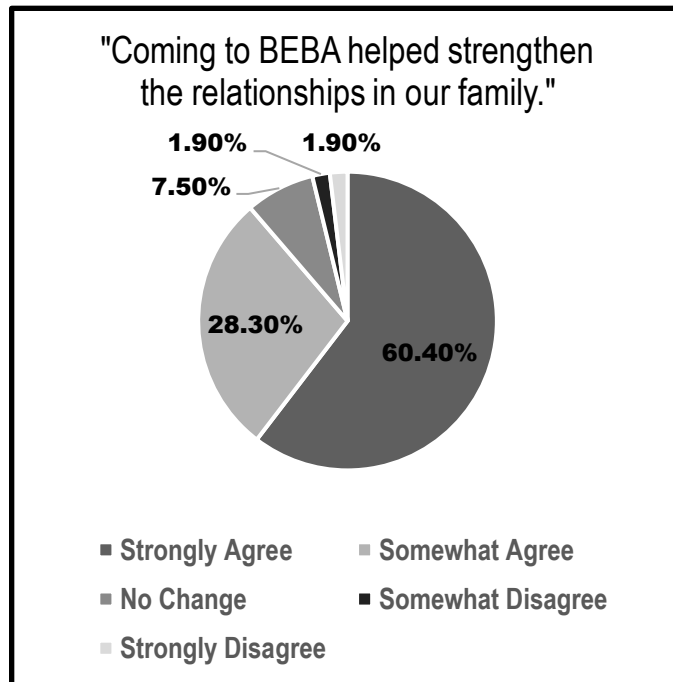
2) The intentions that brought us to BEBA were fulfilled.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	26	48.1	48.1	48.1
	Somewhat Agree	21	38.9	38.9	87.0
	No Change	2	3.7	3.7	90.7
	Somewhat Disagree	3	5.6	5.6	96.3
	Strongly Disagree	2	3.7	3.7	100.0
Total		54	100.0	100.0	

Twenty six of the 54 respondents (48.1%) strongly agreed with this statement, while 21 (38.9%) somewhat agreed. Smaller percentages of 3.7% responded “no change,” 5.6% somewhat disagreed with the statement, and 3.7% strongly disagreed. These represented 2, 3, and 2 individuals respectively.

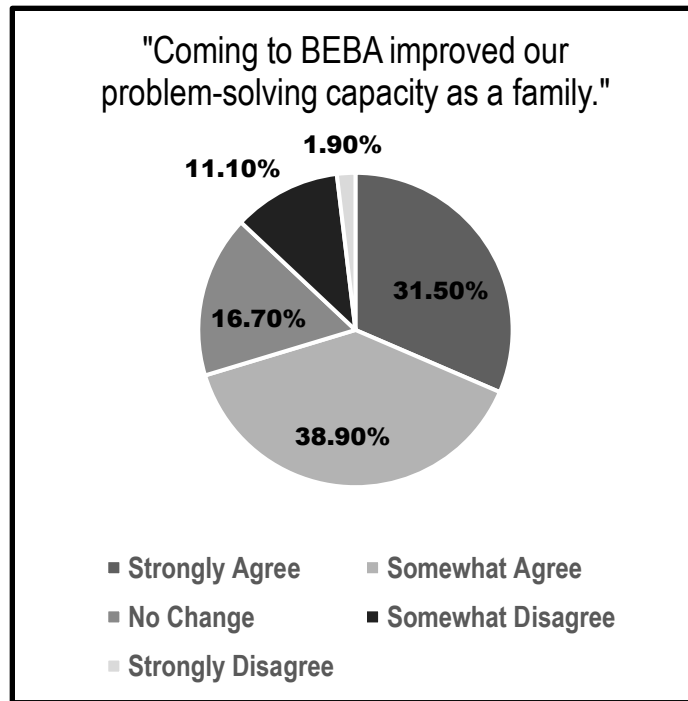
3) Coming to BEBA helped strengthen the relationships in our family.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	32	60.4	60.4	60.4
	Somewhat Agree	16	28.3	28.3	88.7
	No Change	4	7.5	7.5	96.2
	Somewhat Disagree	1	1.9	1.9	98.1
	Strongly Disagree	1	1.9	1.9	100.0
Total		54	100.0	100.0	

In answer to the statement “Coming to BEBA helped strengthen the relationships in our family,” 32 respondents (60.4%) strongly agreed and 16 (28.3%) somewhat agreed. Four (7.5%) indicated no change, one (1.9%) somewhat disagreed and one (1.9%) strongly disagreed.

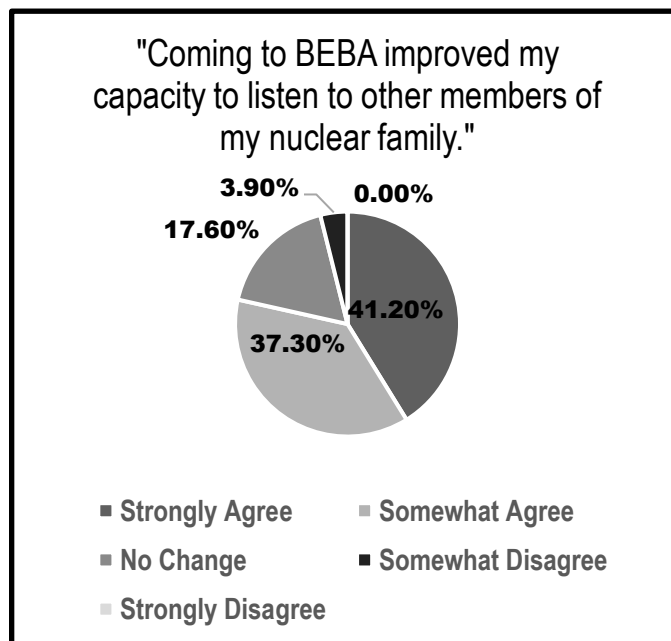
4) Coming to BEBA improved our problem-solving capacity as a family.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	17	31.5	31.5	31.5
	Somewhat Agree	21	38.9	38.9	70.4
	No Change	9	16.7	16.7	87.0
	Somewhat Disagree	6	11.1	11.1	98.1
	Strongly Disagree	1	1.9	1.9	100.0
Total		54	100.0	100.0	

Thirty one and a half percent of the responses to “Coming to BEBA improved our problem-solving capacity as a family,” were “strongly agree, representing 17 people. 21 people (38.9%) somewhat agreed, nine (16.7%) reported no change, six (11.1%) somewhat disagreed, and one person (1.9%) strongly disagreed.

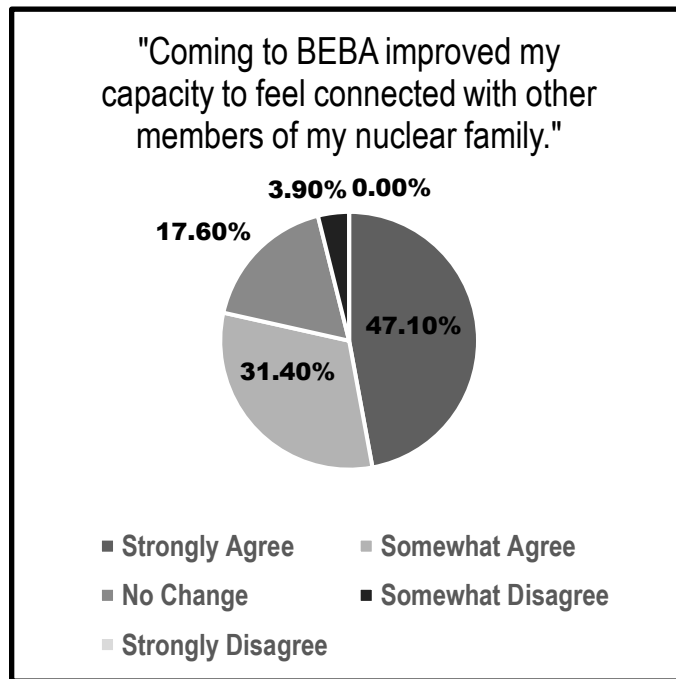
5) Coming to BEBA improved my capacity to listen to other members of my nuclear family.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	21	38.9	41.2	41.2
	Somewhat Agree	19	35.2	37.3	78.4
	No Change	9	16.7	17.6	96.1
	Somewhat Disagree	2	3.7	3.9	100.0
	Total	51	94.4	100.0	
Missing	System	3	5.6		
	Total	54	100.0		

In response to the statement “Coming to BEBA improved my capacity to listen to other members of my nuclear family,” three people (5.6%) preferred not to answer. Twenty one of the respondents (38.9%) strongly agreed with the statement, however, statistically the percentage converted to 41.2% due to the fact that the total number of people responding was reduced to 51. Nineteen individuals (35.2% which converted to 37.3%) somewhat agreed, nine (16.7%/17.6%) indicated they experienced no change, and two (3.7%/3.9%) strongly disagreed.

6) Coming to BEBA improved my capacity to feel connected with other members of my nuclear family.

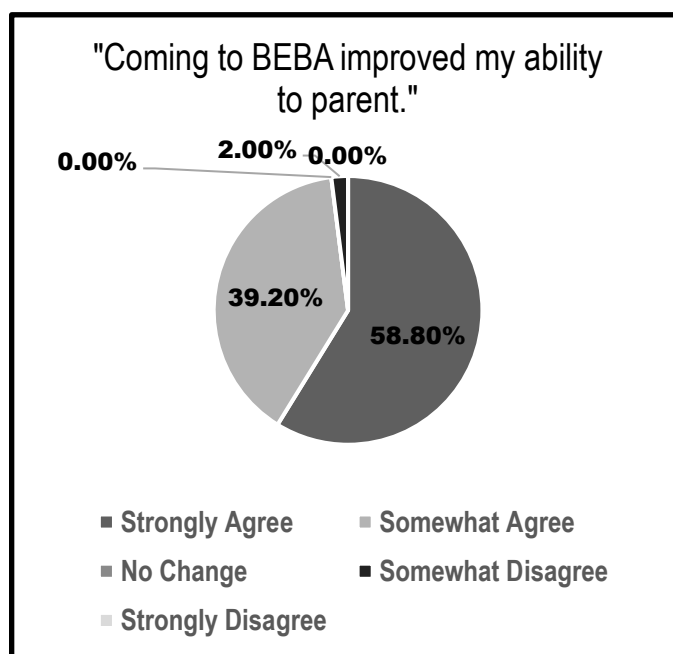


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	24	44.4	47.1	47.1
	Somewhat Agree	16	29.6	31.4	78.4
	No Change	9	16.7	17.6	96.1

	Somewhat Disagree	2	3.7	3.9	100.0
	Total	51	94.4	100.0	
Missing	System	3	5.6		
	Total	54	100.0		

Three people (5.6%) preferred not to rank the statement: "Coming to BEBA improved my capacity to feel connected with other members of my nuclear family." This alters the calculation of the other percentages as the total number is reduced from 54 to 51. Twenty four (44.4%/47.1) checked strongly agree and 16 (29.6%/31.4%) selected somewhat agree. Nine reported (16.7%/17.6%) no change and two others (3.7%/3.9%) somewhat disagreed.

7) Coming to BEBA improved my ability to parent.

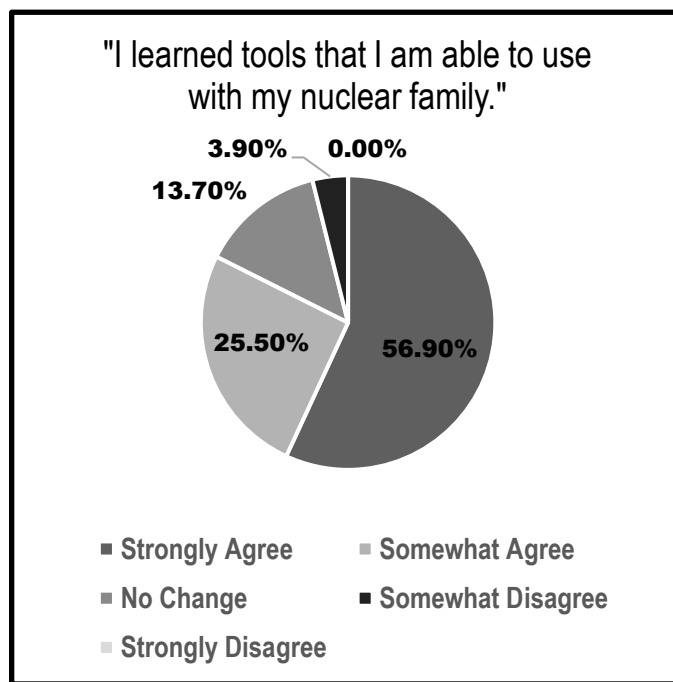


		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	30	55.6	58.8	58.8
	Somewhat Agree	20	37.0	39.2	98.0
	Somewhat Disagree	1	1.9	2.0	100.0

	Total	51	94.4	100.0	
Missing	System	3	5.6		
	Total	54	100.0		

Fifty four potential respondents were reduced to 51 as three (5.6%) chose not to address the statement: "Coming to BEBA improved my ability to parent." Thirty (55.6% adjusted to 58.8%) strongly agreed, and 20 (37%/39.2%) somewhat agreed that their ability to parent improved. One (1.9%/2%) somewhat disagreed. It is particularly noteworthy that 98% of the respondents to this statement thought their parenting abilities improved; this finding will be discussed further in the conclusion portion of this report.

8) I learned tools that I am able to use with my nuclear family.



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	29	53.7	56.9	56.9
	Somewhat Agree	13	24.1	25.5	82.4
	No Change	7	13.0	13.7	96.1

	Somewhat Disagree	2	3.7	3.9	100.0
	Total	51	94.4	100.0	
Missing	System	3	5.6		
	Total	54	100.0		

Since three individuals preferred not to rank the statement, “I learned tools that I am able to use with my nuclear family,” the percentages in the chart and table above are adjusted to reflect the number of respondents declined from 54 to 51. Twenty nine (53.7%/56.9%) strongly agreed and 13 individuals (24.1%/25.5%) somewhat agreed that they learned tools they could use. Seven (13%/13.9%) registered no change and two (3.7%/3.8%) somewhat disagreed.

In question 9 those surveyed were asked to rate 20 items on a scale of 0-10. Zero (0) signified *no benefit* while 10 signified *the greatest possible benefit*. The question was asking how much benefit in a particular area a client of the BEBA Clinic received and valued over time. The chart below depicts the mean score for each of the questions as well as the average overall mean score. Each mean score represents the mathematical average of the set of ratings recorded for a particular item.

The Table that follows the bar chart of individual scores for the 20 questions lists the mean ranking for each question with its standard error and standard deviation. For example, people rated the benefit they received from BEBA in terms of *slowing down* at a mean score of 6.88 (SE=3.8, SD = 2.7).

At the end of the quantitative survey two qualitative questions were included that many respondents chose to answer. Those questions and a distillation of the themes of the responses are reported following the results of the other two sections of the survey.

Figure 1 Bar Graph of Mean Scores

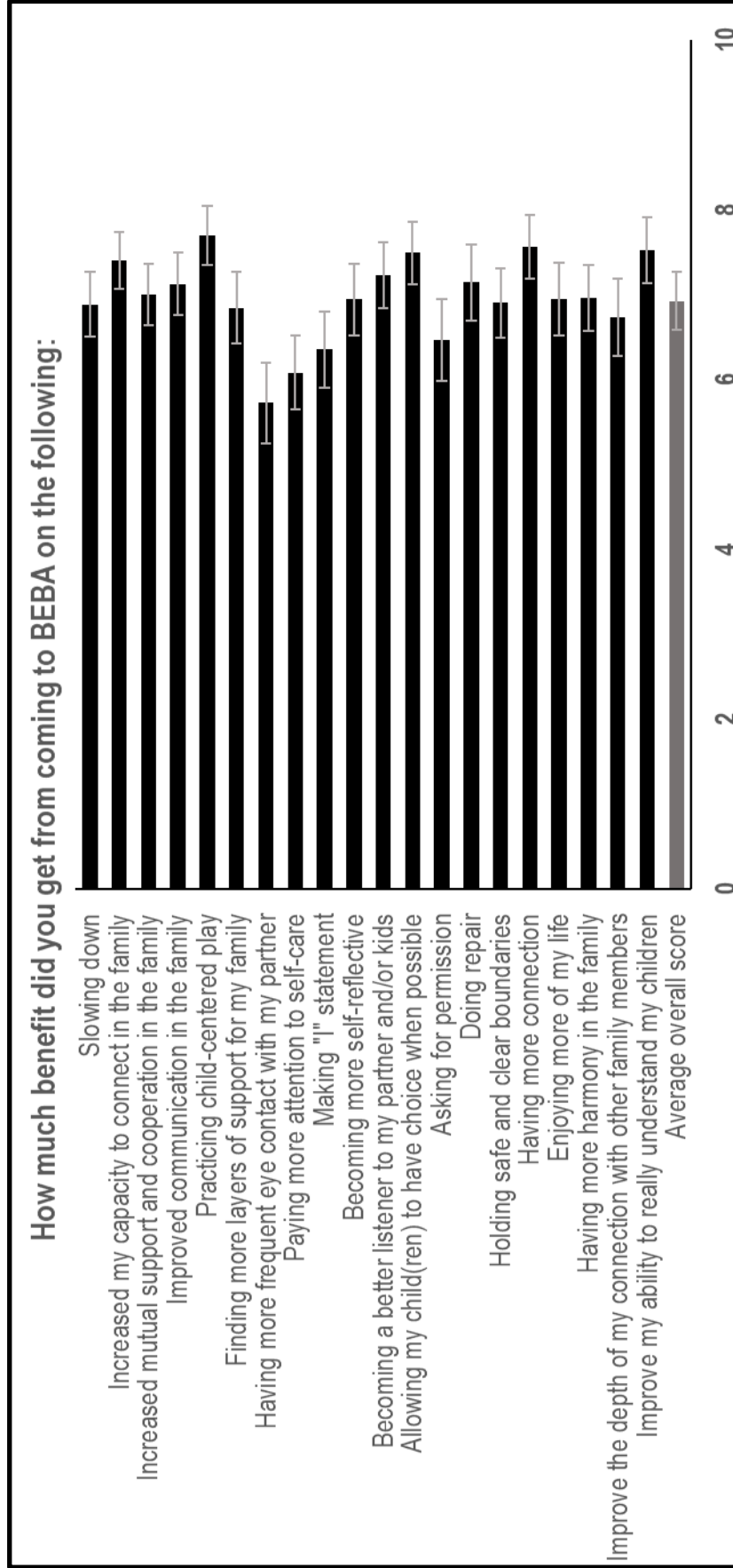


Table of Mean Scores

		Mean	SE	SD	N
1	Slowing down	6.88	0.38	2.7	50
2	Increased my capacity to connect in the family	7.4	0.34	2.42	50
3	Increased mutual support and cooperation in the family	7	0.36	2.54	49
4	Improved communication in the family	7.12	0.37	2.57	49
5	Practicing child-centered play	7.69	0.35	2.43	48
6	Finding more layers of support for my family	6.84	0.42	3	51
7	Having more frequent eye contact with my partner	5.72	0.48	3.22	46
8	Paying more attention to self-care	6.08	0.43	3.02	50
9	Making "I" statements	6.35	0.45	3.13	49
10	Becoming more self-reflective	6.94	0.42	2.99	50
11	Becoming a better listener to my partner and/or kids	7.22	0.39	2.77	51
12	Allowing my child(ren) to have choice when possible	7.49	0.37	2.63	48
13	Asking for permission	6.46	0.48	3.3	50
14	Doing repair	7.14	0.45	3.19	51
15	Holding safe and clear boundaries	6.9	0.41	2.91	50
16	Having more connection	7.56	0.37	2.58	51
17	Enjoying more of my family life	6.94	0.43	3.03	50
18	Having more harmony in the family	6.96	0.39	2.71	49
19	Improve the depth of my connection with other family members	6.73	0.45	3.16	49
20	Improve my ability to really understand my children	7.52	0.39	2.73	50
	Average overall score	6.92	0.341	2.44	

1) Slowing down

Fifty individuals ranked “Slowing down” on a scale of 0 - 10 as a benefit they received by coming to the BEBA Clinic. Twelve individuals (24%) indicated they learned to slow down, ranking it at a maximum level of 10. Four ranked having learned to slow down at a level of 9, five at 8, ten at 7, five at 6, seven at 5, three at 3, two at 2, and two at 0. Thirty six of the 50 respondents (72%) ranked learning to slow down at a six or above as a benefit received. Fourteen respondents rated “slowing down” at a five or less, with one person having gained no benefit at all. The mean rating of this tool was 6.88 ($SD = 2.7$).

2) Increased my capacity to connect in the family

Fifty individuals also ranked “Increased my capacity to connect with my family” on a scale of 0 - 10. Fifteen individuals (30%) indicated that they felt that they had increased their capacity to connect with their families, ranking this item at a maximum level of 10. Four ranked having increased this capacity to connect at a level of 9, eight at 8, seven at 7, four at 6, six at 5, one at 4, three at 3, and two at 2. Thirty eight of the 50 respondents (76%) ranked increasing their capacity to connect in their families at a six or greater as a benefit received. Twelve respondents rated this item between 2 and 5, perceiving little increase in their ability to connect with their families. The mean rating of this item was 7.4 ($SD = 2.42$).

3) Increased mutual support and cooperation in the family

Forty nine individuals ranked “Increased mutual support and cooperation in the family” on a scale of 1 - 10. Nine people (18.4%) indicated that they had increased mutual support and cooperation in the family,” ranking this item at a maximum level of 10. Another nine ranked increased mutual support and cooperation in their families at the level of 9, seven at 8, five at 7, three at 6, eight at 5, four at 4, one at 3, two at 2, and one at 0. Thirty three of the 49 respondents (67.3%) ranked increasing mutual support and cooperation in their families at a 6 or greater as a benefit received. Sixteen respondents rated this item between 2 and 5, while one individual did not perceive any value in this area. The mean rating of this item was 7.0 ($SD = 2.54$).

4) Improved communication in the family

Forty nine individuals ranked “Improved communication in the family” on a scale of 1 – 10. Nine people (18.4%) indicated at the level of 10 that they had improved communication in their families. Ten people rated this item at 9, while seven ranked improved communication in the family at 8, five at 7, seven at 6, three at 5, four at 4, two at 2, and one each at 1 and 0. While eleven of 49 people rated improved communication in their families at 5 or below, 38 people (77.6%) rated this item at the level of 6 – 10. The mean rating was 7.12 ($SD = 2.57$).

5) Practicing child-centered play

Forty eight individuals ranked “Practicing child-centered play” on a scale from 1 – 10. Fifteen people (31.2%) ranked practicing child-centered play at the level of 10, seven ranked it at 9, eight at 8, five at 7, five at 6, three at 5, one at 4, one at 3, two at 2, and one at 1. No one indicated that they received no value. This item ranked highest of all items surveyed with 40 respondents (78.4%) rating practicing child-centered play at 6 or above which yielded a mean rating of 7.69 ($SD = 2.43$).

6) Finding more layers of support for my family

Fifty one individuals rated “Finding more layers of support for my family.” Fourteen ranked this item as a 10. Five rated finding more layers of support for their families at the level of 8, seven at 8, four at 7, five each at 6 and 5, three each at 4 and 3, two at 2 and three at 0. Thirty five of the 51 respondents (68.6%) ranked this item from 6 – 10 while 16 (31.4%) ranked it at 5 or less. The mean rating was 6.84 ($SD = 3$).

7) Having more frequent eye contact with my partner

Forty six individuals rated “Having more frequent eye contact with my partner.” Nine of those ranked it at a 10 on the scale of 0 - 10, two at 9, three at 8, seven at 7, three at 6, six at 5, five at 4, three at 3, two at 2, one at 1, and five at 0. This practice received the lowest ratings of all 20 items surveyed. While thirty of the 46 responding (65.3%) indicated that

they received value at the ranking of 6 or greater, sixteen (34.7) of the 46 did not find having more eye contact of value. The average mean score was 5.72 ($SD = 3.22$).

8) Paying more attention to self-care

Fifty respondents rated “Paying more attention to self-care” on the scale of 0 - 10. Eight ranked this item at 10, three at 9, nine at 8, six at 7, four at 6, six at 5, three each at 4, 3, and 2, two at 2 and three at 0. Although 30 of the 50 respondents (60%) rated paying more attention to self-care between 6 and 10, 20 rated this practice at the level of 5 or below. The mean score for paying more attention to self-care was 6.08 ($SD = 3.02$).

9) Making “I” statements

Forty nine individuals rated “Making more ‘I’ statements” on the scale of 1 – 10. Thirteen individuals ranked making “I” statements at 10, three at 9, seven at 8, one at 7, two at six, nine at 5, three at 4, five at 3, three at 2, one at 1 and 2 at zero. Twenty six of the 49 (53%) found this skill beneficial rating it six or above. Twenty three rated making “I” statements at 5 or less. The mean score for this item was 6.35 ($SD = 3.13$).

10) Becoming more self-reflective

Fifty people rated “Becoming more self-reflective” on the scale of 1 – 10. Twelve individuals ranked this practice at the level of 10, nine at 9, five at 8, seven at 7, one at 6, six at 5, three at 4, one at 3, three at 2, and three at 0. Thirty four of the fifty (68%) rated becoming more self-reflective at a level of 6 or above while 16 people rated it at 5 or lower. The mean score for this self-reflective practice was 6.94 ($SD = 2.99$).

11) Becoming a better listener to my partner and/or kids

Fifty one respondents rated “Becoming a better listener to my partner and/or kids on the scale of 1 – 10. Fourteen ranked this listening ability at a level of 10, seven each at 9, 8, and 7, three at 6, five at 5, one at 4, two at 3, three at 2 and one each at 1 and 0. Thirty eight of the 51 (74.5%) individuals responding to the statement “becoming a better listener to my

partners and/or kids” rated it between 6 and 10, while 13 ranked it at five or lower. The mean score was 7.22 ($SD = 2.77$).

12) Allowing my child(ren) to have choice when possible

Fifty one people responded to “Allowing my child(ren) to have a choice when possible” on a scale of 1 – 10. Seventeen of those ranked the statement at a level of 10, four at 9, eight at 8, six at 7, four at 5, one at 4, and two each at the levels of 2 and 0. Forty two of the 51 respondents (82.4%) found this practice to be beneficial, rating it between a 6 and 10. Nine individuals rated allowing their children to have choice when possible at 5 or below. The mean score was 7.49 ($SD = 2.63$).

13) Asking for permission

Forty eight people responded to the statement regarding “Asking for Permission.” On a scale of 1 – 10, fourteen, individuals ranked this ability at a level of 10. Five ranked it at 9, two at 8, five at 7, four at 6, two at 5, seven at 4, two at 3, three at 2, and four at 0. Thirty respondents (62.5%) rated asking for permission at 6 or above while 18 rated it at 5 or lower. The mean score was 6.46 ($SD = 3.3$).

14) Doing repair

Fifty respondents ranked “Doing repair” on the scale of 0 – 10. Twenty individuals rated this skill at a level of 10, five at 9, two at 8 and 7 respectively, seven at 6, four at 5, two at 4, three at 3, one each at 2 and 1, and three at 0. Thirty six ranked doing repair at 6 or above and fourteen ranked this ability at 5 or less. Thirty six of the 50 (72%) responding to this statement ranked it between 6 and 10. Fourteen ranked it at 5 or below. The mean score was 7.14 ($SD = 3.19$).

15) Holding safe and clear boundaries

Fifty people responded to the statement “Holding safe and clear boundaries” with a rating on the scale from 1 – 10. Thirteen individuals rated this skill at the level of 10; five at 9, six at 8, seven each at 7 and 6, six at 5, one at 3, two at 2, one at 1 and 3 at 0. Thirty eight of the 51 respondents (74.5%) ranked learning to hold safe and clear boundaries at a 6 or above. Thirteen rated this skill at a 5 or below. The mean score for holding safe and clear boundaries was 6.9 ($SD = 2.91$).

16) Having more connection

Fifty respondents rated “Having more connection” on the scale from 0 – 10. Seventeen respondents rated having more connection at the maximum level of 10. Five individuals ranked it at 9, eight at 8, six at 7, four at 6, three at 5, two at 4, one at 3, three at 2, and one at 1. Forty of the 50 respondents (80%) ranked this ability at a 6 or above. Ten rated it at 5 or below. The mean score was 7.56 ($SD = 2.58$).

17) Enjoying more of my family life

Forty nine individuals rated “Enjoying more of my family life” on the scale from 0 – 10. Fourteen respondents rated this quality at the maximum score of 10. Seven ranked enjoying more of my family life at the level of 9, three at 8, seven at 7, three at 6, four each at 5 and 4, two each at 3 and 2, and 3 at 0. Thirty four of the 49 (69.4%) ranked this improvement at 6 or above. Fifteen rated it between 0 and 5. The mean score was 6.94 ($SD = 3.03$).

18) Having more harmony in the family

Forty nine people rated “Having more harmony in the family” on the 0 – 10 scale. Twelve respondents rated this quality at the level of 10; three at 9, ten at 8, six at 7, five at 6, four at 5, two at 4, three at 3, two at 2 and one each at 1 and 0. 36 of the 49 respondents (73.5%) ranked having more harmony in their families at 6 or above, while thirteen rated this statement at 5 or below. The mean score was 6.96 ($SD = 2.71$).

19) Improve the depth of my connection with other family members

Forty nine of those surveyed rated the statement “Improve the depth of my connection with other family members” on a scale of 0 – 10. Twelve respondents ranked this improvement at the maximum level of 10. Eight ranked it at 9, six at 8, two at 7, six at 6, four at 5, one at 4, three each at 3 and 2, one at 1, and three at 0. Thirty four of the 49 (69.4%) rated improving the depth of their connection with other family members at 6 or above while fifteen (30.6%) rated it at 5 or below. The mean was 6.73 ($SD = 3.16$).

20) Improve my ability to really understand my children

Fifty people rated the last statement on the survey: “Improve my ability to really understand my children.” Fourteen respondents rated this improvement at 10 while twelve ranked it at 9, five each at 8 and 7, two at 6, one each at 4 and 3, and two each at 2 and 0. Thirty eight of the 49 individuals (77.5%) rated the statement indicating they were able to improve their ability to really understand their children at a 6 or above; twelve rated this ability at 5 or below. The mean score was 7.52 ($SD = 2.73$).

Overall Rating

The average overall mean score for the 20 statements ranked by clients of the BEBA Clinic was 6.92 ($SD = 2.44$).

Qualitative Questions Asked at the End of the Online Survey

Two questions were asked at the end of the quantitative survey that were more qualitative in nature:

1. Is there something else you would like us to know about your unique experience as a parent/family coming to BEBA?
2. Is there anything you would like to tell us about how your children are doing nowadays that has been influenced by your family’s experience at BEBA?

The answers to the two questions were qualitatively reviewed and themes identified. Those themes, supported by a representative sample of responses, are described below.

Question 1. Thirty five people chose to answer the question regarding what they wanted to convey about their unique experiences of coming to the BEBA Clinic. In general, the responses were positive, even some adding their desire for more sessions once in-person sessions could be resumed (after the COVID-19 crisis passed); however, some did not share this view. All perspectives are elucidated in this section of the report.

Two major themes were distilled from the responses to this question expressed first by words like 1) “helpful,” “supportive,” and “positive;” and secondly, by referring to BEBA’s 2) “child-centered” approach and encouragement to “play.”

Theme 1: The theme of having found BEBA a helpful, supportive, and positive experience was communicated by numerous individual respondents. One said:

We came to BEBA for a brief period 17 years ago when we were expecting our second child. It’s hard for us to remember what we specifically learned there, but our hope was to create a safe space for our older child to welcome the younger. In this regard BEBA was immensely *helpful* and our two daughters have been fast friends from day one.

Even though another couple had only two sessions, they remarked, “Our experience was a very *positive* one, and we look forward to coming to more sessions once you [the BEBA Clinic] return to operations.”

Another woman commented that she felt inspired to “see if we could get some services now [present day].” She thought that BEBA could be of assistance again after coming to the Clinic a few years ago. She said, “I really like the work you do and wish there was more of it, more frequently, more groups or offerings. Thank you for the wonderful work you were doing.”

One respondent reported: It’s been a long time since we were at BEBA. It was very *helpful* at the time.”

One mother stated, “I was able to receive the *support* I needed to move forward from a traumatic first birth and be grounded and not fearful for my second birth process.”

Expounding on her sessions one woman exclaimed,

Our experience at BEBA was profound. The *support* we received for both of our children, in very different ways, was exactly what was needed to help us move forward in conscious connection. Not only did we really learn how to better see and support our children, but we, as parents, felt wholly supported. That *support* was amazing and very nurturing and enabled us to be better parents.

Another woman expressed her appreciation for the facilitator at BEBA:

Tara was very significant in *helping* my husband and I repair deep wounds both from each other and from our families of origin. She was able to impact change in one session that never occurred from seeing a traditional marriage therapist.

In the same vein a woman noted Tara’s facilitation saying, “My last visit was great. Tara was able to help me tremendously. She was able to see what was missing; thanks to her, I got *helped*. . . .”

A mother reported

As a poorly parented child myself, with no roadmap as to how to raise my own children, and after a traumatic birth experience, BEBA/Tara has *helped* me tremendously – finding a balance between over-parenting out of fear and falling into the trap of parenting as I have been brought up.”

Even though she moved out of the area, she said that she had learned enough at her BEBA sessions to be “able to carry the learning forward on my own.”

A man remarked,

I found the theories presented in the BEBA group workshops to be very sound and *helpful*. I was then able to take them and experiment with them on my own. Through this I could validate the truth in the principles. This was very *supportive*.

Speaking for her family, a mother said, “BEBA gave us immense *support*, education as new parents and healing for the babies and us.”

One parent stated what several others had said about not being able to access the BEBA Clinic as much as they would have liked: ‘We only had one family session due to living four hours away. We *benefited* from the session and would have seen even bigger impact if we had been able to return more often.’

One woman commented, ‘I know that I really valued the *support* I received. I don’t think I was ready to integrate it all at the time, but overall it was very *helpful*.’

A short comment was made by another respondent: ‘I look forward to continuing sessions with BEBA and highly recommend BEBA to others.’

Another: ‘All expectations were exceeded.’

Another reported, ‘It was a long time ago. It was amazing. I learned so much about traumatic birth and repairing that.’

Theme 2: A second theme was identified among the answers provided to the question ‘Is there something else you would like us to know about your unique experience as a parent/family coming to BEBA?’ That theme arose from comments made about BEBA’s *child-centered approach* and the therapeutic effects of play.

One woman enthusiastically recalled, ‘Tara transformed how I saw *my relationship with my kids*. I think I benefitted the most from this experience.’

Another remembered,

Tara is amazing and we treasured our time both in the *play sessions* and the zoom parent-only sessions. The play sessions were always amazing about how things really were processed by our child through the tools/toys there, with Tara’s guidance for us.

A mother reported, ‘My husband and I learned together to ‘*follow the child*’ and support what they wanted as they grew up.

One mother who had been very stressed by her husband's absence while going to school said she appreciated BEBA's "*child-centered attunement*."

Another mother said: "It really helped me understand my daughter's need to know and for us to see that she lost a twin in utero and how that impacted her and our whole family system."

Another individual thought it was "such a powerful resource to know Tara is there with insight into how the child's mind works and *how to truly understand what my child is actually communicating*."

One woman reported,

BEBA's *child-centered focus* supported our family in keeping that same focus through and beyond a divorce. It was critical, and I am incredibly grateful for that. It helped us maintain a family through the change.

Finally, a mother of an autistic child stated, "I really love how *BEBA is child-centered* and listens to the child. I felt like my way of parenting was solidified and validated by being there." She added,

I really appreciated Tara saying to me, 'never be afraid' to talk to my son about his birth, or, indeed, about any other trauma, because he was there too and had already experienced the trauma. I took this to heart and have used that many times, and it strengthens my courage to address things with him, knowing that it will help him too, to work through it. He is remarkably emotionally intelligent, and maybe some of that is because of what I learned at BEBA.

The majority of the comments submitted by respondents to the survey's qualitative Question 1 were positive and appreciative; all were sincere. Some individuals did not find what they were looking for—those opinions are included in this report as well. Conclusions are drawn and elaborated upon in a later section of this report.

Question 2: "Is there anything you would like to tell us about how your children are doing nowadays that has been influenced by your family's experience at BEBA?" Twenty five

people responded to this question. The theme that emerged was in direct answer to the question, therefore, it encompasses changes the respondent observed in their children and families that were sustained over time, and that they attributed to having participated in BEBA Clinic sessions. This theme of *sustained changes* was often accompanied by descriptions of *tools learned* and employed as the family worked with a BEBA facilitator. A list of comments follows with BEBA principles placed in brackets to highlight the principle, tool or technique learned.

My oldest son, whose birth was difficult, (and we were at BEBA for about 9 months), is now 18 years old. He has a strong emotional intelligence but is still challenged by addictive behaviors that I believe are a result of anxiety. His birth patterns and mine have manifested over the years, but, because of BEBA and other support, I am able to be conscious of the patterns and rest into more ease and allowance. [*recognition of patterns*]

My kids both have a lot of emotional awareness that I have reinforced so that even if we get angry and fight, we can talk about it afterwards, admitting why we said something hurtful and apologizing. [*repair, self-regulation*]
Many years later (my daughter was 4 years old when we visited BEBA and is now 11) my daughter has integrated the loss of her twin and is able to relax. [*resolution of trauma*]

Our child says "pause" when she needs a pause, after we each learned to ask for that from Tara. Our child is doing well in general. She is four years old and loves pretending to be a newborn baby and to ask questions about babies. [*practicing the pause*]

My two children are thriving in their 20's as a result of being supported skillfully in being who they are and being able to follow their passions. [*supporting children to be themselves*]

The tools we learned about pausing and really listening to what is being spoken and unspoken are tools we still use today in our family. Our time at BEBA was a pivotal time, and I think we are forever changed in so many ways by the support we received. Thank you, thank you! [*pause, listening*]

I was able to build trust with my newborn baby girl, and she cried less. And also, I got to learn more about her needs and what I need to do. She is a happy child because of it. She also got to bond with daddy. [*parenting, bonding*]

My children are well attached, wholesome, reasonable, and kind. Teenagers now, they are a joy to have around; even when they push age-appropriate boundaries to the

limit, we can find compromise once we reconnect and repair. [*repair, connection, boundaries, attachment*]

My son is doing wonderfully. His sessions at BEBA helped him heal his birth trauma. [*trauma resolution*]

My son has the ability to talk to anyone as an equal. He is self-sufficient. His curiosity seems endless. He is solid. The support that BEBA gave us helped to nurture and support these qualities and more. [*enhancing self-esteem*]

[My son] is extremely self-aware and doing a lot better, though he still has a hard time sometimes, it is much less frequent. He knows that he has resources when he needs them. [*increased self-awareness*]

You all taught me not only how to listen to [my daughter], but to really see her; the greatest gift of all. So thank you so much, so much. [*listening, recognizing the blueprint*]

Our time at BEBA continues to inform my understanding of their [my daughters'] actions and perceptions of the world. [*acknowledging the child's perspective*]

We are certainly a closer and stronger family now and many of those tools came out of work and understanding that began at BEBA. [*building family connection*]
Our 22 year old son is doing awesome. He graduated college with honors. He has an incredible sense of himself, his boundaries, and self-efficacy. [*self-esteem, boundaries*]

I always appreciate and learn from my experiences with BEBA and find it applicable to all my relationships including the one I have with myself. [*self-care and awareness*]

I have a 17 year-old with learning disabilities that is unflappable, tenacious, and self-loving with excellent self-knowledge. [*self-regulation*]

I see that both my children, at ages 21 and 24, have a strong connection to their own self and their own voice. . . . And feel their feelings fairly well. Also, they are very connected to family. [*self-esteem, connection to family*]

Conclusions drawn from all the quantitative and qualitative information gathered are shared in a later section of this report. All feedback, both favorable and unfavorable, are appreciated by the BEBA team as they will help the BEBA grow and improve the services they provide.

Section IV: Qualitative Research Interviews

This retrospective study was intended to investigate what clients of the Building and Enhancing Bonding and Attachment (BEBA) Clinic thought, felt, and remembered about their experiences during sessions with co-founder Ray Castellino and other facilitators. Finding clients who participated, some as many as 26 years ago, was a major undertaking. As it turned out, over 200 clients were identified and attempts were made to contact as many of them as possible. Once reached, 54 actually completed an on-line survey which predominantly gathered quantitative data, and a dozen of those individuals or couples took part in a zoom interview with Susan Highsmith, PhD. These respondents were considered “‘information rich’ and illuminative” sources of data (Patton, 2002, p. 40). The interviews were videotaped, audio recorded, and transcribed. Themes were identified and analyzed according to qualitative research protocols, and conclusions were drawn from the responses reported here.

Qualitative studies focus on asking questions of respondents, observing behaviors, or gathering information from relevant documents. One way, the method chosen as part of this study, is to conduct interviews. Patton (2002) stated, “*Interviews* yield direct quotations from people about their experiences, opinions, feelings and knowledge” (p. 4). It was the purpose of this research project to do just that. After seeking insights from respondents and “presenting the data as authentically as possible” (Highsmith, 2006), standard practice was employed in this phenomenological process to identify themes. The themes found within the data follow the report of all twelve interviews.

The interviews were initially structured by following a script designed by Castellino and Highsmith that focused on three major areas of interest to BEBA: what brought participants to the BEBA Clinic; what changes they observed in members of their family; and what they found of benefit by coming to the Clinic. It can be deduced that those individuals who agreed to be interviewed would predominantly be those who found value in the BEBA process, however, one interview yielded notably different responses. That information is shared as well in the interests of establishing credibility and validity.

The study was designed, in part, to help BEBA leaders determine what was effective and what was retained over time by participants in their family-oriented sessions. The study

was conducted in-house, so to speak, so efforts were made by the interviewer to remain unbiased and welcome all comments, whether favorable or not. Each respondent was encouraged to share his/her thoughts and feelings honestly and forthrightly. Nonetheless, a limitation of this research project is that it was not intended to be a thorough examination of all processes, results, or the long-term effects on clients. On the contrary, the study was conducted to be able to describe what impact the BEBA process had on those who participated either recently or even as long as two and half decades ago. What did participants find of enduring value, so that, not only could BEBA improve, but others interested in helping families relate to one another better, and especially with their children, could develop similar programs modeled after one with proven long-term benefits? Ultimately a broader population could be served.

To be more specific, the interview questions sought to determine: 1) what the interviewees' intentions were for coming to BEBA; 2) what changes they observed in their families, their children who actually attended sessions, their parenting styles, and their relationships; and 3) what principles or practices they found most valuable. An open-ended question was added to ask what the respondent might recommend for improvement to those conducting the BEBA program and, finally, was there anything they wanted the BEBA family to know that had not been covered by any of the previous questions.

What emerged from the data were several themes that obviously followed the pattern suggested by the questions themselves. Particular principles, language, and skills learned flowed from those themes. Each of the 12 interviews are described in this chapter, with quotations provided as applicable. Of course, names are omitted to protect the privacy of each participant. Portions of quotations are deleted, usually because the individual was referring to a partner or child by name. All respondents agreed to share their perceptions on video recordings and to have their responses re-counted in future BEBA reports, either written or visual.

Interviews:

The first interview (#1) was conducted in July of 2020. A couple agreed to participate, although each person was living in a different location. Logistically, this was handled easily through a Zoom call. This interview, due to each person contributing a unique

point of view, took longer than most and revealed more in-depth information than some. The couple began attending BEBA sessions in early 2012 before their first child was born and continued when their son's birth. They worked with BEBA facilitators for eight years including sessions conducted in 2020. Their intention (in response to the first question), as reported by the wife and mother, was "to get support around having a healthier household with kids and supporting each other—learning to get along better." Elaborating, she noted, after their baby was born, "the intention was actually to get support with sleep with our son; oh, [we thought] maybe we can go and then they can help us fix him so that he's better," and then added, "it began to unravel the whole ball of yarn."

In response to the second question regarding changes they experienced as a result of attending BEBA sessions, the husband responded,

We became more aware of the different ways of acknowledging feelings. And I mean, hopefully, we had a little bit more peace in our home. And hopefully, we had a little bit more connection to our kids. Yeah, it definitely brought up a lot of stuff, too. All the changes were positive in the end, but it definitely stirred the soup.

The wife added,

Yeah, I agree completely. Everything just started, like all the muck at the bottom of ourselves and our imprints. And, you know, definitely the intention was to be better parents, and to have more connection with each other; but that became the process of reflecting on ourselves and our ancestral history and the patterns that we had in our relationship and the patterns that were kind of coming out in our parenting. I feel like I have so much room for continued improvement as a parent, and will always continue to have that, but there's just more awareness, way more awareness of the sentience of our children.

Continuing to describe changes was a perfect segue to respond to the third question. She enumerated specific benefits she received from her participation in BEBA sessions.

We actually began doing this work before our children were born, and then started with our son when he was really little. And then with our daughter, we did a bunch of preconception work. That was really awesome. So we didn't come with children in a pattern in our family already. We came when they were really little, and just got these really incredible tools. I just remember learning about the sentience of them, as fully evolved beings coming into our life. And I'm so grateful for that awareness from the beginning. Again, obviously, we have a lot of imprints. I have a lot of imprints as a woman and mom, and I still have those imprints, but there's something that's just softened in me around, you know, some integration of those imprints and some

awareness of them when they show up with our kids. It wasn't like we parented before and then there was a big shift. It's kind of woven into the fabric of our family.

Contributing more, her husband stated,

I think that we, we did our best to implement the ideas and the techniques. It's easier said than done, and easy to forget. But yeah, I think it definitely provided a lot of benefit in terms of just techniques and recognizing the full level of consciousness of the children and, instead of thinking of them as just unintelligent and not aware, to really realize that they're totally fully aware.

Both of the individuals were forthright about being separated. They acknowledged that the work they had done “stirred the soup” and revealed patterns of behavior that led them to end their relationship. This was a sad realization, but the wife reflected,

I think there'll be a much better level of relationship and, hopefully, a better life situation for our kids in terms of the energetic dynamics between us because we are trying to still keep the principles [learned at BEBA] in and still have the agreements, and still love and support each other through being separated.

She elaborated,

I would love to just add there's so much value, it's hard to kind of bring that down. I think the principles have just been these pillars, like these guiding touchstones or these guiding lights for us in our relationship, and certainly with our children in our family. And, learning how to do repair. Oh, I always say I definitely don't get it right all the time, but I'm really good at doing repair. You know, that's a skill that's gotten really strong. But I think, in terms of our relationship, it's an interesting juncture. It's an interesting point to be sitting here. I'm super grateful, that you [her husband] were willing to come and be a part of this interview. And I know, it's a really painful time that we're in right now. And, I feel like one of the ones [principles] I'm so grateful for in our relationship is that we've continued processing everything all along the way. So there's nothing that's left unsaid or left unprocessed between us; and to have *the principles of mutual support and cooperation*, regardless of what's happening, we're in support of each other. That's so valuable.

The pause has been like this golden jewel in our family and in our relationship. Trying to navigate because life is complicated. It's not easy. A lot of times, not easy. That was our experience at BEBA. It was like, oh, it's beautiful and amazing, we're getting to process all this stuff with our family. But it's hard work really, really hard work and required us to look at the most challenging and painful places in ourselves as individuals and as a couple and as a family.

So I know I think, the principles; I could go through each principle like *the principle of choice*, right? We're sitting in that one in such a huge way right now; what is our choice? How do we want to be as individuals and what's going to be the best scenario

for children in our family? You know, it's big, it's a really big time that we're in. So I cannot possibly express my gratitude enough for [BEBA] experiences.

And maybe just feeling held—I think that was it for me, *the feeling of support and learning about layers of support*, but mostly just feeling like Tara, and all of the facilitators at BEBA, but especially Tara [the primary facilitator]; she just held us. No matter what it was that was going on, we could always reach out to her and we could always. . . it just felt like I could, you know, working in the somatic way, we're in the body sensations and the sessions and feeling like her hands on my back. Just like this sensational experience of feeling support in the sessions, and then being able to access that and remember that and channel that back in other times of life and being like, oh, yeah, oh, yeah. And I could just like tune back into that, and really sink in and feel that sense of support, which was really, really valuable. And [that was] not there for me a lot in my early years. So it's just really phenomenal.

Her husband added that he found that “it was really great to have the support of BEBA, [and] Tara. I’m very grateful for the support.”

Asked if there was anything either of them wanted to add regarding benefits they received, this young mother pointed to her awareness of

the sentience of our children. I remember the pacing, the slowing down, the tempo of the babies, that slow tidal rhythm; and [asking myself] if I could slow down in myself enough to create that co-regulated field. I remember from when my son and my daughter was tiny, [new] born, if I ever needed anything from them, [I could say] “can you stretch out your arms so that I can put your shirt on” or whatever. I would ask them for their participation. I could slow down enough in myself to give them the space to respond. I was always somehow, on some level, able to comprehend and communicate and respond and be in relationship, in that level of attunement and that level of connection with them. Such a gift, and I see now, you know, I see these moments. I feel tears in my eyes. I see these moments where I'm really struggling as a parent. I really struggle. As a parent, it's really hard work. And yet, you're just trusting the resilience of their being. I really believe in their being. I don't have to get it right all the time. I'm my absolute best, *and* I've got my ancestral stuff, and they're gonna have their stuff, but underneath it, there's this understanding and connection. It just goes way, way, way back.

Expressing gratitude, the wife noted that BEBA classes were helpful and shared her excitement that this study would create wider access to the information and benefits she received.

It's so helpful, all the classes we participated in. So many of the classes that they offered. It's really exciting, this research project that's being done, and these videos that are being created. Just reaching out to more [families], especially [if] you'll post

them online. Information travels. How you will resource that really is so small and contained within in the Santa Barbara Tri County area. And I get so excited about the idea of more access to this kind of work being available to more families.

Her husband added his thanks and insights;

I've been very, very grateful for BEBA. I think it's an amazing resource. It's just challenging being a parent. It's easier to bring the principles into other relationships, and it's harder to bring them into the closest ones, in terms of your spouse and your kids. That's like the ultimate challenge.

Before we closed our interview, his wife observed that she had referred others to BEBA, however, responses were varied. Her thoughts about how BEBA differs from other options families have to find help for their relationship and parenting issues were insightful.

I find that there's this idea, that there's this concept and, I don't know if it comes from more traditional therapeutic therapy, backgrounds or whatever, but this idea that the child needs to be fixed or something like that. There's some sort of problem with the child and, and we're going to go into therapy and therapists are going to fix the problem with the child. And that's not at all the BEBA law. Very much like, okay, the children are in this family field, this family, and what are the dynamics? What are the underlying energies of what isn't being said? It's more like a reflective experience for the parents. The responsibility really lies in the parents to be those who hold a regulated energy in themselves for the children to rest into, and that if the children are acting out in some way, it's not that there's something wrong with the children, but that they're in response to their environment. So it [the BEBA model] really requires the desire to self-reflect.

This interview concluded with more expressions of gratitude. It was a pilot study and, in the best interpretation of that expression, guided the conduct of the other eleven interviews and provided potential themes that would emerge from the responses that others shared as well.

During **Interview #2** the participant reported that her experience with BEBA occurred many years ago. To help determine the timeframe she said her son was four then and was 14 now, so approximately ten years ago. This person's experience took place over a summer when many facilitators were vacationing, so she felt, regarding questions on the survey, "none of those were addressed." She said the program

was highly recommended. And it seemed like our son was, you know, was suffering and we just didn't know what to do. We didn't know what was the matter, so I was

hoping for some kind of resolution, for some kind of information that would help us parent him better.

However, she decided: "I didn't want to come anymore after all these weeks and months, and I said, 'What is it? What is the matter?' and she [the facilitator] said, 'I don't know.' After all this, and that are those three little words."

This disgruntled woman was pleasant but dissatisfied. She did not feel she got the help she was looking for. In the interests of gathering data in an unbiased manner, I, as the interviewer, was sympathetic and encouraged her to share what she honestly felt.

This is what would happen: we'd go into a room and we'd sit there, or we'd walk around in the garden, and he [her son] would just demolish the room and throw things around. It was just kind of upsetting, you know, but he thought he was just expressing himself. And there was something with some [plastic] grapes. He took those little grapes, and he took them all off [the stem], and then he put them in the tunnel. We did IVF to get our children, but they never said [what that meant]. There was something there, but we never got, what should we tell him? What should we do with this? What should we do? There was absolutely no information given to us, except they pointed that out about the grapes. And that was just like, whoa, that was it!

I asked how her son was doing now.

He's better than he was at four, but he's oppositional. I took him to a school psychologist. She said he was ADHD and oppositional. Nobody seems to know. He'll do his work but then not turn it in, which is an ADHD kind of thing. He gets, he's emotional. Now he's a teenager. So, I mean, I still don't know.

I remarked, "What a challenge," and she replied,

It really is, and he's very intelligent, and very persuasive. You know, this is what people say about him: he'll either be the president or he'll be a criminal. He gets an A or an F. He's very sort of extreme in the way he is in life, you know; he can manifest things by just saying, "I'm going to do this," or he'll just lie on the couch and watch reruns [of TV shows] for hours.

I pointed out that I would be sharing this information with the current staff within the BEBA organization, and suggested that they would like to have an opportunity to offer her a consultation or another appointment. She said, "That would be great, I would love that." I appreciated this woman's courage to tell her truth, and her willingness to discuss her concerns with a representative of BEBA now.

Certainly, lessons are learned from those who did not receive the benefits they might have. One lesson is to provide continuity of care, that is, a consistent facilitator throughout a client's tenure in the BEBA program. Another is to have staff consultations to help provide other perspectives to the facilitator working with a perplexing or challenging client so suggestions could be made to improve possibilities for greater understanding and wellbeing. Each of these suggestions would be considered at the level of BEBA leadership. One the greatest strengths of BEBA is listening.

All feedback, both favorable and unfavorable, are reported and appreciated by the BEBA team as all responses were viewed as valuable, thus helping BEBA improve the services the Clinic provides.

In the third **interview (#3)** a husband and wife answered questions about their five months of BEBA sessions which took place from March until August in 2019. Their intention in coming to BEBA was to work on their "family dynamics," which included their daughter who was three and a half at the time. "We wanted to make sure that she processed the birth and I [the wife and mother] wanted to process giving birth. And we wanted some help with our family dynamics and interactions with each other." Her husband agreed saying,

I found childrearing to be extremely anxiety [provoking], well, let's call it hair-raising. That was a good word for me. From conception onwards, I just felt like we were playing; it felt like a little bit of a scary game to be playing to be a parent.

The couple had not discussed their views regarding potential questions they might be asked about their BEBA experience. The husband remarked, "it's going to be interesting to see how we can make our two viewpoints mesh." When I asked what changes they observed following sessions, the wife stated,

Well, for me, one of the first things [I recall is] that [there were] several of the principles Tara [the facilitator] would reinforce with us during the play sessions in person. And then we also had just as many Zoom sessions. She helped us with family dynamics, such as eye contact with each other, checking in with each other, and that I remember making a big impact at the time. We might not be as aware of it right now, but I think once in a while. And she helped us with some basic communications skills, reflecting and listening skills that I found was really important. We still struggle with that, but I feel like she definitely helped us with different ways to work with that.

Her husband added:

Well, I think that BEBA was very helpful for getting us to incorporate our daughter's viewpoint and she's always been a controlling type. Well, she's always been in charge around here and that extends to all our attempts at self-help too, in that she's always been included in sort of the nuts and bolts of and the behind-the-scenes part of parenting. In fact, usually we're so exhausted by the time she's asleep, lately we've had time to do this, but up until maybe six weeks ago or something, I didn't feel like we had much time behind the curtain, you might say.

He noted that BEBA sessions gave them more “high-powered tools” to parent with, “not ones that [our daughter] even necessarily understands the significance of.” He reported that, “We showcased our talents for her, leveraged our abilities for her benefit.” He pointed out that “we've had more points of deescalating tension around here, which has been really good. That's a big goal, I think, to show us how to deescalate tension.”

His wife remarked,

Yeah, well, another big thing Tara taught us was the pause, to ask for a pause and say, “I need a pause” instead of “Pause” or “Stop”, or “Everyone stop”, like, “I need a pause.” And even though it still kind of throws me, our daughter asks for a pause quite a bit, even when we're just calmly talking about something, and then she'll ask for a pause. Sometimes she uses it, maybe not the best way, where she wants us to just stop talking and pay attention to her. But it always kind of tickles me because she echoes our behavior, good or bad or whatever kind of behavior it is. And I remember to ask for a pause when I need it, but she sometimes can pick up on our emotions or the emotional scene and ask for a pause. And then I immediately acknowledge her.

Then her husband added that his daughter used this technique to control a situation:

If I'm trying to get the last word in, as well as make points, then she'll ask for a pause because it's not conducive to be trying to make points and get the last word in. And that's not playing fair, really.

It was clear that their little girl was smart. After providing an example of her intelligence, the husband continued with what he most gained from BEBA sessions.

I had a somewhat different perspective than [my wife] in that I really appreciated her [the facilitator's] psychoanalytic background, Tara's. She is familiar with Alice Miller and with Freud and those come in handy for me, more than I think most people. I guess I like using powerful tools and, for instance, I realized that [our daughter] doesn't have dolls that serve as surrogates, that are part of her identity as much as a lot of kids. And, in fact, she's a very independent person in a lot of ways. When we started going to BEBA, we were still going to the playground a fair amount, and she

didn't really engage with the other kids in group play as much. It's not like she doesn't like social interaction. It's just that she got really good barriers/borders?

His wife said, "Boundaries?"

Boundaries. Yes. She has really good boundaries. And so she's really good at handling the pandemic for that reason. Yeah. It was evident on the playground. One of her teachers brought her own grandkids to the playground and they were always running around in groups and [our daughter] was definitely learning physical skills and making friends. She didn't have a group mentality really, the way that some kids did. And the teacher, in fact, said, "You know, some kids are more social than others." It gets back to original personalities, really. It's not just social learning either. It comes across as being one of her personality characteristics.

The wife related what she found valuable in her BEBA experiences:

Some of the things I already mentioned, like the basic communications skills, and listening skills, and the pause that we're a year later still working on. I find those very helpful. And I found it incredibly fascinating, the play sessions in person with the playroom and just fascinating how the process, how does having the objects there, especially the tunnels and all the toys? And I would love to know more about what they learned and maybe how it looked in other children too, but that she was able to process these maybe unconscious or subconscious things are about the birth.

Shifting to another intention for coming to BEBA, she added:

After we finished the play sessions, I had wanted to process from my side of giving birth more. And Tara helped me through that through listening, through active listening and some facilitation with me. And that was something that I didn't get, that piece as much during the play sessions, because we were focused on our daughter there. Although some of it was happening for me too. That, combined about the actual birth, seemed like the most BEBA specific skillset or fascinating process that I found valuable, so valuable.

Each of these individuals reported that they would have liked to have had more time with their facilitator "processing or talking about what had just happened during each play session." They noted that Tara would say, "Oh, see how it's getting less each time that she goes through the tunnel; less fear." Each partner was curious about how a trained professional could observe a child's behaviors and relate those to the reduction of birth trauma.

These conscientious parents demonstrated their concern for their child, worrying that she might be dyslexic. They shared their preference for Waldorf schooling and were

concerned about home schooling during the pandemic. They had more questions they wanted to ask Tara and I encouraged them to contact her again. With the possibility of the family reconnecting with BEBA, we closed the interview.

The fourth interview (#4) was conducted with a woman whose facilitator at BEBA was also Tara. She first came to BEBA five years ago when she discovered she was pregnant with her second child. She “had gone through a traumatic birth experience” with her firstborn, who was now seven. She emphasized,

I just wanted to process that and get over some of my grief and depression around that. Hopefully, you know, one hopes to be more prepared and more present for my pregnancy and birth with my second.

She indicated she had participated in sessions for about two and a half years, sometimes taking her first child with her. She reiterated her intention to resolve any residual feelings from her first pregnancy and birth, and bond better with the baby she was carrying.

I really wanted to be close with our firstborn. I was worried that I may have, you know, our birth experience may have impacted him psychologically. And so I wanted to make sure that we were attuned to one another and that I was just taking care of his needs the way he needed them to be. And then also, being pregnant for the second time, in the beginning, I wasn't feeling very connected to my baby growing in my belly, and I felt really sad by that. And so just that was another intention, was to be able to, hopefully, just be more present with [the new baby] at birth and pregnancy.

When asked about changes she observed following sessions at BEBA, this mother was clear.

I definitely saw changes in all of those areas [I intended to address], for sure. I'm just being able to go through the sessions with my firstborn, he and I. I feel like he was able to kind of re-experience, or play out, what his birth was like. He loved playing in those tunnels and tubes and he wanted her [Tara] to get them all out. And it's just so interesting to compare it to his actual birth experience. You know, how he was on his way and then got stuck. And then, in the end, I ended up having a C-section. And so everything ended up happening so quickly at the very end again. So he would just on his own—go in [a tunnel], be very quiet and still in the tunnel. And I think I would sometimes try and talk to him and he'd say, “Shhhh, ”Mama.” I think he would even say “I'm stuck.” And at one point, I think I had said, “Oh, let me get Papa,” or “Let's see if Papa can help.” And he said, “No, he can't. He can't help.” And so it was just so heart and mind opening for me. Because I had put a lot of thoughts in my head like, “Oh, I think my husband could have done a lot more for me. He wasn't there the way that I had anticipated.” And then to realize, Oh, well, there wasn't really anything he could

have done any differently. You know, or see him [her son] just going through that process. It was very healing, and, in a way, I think that there was at least one or two times where he either figured out a way to get out to the side, or maybe Tara had provided that side opening to him through the tunnel. I mean, sometimes it was really intense. You try and back out of the tunnel, and it was too hard for him. He tried to go forward and it was too hard. It would make me really nervous. I wanted to just get in there and grab him. I can't remember if it was him or Tara that created a side opening. It was such a relief in that moment. I'm sorry, it made me get emotional.

Tearfully, she continued.

I felt so guilty about having to end up having a C-section. I really wanted a natural birth; and having him be able to play that out and show me that, oh my gosh, "I'm able to get out." Like, there's a different way. "I don't have to feel stuck and trapped." And, you know, it was a relief for him in that moment and also for me to see that. Okay, so maybe there's a different reality here that could have been possible. I was so worried that I hurt him psychologically, some way by, you know, rushing into the labor and delivery, you know, ending up with a C-section, but I was able to see maybe that's not all to the story there. It was okay to have that alternative. So that was very healing, I think for both of us, for him to be able to play it out, and for me to just see that, and experience that, and accept that. It really like helped alleviate me from so much guilt.

This concerned mother spoke more about having rushed to the hospital when she first felt labor pains. She seemed to need to be heard, and her thoughts, feelings and actions shared. Her memories rushed back in breathless streams.

I felt I was just so excited when I started having some labor symptoms, and I had an inexperienced doula, and she was excited. She was my friend and so we definitely rushed into the process. And, you know, we were there at the hospital for so long. I felt like I was pressured to having interventions done, which I hadn't wanted, and I was so strong about it, but then the doctor—I felt bad, and so I ended up saying yes to everything under the sun that could have possibly been an intervention. I felt like, gosh, I'm rushing my son. I was afraid in the moment and thereafter for a long time, like I had impacted him in a negative way. So I just learned that that may be actually a part of his personality too, to be more patient with him and be more aware of prepping and planning because he doesn't, in life, like to be rushed. I can see anxiety and fear and so, going to BEBA has had, also brought that awareness just to understand him a little bit more in his needs and be able to respond from a place more of not pressuring and rushed, but just, go with the flow and follow his lead. Even if I knew I had to be somewhere, just really try to be more compassionate and patient.

Regarding her second pregnancy, she said she "was so excited to be pregnant again and to have the opportunity to have to give birth again." She was feeling a strong desire to

have a vbac (vaginal birth after cesarean section) but felt unsupported to do so. Her community did not allow the procedure. Again, this woman was fearful and said she “didn't have much support emotionally and psychologically.” Her husband was willing to consider alternatives to Cesarean Section and together they found a midwife, but she continued to feel “huge fear” and that she needed “to do all this research” to find people who would support her. She identified a doctor who would “back-up” her midwife, but the doctor was ultimately not able to help due to Licensing Board restrictions. Her worries persisted.

And then again, I had to seek alternative backup. And so, I was so in my headspace with that pregnancy. It took so much time and energy to try and create this path that I wanted for my birth, and so it was really hard.

During her first pregnancy she had written in her journal. During this second pregnancy she found it hard to do that.

Tara helped me slow down and be more present and tune in to my baby that was in my belly, and talk to him and not just go through this process, like alone in my head; talk to him and, in a way that was self-compassionate, not so worrisome or anxiety focused. So that helped a lot too. Once I had more of a solid plan, it helped a lot more to be more present with him. But she [Tara] really helped me just slow down and connect with [the baby] in my belly.

Her sessions with Tara helped this pregnant woman to bond with her unborn baby and empowered her to speak up with medical personnel and even her husband.

So that was another thing I got out of going to BEBA—definitely connecting with my unborn baby while he was growing. And, maybe some empowerment to being able to speak from my heart more, and be more firm with what I wanted with, not only the medical professionals that I encountered, but with my husband too. Because, you know, our firstborn, I had told him I would have loved a home birth. And he's like, oh, how about second time around? We'll do that once we know what we're doing. We also had great insurance that paid for the hospital, whereas, you know, paying for midwives, it would be out of pocket. And so I kind of went with him and his rationale. And so, second time around, there's stigma out there about the vbacs and he's worried about his baby's health and my health. And so it was challenging to stand my ground, but I think that [BEBA] helped out as well. Just being able to feel empowered. This is my body. This is my mind. I'm bringing this baby into the world. And so, we did have to negotiate here and there and compromise here and there. But I felt a little bit stronger in that sense to do just mainly what I wanted. For the most part, he [my husband] was supportive and I was able to communicate to him some of the disappointments I had around my first son's birth, and how I had anticipated him to be more present and less kind of checked out. And I honor that I knew that he did his

best in the moment, but I feel like Tara also helped kind of lead me towards that better communication with my husband as well. And he was amazing for my second son's birth; was present and more than what I needed. Yeah, so that was another benefit that I got as well—so closer with my boys and overcoming some grief and guilt and, and then also better communication with my husband as well.

After her lengthy explanations, and sharing so authentically, she commented, “I know you [Susan] didn't say one word, but, I don't know, [I feel] just kind of relieved. I was holding on to so much.” Being heard is valuable, and listening is one of the principles that the BEBA facilitators practices. I felt honored to have had this participant in the study feel that she could “speak from her heart.” And she had more to share about what she had learned, and most valued, at BEBA before we closed the interview.

Learning about the early, I forget what you call it, the imprinting, you know, early experiences and how they can affect someone for lifelong. So it was just like, oh my God, what am I doing? And so it helped me get relief from a lot of that guilt and fear. Also the same word can go for how I was unable to, in the beginning, connect like I had wanted to with [my unborn child]. So through learning self-compassion and a little bit more, being able to be present with him again, that was also a sense of relief; okay, I don't have to feel so horrible about this because here I am now and I'm trying. I'm doing it *now*. And, then also with my husband. I mean, we've had some challenges, just with communication throughout our relationship, and we continue to work on it in our relationship. But just being able to be more empowered and to speak more from my heart and have more kind of boundaries. That was also a relief, because if it's 'I don't want to be told no,' and, I don't want to hurt his feelings and so, as always, constantly have this kind of feeling in my heart like I couldn't do it or kind of feeling like walking on eggshells around the way I would talk to him. So again, being able to just speak my mind from my heart to him, again, [that was] another sense of relief.

With her expressions of relief and enhanced sense of empowerment, we brought our interview to a close.

Interview #5 was with a woman who had worked continuously with founder Ray Castellino at BEBA from early 2000 and, until recently, in 2018. In recounting what her intention had been in coming to BEBA, she said that had learned about Ray through William Emerson, a colleague of Castellino's and founder of the Emerson Training Institute. She and her family had attended a weekend workshop with Dr. Emerson because both of her children “had birth trauma.” She explained:

My eldest was a C-section and my second child was Pitocin with an epidural. So I was aware of the birth trauma, of course, having no idea that my husband and I also had it. So we went with the intention to work directly with our children with William, and then after that weekend was so powerful, he recommended we work with Ray.

She said that addressing the birth trauma of her children “opened a portal” to her own birth experiences. She then began to relate the changes she observed by working with Ray.

We didn't have any behavioral issues that we wanted to work on with the children. It was more wanting to relieve them of any suffering that might be unconscious or subconscious from the births. And as far as what really happened was how working with Ray improved our parenting skills. And then also it improved my husband's and my understanding of how to work with children by being partners and being co-regulated.

She emphasized what first occurred as she considered benefits she received.

What first comes up is learning about accurate reflection. So, if I focus on the children first, would be in presence contact, you know, giving the children accurate feedback to what they're saying so that we really honor them and who they are, and what they feel.

Considering other changes she made in her attitude as well as behavior she said,

Let's see, I think also the idea of following the wisdom of the child. So I'll never forget one time, when my son was a little bit older, he really wanted to have a gun and my husband and I were totally against the idea because we don't like guns and didn't want one in the house. We thought for sure Ray would have supported us. When we called and [told Ray] this is an issue. And he goes, 'No, no, let him have this gun. It's really important, you know, if that's what he's wanting.'

To follow the child and to support them in their unfolding in their blueprint. Don't block them because of your own views. So he went ahead and got his gun and he loved it and he became a very accurate marksman and just enjoyed it for many years and luckily gave it up. But there is an example of having brought a problem in to BEBA, in to Ray. And we would have stuck to a hard, high moral standard and traded the child. And so he really helped us; and that's only one of many examples of [how] they have their own wisdom. The children know what's right for them, and we can just respond and listen and support that.

Continuing with other benefits she recalled,

I think a big one [was], when we were so dysregulated, my husband and I had been hard workers, hard achievers, high achievers. And then we had children in our mid 30s; my husband was in his 40s. And so we didn't know what we were doing. And so luckily, we—I knew to get help, and that's because it wasn't going to be instinctual

how to do a good job raising children. So we came to Ray and he really taught us about, again, co-regulation and slowing down, and the pause, and how to sense in with our presence and awareness of: are we connected or not in this moment? Are we in our heads and thinking about tomorrow? And then noticing the direct difference of coming back in feeling centered, and then connecting from presence.

Adding another value she recalled,

The way Ray helped us is to spend time with our son, our twin losses. That was a big factor. Both of my children had early twin loss within the first few days. And I was aware of that when it happened. Ray definitely confirmed, not only did our children have twin losses, but that my husband and I each did, which I also knew I did. My husband clearly demonstrated that he did as well. So there's a nice honoring of the twin loss that was really important that I talked to my children about and, I continue whenever I can sneak it in; that one day, you [her children] may want to do your personal work. And so I know how important this work is. And I'm trying to encourage my children subtly. You know, if you're curious, you might want to know more about what happened. They could then take on their own personal work.

This perceptive woman concluded our interview by saying that she had found her association with BEBA and Ray Castellino so valuable that she recommended there be satellite BEBA offices around the country.

Interview Six (#6) was conducted with a woman who said she started working with Ray midway through her pregnancy with her son 19 years ago. She continued to attend BEBA sessions for another year, at times with Tara as co-facilitator. She explained that she “was never going to have children,” but found out she was pregnant on her 39th birthday. She added that, at the time she was in a relationship that she “was not intending to continue.” She indicated that she was shocked with the news that she was pregnant.

I can't even tell you what a shock that was! I wasn't prepared socially, mentally, any of it. I wasn't going to do it. But at that point in my life, I figured this was a gift that I didn't know that I wanted. At that point in my life, there was no way I was going to see it as anything but that. My friends that knew me well knew the fear and trepidation I was facing with the idea of totally changing my trajectory to become a mother—a single mother at that.

But a girlfriend of mine told me that she had had, I think maybe some sort of a workshop that involves resolving the birth trauma. And so she goes, this, I think, would be something that could really benefit you. Why don't you go meet with them?

So, [my son's dad] and I went and met with them [at the BEBA Clinic] and we started to work with Ray so that I could more consciously face the decision and the act of giving birth and starting to raise a child.

At this point in the interview, her son, who was being home-schooled, was invited into the room. His mother had told me her son was "incredibly creative and super brilliant," but struggled academically because he processed differently and "doesn't learn the classic ways." When he came to the computer, he was gracious and communicative, telling me that he was a photographer. His mother's career connections led to him being hired to take photographs for a magazine cover. It was obvious that his mother was very proud of him.

When he left the room, his mom and I resumed our interview. She explained that although she intended to keep her baby, "intention is not always enough. And, you know, it just was too difficult." Her partner was a younger, immature man and she felt like she "was going to have to raise two children." She told me she "was in survival mode" at that time. "I just needed more support than I thought I was gonna get." She explained that her son currently had a distant relationship with his father whom he had not seen in ten years, but they had a common interest in photography. Turning back to her concerns when she was pregnant, she recalled,

Ray was amazing at helping me with my perspective. He was also amazing with keeping me calm through the process. I tend to deal with a lot of anxiety and a certain amount of depression and there's not a lot of room for that in life these days, but you kind of have to manage it because it doesn't just go away 'cause you wish it away. He gave me a lot of tools to work with and, [my partner] and I, a lot of tools to work with, and helped us kind of manage our relationship and the pregnancy process. And then he [Ray] was right there. He wasn't there right when [my son] was born, but he came up to the house.

She explained that she had to stay in the hospital for three days because of complications which interrupted giving birth in a birth center with midwives attending. After her ordeal, Ray was there for her.

He came over right after I was able to get home. Ray was over there doing cranial sacral therapy on me, which I have to tell you was amazing because after a uterus prolapse, I felt like my uterus was going to fall out on the floor for about a month after. And when he came over, it was not comfortable. Plus, I had to have the epidural. I was having shooting pains behind my ears as a come-down from, I guess, the epidural, according to Ray. I said, 'I don't understand what's happening,' and he said that that was one of the side effects of an epidural. He came over and did cranial sacral therapy

on me, and I could feel my uterus lift out of that heavy position. It lifted. So I was just blown away by that. He just helped me to manage and cope with everything.

This woman had a late-in-life pregnancy according to medical standards and had been afraid. She continued by relating her own birth and childhood story:

My whole life growing up, I was like, how would I ever, ever have a child? I can't. I was terrified of the process in every way. I had a little bit of a challenging childhood because I had a dad that was very short tempered and didn't want girls. He had a son first, and then 15 years later, after a couple of miscarriages, my mom had two more girls, myself and my older sister. By the time we came along, he pretty much disengaged, but he was also a hothead who had a real fiery temper. And he was violent with my mom on occasion, enough to do enough damage that it took a toll; and I don't know much about my birth.

I remember her [my mother] telling me back in the day when she had my brother, which was in 1943 or 44, I think. She went into the hospital and was put to sleep and woke up with a baby. So I have no idea what the case was with me. I probably wasn't breastfed. I don't remember talking about that, but back then they were promoting formula to people. I just feel like I learned so much [from BEBA and Ray].

I asked that she share more about what she learned to which she replied,

Coping skills. It really helped me to manage the whole process. He [Ray] planted seeds of wisdom and, ideas that helped me get through things. [I had] no materials to get through otherwise. And I wouldn't have known where to turn other than friends that had had babies, but that's not helpful because that's a very individual experience for everyone. And he was dealing with the whole person, as opposed to just the specific idea of giving birth.

When I asked what she found most valuable, she enthusiastically replied:

I feel like the thing that was best that I received, that I found most helpful that kept us coming back, was that every time I left there, I felt like I was going to be okay. We'd go there and we'd talk about things and we'd do exercises; and I would leave there feeling like I was going to be able to do this. I was going to be able to face giving birth and being a mother. So, I think it was more mostly that it was the coping mechanisms and the calmness. I always got calmed down, left the meetings feeling much more calm than when I arrived. For someone that kind of lives with anxiety on a fairly regular basis, that's huge—especially during a pregnancy.

She added:

I remember there was exercises he [Ray] did, and he helped me learn how important it was in a child's development, like my son tended to want to sit [and walk] before he was really crawling. It's really important for them to learn how to crawl because

of the left-right whole brain connection. I don't know the classic terminology, but he helped us with exercises and teaching us things [that] work to help kids work out [any issues]. Like after [my son] was born, to help him work out his trauma. I remember if he was going through something, he was a bit of a colicky baby.

And you know Ray was magical with babies. When [my son] was around him, when he was a baby, if he was fussy or he was going through anything, Ray just had the magic touch. And so he taught me a lot about that. I'm a very hands-on person, but I felt more skilled with what I learned from him in that way.

She remembered her time in the BEBA Clinic:

We'd pile up pillows and sit down and he'd show us videos of other people in their processes. And we'd talk about other people's situations. It was just such a huge education on all things babies, which was just completely foreign to me.

She also remembered:

I didn't babysit that often as a child. Everybody grows up in their first jobs babysitting and I definitely got hired by people through the church and stuff, but I didn't have a lot of experience with baby babies. And when I had to be around them, I didn't know what to do with them. I didn't really like them 'cause I didn't understand them. Of course now it's totally different. Everything. Anytime I see a baby I'm like—something happens to you. Even my son was extraordinary as a small child. He was in love with babies and whenever somebody asks you “well, what do you want to be when you grow up?” his answer used to be “a dad.”

This proud mother, who thought she would never have a child, shared how she and her son both benefited from their BEBA sessions. She described her son saying, “He's just a really extraordinary person. I think he's going to be a great human adult, you know? He's really showing amazing signs.”

Responding to a final question about whether she had recommendations for improvement in the BEBA program, she replied, “Oh Gosh. I could not possibly tell them how to improve because I think they're just magical and wonderful.” What a lovely testimonial on which to end our time together.

The seventh interview (#7) was with a divorced man who had participated in BEBA sessions in 1995. Ray Castellino, a family friend, had actually attended the birth of his daughter that year. This interviewee said his wife had a C-section and, although he was in

the room, the whole thing “was a bit of train wreck.” Shortly after that, the couple came to BEBA for several months. He recalled seeing Ray, Wendy Anne McCarty and another facilitator. “There were a fair amount of times where it was just Ray, but we spent a bunch of times with Ray and Wendy both.” He also reported that he saw Ray five years later with his second child. He had gained so much from his initial experiences at BEBA that he thought “it carried through my other two kids.”

This man’s perspectives were enlightening, as he remembered BEBA in the very early days. He stated, “we were one of the first families.” His intention for participating and what he learned blended into one another. Under Ray’s tutelage, his perspective regarding babies changed significantly.

I would say that the awareness of the child was just a huge surprise and a huge delight for me as a parent. Ray was with me when I met my daughter and he was like, "Look, here's a person!" It's hard to describe because there's something that went on that's not in words. But he directed my attention and his own attention, and her attention was so clear that it was very eye-opening.

I don't know that people start building their soul's relationship with their child's soul at that moment or even before. I didn't know before. It was lovely for me to have some input from people who were [aware that babies are conscious beings]. I don't know. I listened to the baby and felt her kicking [in utero] and stuff like that. But you can tell, just my experience as reflected in my language saying, "I listened to the baby in the womb." I didn't know. Of course, I would have been delighted no matter what, when she first came out, but being pointed in that way towards this being was like, I had an enormous recognition of that.

He reported on his ex-wife’s interactions with Ray as well.

He [Ray] had some conversations with my now ex-wife at that time as well that I think were meaningful for her; that were more like him interacting with her as a mother and her experience and her humanity, which was sidelined through a lot of that. It was an emergency C-section and we planned a home birth. I can't really speak for her too much, but I would say that it was enough to plant the seed and the opportunity was there. My mom knows Ray. They know each other from back in the chiropractor days. So I had this exposure and this opportunity, and my experience with it was enough to make me want to just want more, without knowing exactly, you know? There's a feeling that there's potential to it, but I didn't have a very articulated like, *here's what I'm going to get out of it* sort of intention.

In spite of an unclear intention, changes had occurred in this father's perceptions of children. Asked what benefits he realized from his receiving BEBA support, he related,

I feel that parenting is a huge opportunity to be humble and that as human beings, we're humbled in the face of each other, ideally. I think a lot of times we just don't learn that. And, in fact, that's undermined in us when we're not treated with humility as children. And so having children is an opportunity. It's just a very often missed opportunity, but it's an incredible opportunity to fill this in and to learn how to be with other people where you don't get to make the rules. Basically, you serve or you get out of the way. I don't know what else to say. Or you get all tangled up. People do all kinds of other things, but I think learning to be that basic with other human beings is special.

Being parents is really special in the opportunities it gives you. And so that's what was pulled into my awareness and pulled into my relationship with my daughter by going through those sessions. That's the big meta thing. I can talk about learning about retelling the story, retelling the birth stories or whatever stories, but that urge to retell, that urge that we have to express ourselves and be met a lot of the ways, like listening touch, where you can follow along with somebody. I don't know who else teaches that exact [process]. I think it's taught in bodywork, but it's not taught to us as just plain old people who aren't in a healing capacity to interact with each other in this listening way. That's more down in the detail-oriented level of what I learned, more in terms of learning things rather than reorienting myself towards my posture towards life. And so it ended up being both of those things.

This man was so impacted by his life-changing views of birth, babies and parenting he declared, "It [BEBA] informed my parenting so much that there's no before and after possible for me. So, in that world, it changed how I saw her [his daughter] when she was born."

Addressing his relationship with his ex-wife he told me,

I'm trying to think of how to characterize my relationship with their mom. And it's tough for me to boil down because, I think that relationship, that experience, she would also characterize it [BEBA] as having been helpful. And there were ways that it softened things for a little while. But it was also part of a big fork in the road for the two of us and our paths pulled apart. I guess it took another 15 years or so before we actually separated. I was trying to think of how to characterize the effect that [BEBA] had on our relationship and it's not a simple story.

He reflected on how he was growing as an individual and what he was modeling as a parent. He was realizing his own potential within a family with children—learning to parent—that catalyzed his own capacities and possibilities, and influenced his sense of self-worth.

And so that's what I got out of it personally. And there've been another number of other things in my life that fit this. But definitely, in terms of the picture of what has come together and made me who I am in a positive way, parenting is the giant core that holds everything together. And there are other things, but they're supported and held together and initiated by my relationship to being a dad and to my kids.

Parenting was a revelatory experience for this man, and he had had his experience deepened and enhanced by his interactions with Ray Castellino and other facilitators at the BEBA Clinic. He talked about some specific things he learned there and that he had integrated into his philosophy of life. He first mentioned pacing, then expanded to other concepts. He focused on

a kind of active listening. I characterize that as listening touch, which I don't know if that's how it's talked about or not. There's a similarity in how you listen to somebody in relationship, in my opinion, and that's a participation.

Generally, I think I learned an attitude or posture towards the kid. It doesn't have to be something you get something out of. Just be there for them and you're going to end up with this experience that's meaningful in a way that you have no control over. And it just never stops being more and more meaningful. But not because you're going to get a good thing out of being a parent or you're going to get the love you need. There's this heavy-handed thing about how we relate to each other in general; is this working for me? and sorts of approaches towards relationship.

There's all kinds of questions in relationship. I don't mean to put some off the table, but this idea that the gift for you is to show up and bear witness and be present and it flows from that without you having to want anything or work it from any angle or whatever. Those things are not well talked about a lot of times. They weren't taught to me, even through example necessarily, in my family of origin.

This introspective and philosophical man said he went back to BEBA for “touch-up work, but there were ways that I carried what I learned in the sessions.” He stated, “I felt like taking that and carrying it out into the world and trying to use it as a mode of interaction.” Although life—and parenting—could become confusing at times, this father appeared to have integrated what he learned from his own experiences with those he learned at BEBA to truly find a satisfying manner to be, to parent, and to live his own life.

Interview #8 occurred with a woman who said she sought help from BEBA during a “rough timeframe” in her life. She reported her intention in coming to the BEBA Clinic saying:

We started shortly after my husband and I were in the process of adopting two foster children with clearly a significant amount of trauma. They were toddlers at the time, and so I think what attracted me to it [BEBA] was attachment I knew. So my younger daughter was two at the time and my older daughter was three years and four months. And we had been their fifth foster placement. So it was clear that there'd been a lot of disruption in their process. And so, I wanted to do a bit to develop a strong healthy attachment.

Answering the question about changes she saw as a result of participating in BEBA sessions, she stated she would have liked to have made more changes in herself.

So, you know, I was just learning how to be a mom. So, that [BEBA] definitely helped me to understand and see my children more clearly. The questions [on the survey] for me are really, it just feels like a more complex situation than the questions afforded on this, which is why I wanted to agree to an interview. Because I'm not exactly sure what you [the interviewer] know. It's hard. But it's hard to say; it's like, I wish I had understood then what I understand now. I think I could have made more changes and more effect now—more changes on the children. They're just in this big process of developing. I think BEBA really, really helped with the attachment process which would have been a change in them.

Remembering what was happening within her relationship with her husband,

I don't know that it changed the way he and I related so much as it informed us as co-parents. He wasn't in support of a BEBA in the beginning. And I'm not exactly sure what his thing was. And Sandra Castellino made an exception for our family and let us come in with just me being involved in the beginning; and he eventually came and he eventually really embraced it. So I think it helped me inform him and what he was seeing in the children. And then when he came into the process, I think it really helped them attach to him as well. And so more of their story [is] around masculine and feminine role models, but prior to us, do you want me to say more about that?

I nodded yes.

Well, it's clear that [one of our daughters] is really afraid of men. And in the beginning, when we first started, it was further when we were first, when he [her husband] first started coming with us. My older daughter would really work at saving games with us. We would spend the whole session like just saving her from this or saving her from that. And it's interesting because I think that that really became prominent when he came into the sessions. I don't think before he came in that was quite as prominent. And then, and we had been with BEBA for quite some time at this moment, they played out their birth; they really were only 16 months apart. They've had this twin dynamic probably because of their trauma bond. And they are close in age. In the world, people constantly asked if they were twins when they were younger. So when they played out their birthing, they played it out as twins, as [if] I was pregnant with them together; and [my husband] was there in the session and everything was happy

and everything was good. And then [the older daughter] said, "Okay, it's time to be born." And so, you know, they bunched up around my tummy and they had a blanket over it. And then when she came out of the womb, she physically attacked Mark and scratched his arms and then she went and ran under the table. And so it was just, I mean, that was really a trauma for me at the time; and then [the second daughter] came out and she's all happy-go-lucky.

And, when I was processing the whole thing with Allison [the facilitator] afterwards, I said how difficult it was for me because I have these two children and I want to attend to [the older girl] and I want to celebrate with [the younger girl]. And she reported back to me that that's often the way it is with twins. And, in honesty, Susan, that's kind of a dynamic that still plays out, and it's kind of playing out right now. My older daughter is at a therapeutic treatment center. And my younger daughter is here at home, and she's, I mean certainly under COVID time, she's challenging and she has ADD and school's a challenge. She's having her moments but overall she's doing phenomenally, and she's building a success and my older daughter is kind of struggling to work through building relationships. And as a mom being torn that way, that is the dynamic that we still kind of see.

I asked the age of her older girl and was told she had just turned 18. Her mother continued saying that going to the treatment center had been "quite traumatic, but now she's 18 and she's still there. And so she's there of her own volition."

She signed to be there. And now she also knows she can't come home until she's completed certain milestones. But, she could leave, you know? She has the ability to stay until the day before her 19th birthday. And so, at some point, like a few weeks ago, she said, "I think I'm gonna stay till I'm 19. I have more growing to do here." You know, one step backwards, two steps forwards, and like that. I told her she was going to go and she ran away from the house and they sent somebody to come. We sort of kidnapped her. But what the good thing is that staff people at the facility that she's developed a relationship [with] she developed at once. They picked her up and took her. She developed a relationship on the way and she's there now. And when she has a tough moment, she'll go talk to one of the [staff].

I could barely comprehend how challenging this all must have been for this mother of two foster children with such deep issues. I expressed my admiration and sympathy to which she replied,

Susan, well, thank you. I really work hard at it [parenting]. My frustration comes out plenty of times, because it is frustrating, and then there's more to the story because in 2011, my husband was diagnosed with cancer, and we went through a really difficult battle, and he passed away four years ago.

So, you know, it's again that they experienced another loss and, Susan, it's like the whole five years he was sick. His first year he had 11 doctors. I can't remember exactly how long it took, but I remember the week we celebrated, it's like, oh my gosh, this week, we don't have a doctor's appointment or a scan. Yay. So, the thing about all of that is that my attention, all of a sudden, couldn't be on the girls. You know, we all got through together, and it wasn't that they were abandoned, or they were neglected.

I worked really hard to meet all of these needs. But they had to share my focus with [my husband] for sure. You know, now we were still—we were still participating in BEBA at the time that he was diagnosed. And so this was what was so wonderful about having BEBA at that moment. The first sessions after it became clear that [my husband] was sick and I mean he was hospitalized—his diagnosis was actually confirmed in the ER of the hospital. He had been going to the doctor and we couldn't figure out what was wrong. And it turned out to be cancer that was metastasized throughout his lymph system. And so he woke up one morning doubled over in pain. He'd had his first appointment with the oncologist that Monday, and Wednesday he wakes up doubled over in pain and the oncologist said, "Well, we've got to run these tests. It's either lymphoma or prostate cancer." But Wednesday he woke up in pain. They admitted him to the hospital; they ran all the tests in the hospital, and by Friday, we had the diagnosis of prostate cancer. So it was all very sudden.

He was a big football fan and that was his big thing Sunday's. He was type A; worked all the time. He was a farmer and worked long hours and loved doing it. Sundays he would watch football all day long. So we came to BEBA in the middle of all of this, and [our younger daughter], all she wanted to do was throw the football and so we spend our BEBA sessions, for I don't know how many, as a full time just throwing the football and it was clear to me what she expressing. She associates football with her dad and she wants her dad and that's what was valuable for me to see. You know? How do you quantify something like that? And did she change or not change? You know, it was really [that] BEBA was more of helping us process and become a family together.

The courage that her situation called for must have been monumental, in my opinion. Reflecting on what was most valuable about her BEBA experiences, she continued.

I pulled her [older daughter] out of kindergarten because that was unsuccessful. And well, okay, so this is going to be long. I'm going to tell the story because it's kind of a long answer, but this is really important. [Taking her to] kindergarten, see, was having severe separation anxiety for me. And so, of course, we started in late August. I'm trying to work this out, you know? My, my sweet husband, he would be away. He would be at work, but he would be waiting on the phone. I would drop her off and he would be waiting on the phone and then I get to the car and break down crying. He would be waiting by the phone to help me recover from the trauma of watching my child have so much trouble separating from me.

I'm talking to a facilitator [on the phone]. We're in bed, but in the middle of this, I'm talking to the BEBA facilitators. I'm talking to our preschool and talking to all my

resources, trying to ferret out what's going on. And, Susan, she was potty trained when we got her. She never had an accident the whole time. And then I would start picking her up from school, and she'd poop her pants from kindergarten. Some of my research is like, well, regression is normal. And I'm like, I don't think so. It's just trauma. I mean she's so cute and she was just this petite little beautiful girl. And she put her little backpack on. And we would park across the street from the school and there's a park in between, and she'd run, like she'd run ahead of me. And she was like just determined, and she would get to that gate and we get to the gate of the school and all of a sudden she would freeze. They collected the kids on the playground and she would like to start to get clingy and I'd be like, pulling her fingers off of my arms. Then one day I really saw—the bell rang and I saw the blood drain from her face. And I'm like, you know what? This, you know, this is February now. And I'm like, this isn't Okay. This is more than just *she just has to get used to it*, and helping her through—this is something else, and I dislike it. This is, for some reason, traumatic, and I just felt like it was reinforcing the trauma in her nervous system instead of working it out. And so we just pulled her out of kindergarten.

And so this is where BEBA was really helpful in that moment. Because, Susan, what I really struggle with, and I really don't understand in this world because these educators have all this experience with children and I know that they see children that have trauma and don't have trauma and, and there's all this research in the world that tells us how trauma affects a child's nervous system and the effects it has over time. And then I get to the school and they want to treat her like she's had a normal development process when she hasn't. And they're talking to me like I'm the problem, or I'm crazy, or I'm a helicopter mom. And so here's where one of the things that made that so critical for me in this moment, and then there's other moments, but in this particular moment, was they understand what trauma does to the nervous system in the body and they [BEBA] can help me make informed decisions around living in this. I don't even know the word, but how can there be such a disparity between what we know, what science knows, and the structures we create for these kids? Susan, we could change this world in ten years, if we would address the trauma of these five-year-olds, three-year-olds.

I commented about what a challenge this must have been for her. I saluted her listening to her own intuition and getting support and validation at BEBA. It touched my heart when she said,

So, in talking to you, this has helped me kind of like really ferret out what was so [helpful at BEBA], but what you said about that is important. When you said that, it really rang true that this was kind of the thread through it. It is what I felt like at BEBA. It was that I was supported and being able to affirm my own intuition on my own. I really needed that. You know, I would have fallen apart without that, I think, and it helped. I guess here's where it did help between me and my husband is that when he and I didn't agree, I had affirmation for my intuition.

I'm intensely critical of myself, in a way. It's like I understand that I'm human, but I'm really looking to make sure that I [perform well] especially around parenting them. They're always trying to be right. It's not about being right or wrong. So if the world is telling me something else, I'm like, are they right? And really looking to see, are they right and I'm wrong? I don't want to believe myself just because it feels like it inside. I really want to understand it; is this an intuitive hit that I know is right? Or is this just, I don't know, if I'm really describing that way right. But having some affirmation from BEBA, who was there softly from the beginning and knew the whole trajectory. I could stand up to my husband and say, "No, I know this is right. I know my intuition is right." And invariably, he might argue with that in a moment, and then a week later, two weeks later, come back and say, "Oh, sorry, you're right." But if I hadn't stood on my own, if I hadn't been able to be true to my own intuition, and my own self, things would have just gone south. We have had a lot of challenges. We still have a lot of challenges before us. But you know, Susan, given the story, and where we're at, we're doing remarkably well.

I told her I was happy to hear her give herself "a pat on the back," and affirmations that she was doing so well. She thanked me and agreed saying, "BEBA was a big help in that department." Reconsidering her own parenting and viewing it with her self-critical eye, she continued, and finally was able to acknowledge herself as a nurturing mother.

I feel like my children would be better served if there were moments that I could have delivered in the moment with a smile or in a more compassionate way, a more lighthearted way. My husband was the one that kept fun going. I'll tell everybody, I've married him because he made me laugh. That's what he would do. I kept us all on schedule, and he made sure we had fun while we're doing it. So I recognize that about myself, and there's times you know, and [our older daughter] especially was super, super frustrating. One of my biggest losses in parenting her, I felt there were moments when I got to be her mom, but mostly I was her manager. And it was like when we'd have that moment I'm like, "Oh my gosh, this is so wonderful. I just get to be to your mom."

While [my husband] was sick and we weren't going to BEBA anymore weekly, at this time, it became more than we could handle. But I still had a lot of questions and was trying to kind of ferret out what their story was and how it was playing out in our world, in our life. So I had gone back and asked Sandra [Castellino] if I could view the videos from our sessions. And I went back and I didn't have time to do very much of it, but I went, and [viewed] one of the early, early sessions, and I saw [my little girl] complain, whatever she was doing and she's like two years old. And they had this long accordion tube, and I was sitting on the couch, and she picked up one end and I had the other end. She's putting into her ear and I was [speaking] softly; I'm just making noises and she's smiling. And, you know, in that moment, I saw, "Oh, I, was nurturing." I don't remember all those times and places that I was nurturing and how it fostered that connection and that attachment. And I really appreciated that and myself, and it

was kind of one of those mirror things like I want more of that in my relationship with my children. And so what I really would find super, super valuable would be for, if ever, [BEBA] couldn't make the videos, have our old sessions available to us. And if that wouldn't help the girls when they're more grown up to kind of reflect back on their own story.

With that magnificent suggestion—to make the video recordings available to families to review—we brought our time together to a close.

Interview #9 took place with a woman who first came to the BEBA Clinic in 2002, when her son was about three months old, and continued until he was a year old. When she was pregnant with her second child in 2008, she returned and was able to have sessions with director Ray Castellino and occasionally with midwife Mary Jackson who was a co-facilitator.

She said that the birth of her first son took 57 hours. Subsequently, her son had “a pretty hyperactive startle reflex” and was awake a lot. Her intention in coming to BEBA with her first son was to “deal with some of that trauma from the birth and some of the issues that arose for both of us after that.” With her younger son, “my intention was really about [addressing] not feeling safe.” Since she was pregnant at that time, she feared that the previous scenario would occur again, leaving both her second child and herself with the after-effects of a traumatic birth.

This mother addressed the changes that she observed following her sessions at BEBA. Aside from changes she first saw in her son, she said, “the deeper changes were really in myself and my husband.” For example, “slowing down and being able to really connect and observe, and really be present with him [our son].” She reported that she felt “quite grounded and present” with him right after he was born, but when she returned to the hospital for the heel-stick procedure, things changed dramatically.

He [her baby] had a pretty traumatic experience when I took him to the hospital to do the ankle—where they prick his ankle to get the blood so that they can do that little test or whatever it is. It was really traumatic. It took them 45 minutes or something and the whole time he was screaming and crying. My whole system went into trauma response too, in relationship to that. And when we went to BEBA for the first few times, I realized that that was the thing I was trying to work out because every time he cried, I just was still like responding from this very intense place after that experience. So I felt like that brought up some kind of trauma for me and him clearly. I felt like we've worked through that and resolved that. And then we were able to kind of get more into what was going on [regarding] what had happened through the birth

and these feelings of being stuck. And, you know, I think I'm not really sure for him, like how much shifted in his system. He still was waking up a lot. And it was hard for him to self-regulate, for sure, for the first few years. But I definitely know that I was able to be more receptive and more present with him because of working with BEBA.

Recalling her abilities to parent more effectively, this concerned mother noticed feeling “more receptive.” With regard to her husband, she reported:

I think for my husband, because he came to many of the sessions, I'll just speak for him a little; he fell asleep a lot at the sessions. And I think that that was part of what he needed. You know, he needed the rest. He definitely struggled with the sleep deprivation more than I did, and he had to work. So it was even more intense for him to be sleep deprived. And he would just go into a deep, relaxed, restful space when we were in the sessions often, and I think that kind of carried through for him to be able to drop in that way—for his own self-care. Yeah. So I think that was good for him. He used to say this thing, like “I go there to take a nap.”

In describing shifts that occurred in their relationship:

I'm not really sure if the shifts happened so much during that time. I think the shifts came a little later, but I feel like they were informed by what we had experienced [at BEBA], and informed by this idea that there are ways to work through the challenges and the trauma. There was a couple sessions that Ray did with us because Jean was our primary person, but there was a few sessions with Ray that were really actually very profound, and shifted both of our perspectives a lot. Like we really got in touch with when [our son] was feeling stuck, like when he was re-working through that feeling of being stuck. Ray was just really good at being able to facilitate like, oh, “what are you feeling right now? What do you think he's feeling?” [When] Ray came in he really gave us feedback and information that was valuable in terms of both of us seeing the pattern and how the pattern could be shifted. Just acknowledging what was going on in the room, acknowledging the experience of both my son and us.

This caring mother and her husband also found it helpful to participate in sessions in which they learned to slow down.

I do think that piece about slowing way down, like in those sessions, and really just getting into that slow pace in connection with my son was really helpful; just to realize like, oh, that's okay to be slow and to just get really quiet. And I had this great experience, just because it was so awesome. [My baby] was biting my nipple. He was probably about nine or ten months old. He was crawling by that time and he was biting my nipple, only when he would pull off; he pulled off and just clamped down. It was pretty brutal. So Jean [the facilitator] and I were working with that, and she just had me talk to him about it, and tell him in that really slow pace, just share with him, “That's when it hurts. When you pull off, you really need to keep your mouth open.” We just talked through it, and then he never did it again. It was really cool. And then we went home that day, and I was telling my friend who was living with us at the time,

she goes, "So I can just get really kind of quiet and ask him to come give me some love?" 'Cause he wasn't talking yet, right? I said, "Yeah, well, let's try it. Let's try it." So she did. She was just like, "I really need more cuddles. I need you to come over and give me some love." And she quieted herself down and he crawled right over to her and got in her lap!

This mother noted that one of their facilitators did not give feedback or information that would have helped her integrate the experiences at BEBA more. She commented that she would have liked more conversations interpreting what was experienced in the sessions and early definition of terms like *self-regulation*. These were certainly constructive suggestions that have been considered and incorporated into each BEBA process.

In our closing moments this mother shared feelings around her first childbirth experience which was difficult. She felt she "wasn't cared for" and her "needs were not really considered in some way." Her need for sleep, for example, was overridden.

When I worked with Ray and Mary at those sessions while I was pregnant with my youngest son, we worked on that. And we worked on relating it back to my relationship to my mother, and my experience in the womb with my mother, and how I was the child that took on caring for my mother. Ray was really great about just [caring], and I knew that on an intellectual level. I knew that and yet, I also didn't really have the perspective of how that had affected my birth process with [my first child] and so that was just a really helpful experience to kind of clear that out and then be more available to this new and different experience. Actually my second birth was pretty amazing. It was pretty awesome.

Her next birth took only six hours. She attributed her easier time to the work she had done at BEBA, particularly with Ray, during her pregnancy. She described how he metaphorically removed a painful obstruction in her back that caused a painful cough. "After that session, my whole body shifted, and then I felt really ready [to give birth]." She described that birth in glowing terms.

So I had this amazing experience. I was in the bathtub. And my sister, who's also a doula, was there. So, that was great. I was in the bathtub. At one point my contractions were so intense, and I was just going into this very hypnotic state. I just went super, super deep in, whereas with my older one, I could never really drop, I couldn't really drop in. I was always like, so present with what was happening around me and everything that I couldn't really drop into my body, and there was no one in the space with [my first child] that helped me do that. Like there was no one capable of helping me drop in, and I was just not able to do it, for whatever reason.

And so it was fun. It was just like, instantly, I just went way down and my sister just got me in the bathtub and was like you need to be in the bathtub, in the water. And then I had a point where I just was like right on the edge of having an orgasm. Like contraction after contraction, and I almost cleared the room so that my husband can give me an orgasm, but I couldn't come out long enough to say anything to orchestrate that. And I came out long enough to remember that the photographer had been called, but I couldn't come out long enough to say that to him, but there was a point in the process where I literally felt the wash of the endorphins and I could feel them coming over my body. I'm actually chilled as I think about just this sensation of like, I am getting high right now. Like it was incredible. I was just like, oh my god, my whole body just opened up in this incredible way. And then he came. I think it was like two pushes and I had that high for three days. I mean, the next day, I was like, Oh, I can do that again. A couple weeks later, I was like, Yeah!

Generally stories about childbirth tell of difficulties and disasters. Stories like the one told here are heard far less frequently. It makes one wonder what every mother's experience could be if she had caring support to deal with old patterns of thought and feeling while pregnant, and prepare for a positive, even ecstatic, birth. What a celebratory note on which to end the interview.

Interview #10 was conducted with a young mother who started BEBA sessions in 2015 when her first child was three. She lived quite far from the BEBA Clinic so she attended sessions approximately once a month, sometimes with long intervening periods before she could return. She reported that she actually had many phone sessions with Tara. She explained that she came to BEBA because she was “having a really hard time with her older son.” He would have “epic meltdowns” which would last for an hour and occur up to four times a day. When the problem did not seem to be going away, a friend recommended that she try BEBA. She noted that children who have meltdowns seem to have them anywhere, but “her son never did that, it was only—mostly—around me, sometimes my husband.” She described her son as highly sensitive but she did not seek traditional therapy because she felt wary of labeling him—what she later called the “rush to diagnose,” or putting him “in a box” would not be helpful.

This mother proceeded to describe the play that her son engaged in during a BEBA session:

He was playing with the toys. He loves animals and the animal figurines and she (Tara) has so many that he really played with those, but he also played with the doll

house. He talked about how the mommy was crying and there was a—the baby was dead in the crib. And it was very dark. That was our first time there.

So I think she gave me some tools. There was this thing that she talked about. I think she told me about a book, maybe, I can't remember. And then she also told me about having this special time, which was [what] seems important, having at the end of the day, you know, having special time with him because I did at that point have a baby. So it was like a competition thing; the first kid [might feel ignored] so it's like a really hard thing. And he's relaxed a lot. And then, you know the meltdowns still happened sometimes, but definitely, the frequency went down fast.

And then when I went back to her, and I felt sure that he relaxed, you could tell after me trying this, because I called it a special time. I was like, "it's special time." It's our time, special time every day. I put my baby to sleep, and then I would have special time with him, but he's like a real negotiator. I mean, still to this day, if I do something one day, and I don't do it the next day, I have to remember to say, "This is a special thing." If it's not going to be the same thing tomorrow, I have to say, "This is a one-time thing. This only happens on the weekends." Otherwise he thinks it's going to happen. He expects it to happen, and he gets really hung up on it. So he would get [upset] sometimes. It was really hard, it was really hard for me. I had to learn how to use the special time.

I think he also sees the cracks in the relationship problems with my husband. He's on it, you know? And so I think that all of it [the BEBA sessions] sort of helped. I think maybe he relaxed. I was doing something [creating special time]. I relaxed. People relaxed, and then he started relaxing, so he didn't have as many meltdowns. That was the big change. There was this one incident that was well, just with working with Tara. We talked a lot about how, maybe it's epigenetics. I don't know. I'm really very interested in epigenetics. I don't know what you would qualify technically, scientifically, whatever my birth, what happened to me, my childhood, my grandma's childhood, all that. She's sort of led me to think about it that way, like biologically, and how they're all related, and that really resonates with me. So I think when I started seeing it like that, there's some amount of forgiving myself, but I still have to do it. I have a very hard time. There's a lot of retraining my brain that I have to do.

She not only became aware of generational patterns, she talked about noticing the synchronicity between what she experienced and what her son simultaneously experienced, "Sometimes he will wake up when I wake up; like we sleep across the house." Then she recalled her son, at a particularly stressful time, asked to return to BEBA.

Then there was one very bad, bad, bad incident where—oh, it was horrible. We had this, I had a very stressful [week at] work. The time was around the holidays. My husband was super stressed out; he quit his job. He'd started another job; that job was not panning out. He was super stressed out. He was in a horrible mood and he

said some horrible things to [our son]. And then I was trying to defend, like I was like on [our sons] side. I was not allowing the talk. Later, [our son] asked me if he could go to that place where they had the chickens or whatever, like to talk to that lady where she had the toys [BEBA]. Like he knew. Ain't that weird. I didn't say anything to him about it. [It had been] six months or something since we'd been. But these are all indicators that he's just super sensitive, you know?

She believed her little boy was actually asking to return to BEBA, but his father “doesn't want 100%” to believe that there is value in the BEBA work. She said, “He'll say maybe he [their son] just got older.” To that, she replied,

That never worked before. I mean, obviously he's not a science experiment. I can't run a test on my son to see whether or not something works. I mean, I also did take him off of dairy, which was this instinctual thing I did. Because he was sick all the time. I took him off dairy, and I thought that also helps. So there's this moment where he relaxed because of that. I don't think that it's just the bio—the dairy thing. For sure. I think that that might have been an irritant; that was a constant irritant, because he was constantly eating that. And then all this other stuff gets, it's like when you're irritated, then anything can set you off. So even now, if I yell, which I sometimes do when we get frustrated like this; it's really hard. I'm pretty Zen like, of anybody I know. I have a pretty chilled-out way of dealing with the pandemic. I grew up in the country. I don't care if I go anywhere. Like it's fine. Doesn't matter to me. And my kids are mostly fine. Oh, it's a bummer we don't get to see our friends, but they're mostly pretty okay.

Oh, but if I get cross with them, or he [my son] says I'm yelling at him, as soon as I apologize, which she [Tara] taught me to make repairs; that the repairs are more important than the harm or whatever; like the repair fixes it. Admitting that I make a mistake is the most important thing.

And so today I was getting frustrated. He was doing some app. He was having a hard time focusing. I'm getting frustrated for whatever reason. I feel like somehow it's all, I don't know, has to do with me, which it doesn't. But then I just got sort of mad and then afterwards I said, “I'm so sorry. I shouldn't have yelled at you.” And then he started crying. Right? It was like after I apologized, he released it. I think it's good; [I'm] glad he still cries about stuff like that. It's important, I think probably because he's letting it out.

Anyway, one of the things I learned is that I have to apologize, basically all the time, because I'm always messing that up. And then once in a while he'll give me one. He's mostly super well behaved. He's so funny. He has these grown up conversations with a neighbor. I don't know, I'm not there. I think you overhear him talking. And it's like this. He's like a little person and he asks appropriate questions about them, asking them how their kids are, and always funny things that six-year-olds or seven-year-olds don't normally [ask], you know?

This mom was becoming more sensitive to her son's needs and intuitively took dairy out of his diet. Her confidence in her own intuition seemed to be heightened by having some reassurance. She said what Tara had helped her see was that she "didn't have anybody, like thinking about me." Later in the interview she stated, "nobody ever paid attention to me." Now, she declared,

No, oh, he pays so much attention to me. It's hard. You know what I mean? Like if you're on somebody's radar all the time. It's hard because that was one of my fears of motherhood. I didn't want somebody to feel like I felt. This is what I said. I don't remember not saying it, that I was very scared of having a kid who felt the way I feel. So, I felt so horrible. I had a horrible childhood. It was bad. It was. I mean, I don't talk to my mom about how bad it was. She knows. I'll say things like "Why did you let that [happen]? You know, "Why did you let my cousin drag my babysitter across the yard by her hair when she was pregnant? Why did I get to see that?" Like, what? You know what I mean? Like, what? "Why was he allowed to live on our land?" I don't understand, like what we all knew—he was horrible. He was evil. And so she sort of knows. It's interesting, she can't quite get [it]. It's like a different iteration of awareness, you know? And so, I'm more aware. Anyway, I'm writing my memoir. So one day, you'll be able to read it. I'll say that I was writing it and then I get sidetracked. I don't have the time anymore to focus. But one day I will. And it's sort of about that. About epigenetics. I like how I've sort of—I am the expression of some of my past and all other ways. Like these are the things that I have. I have direct experiences that I can connect, probably because of going to BEBA and learning about that kind of thinking about it in a bigger way, not in like a small way. I feel like a lot of times you want to think about something in a small way, without just thinking like that, forgetting that there are other things going on besides what's happening right now in my house. Like blaming the stress of the quarantine is not just because I can't go to the grocery store, because everybody's worried. We're all worried.

Reflecting on the quarantine due to the pandemic and not having time to be alone or time to write her memoir, she commented,

We all have to give up something and that's one of the things I gave up—is alone time. We don't really have that much alone time. I used to have. I work at my house by myself. So I would have six hours of alone time a day almost. Yeah, if I was working, and now I'm not working. I take walks. It's just I don't have time. It's like to write something you need time to get into it. And by then, it's like, I'm tired. You know, I gotta go to bed. It'll come. It'll happen one day [she will write one day].

I asked what she found most important about going to BEBA.

I think I feel like, well, kind of Tara's support. I think seeing the generational relationships. I think that was probably the most important thing, because it gave me, I guess, insight on how habits are formed or whatever.

This young mother seemed to have changed in positive ways. What she learned was a different way of being which she said resonated with her own beliefs.

It's like a different way of parenting and I'm more relaxed in some ways. Sometimes I feel like, because I was born and raised in the country in poverty, I like to let them [my children] be sort of as grown up as they need to be, you know, or not, letting them trust themselves, not thinking that I only know the answer.

Expressing how she encouraged her children to trust themselves seemed like a good note on which to end our interview.

Interview #11 was with a woman who attended BEBA sessions for about six months in 2001. She could not remember her facilitator but recalled that there were “always three or four facilitators” in attendance. When asked what her intention had been to participate in a BEBA program, she stated, “My daughter had this thing where she would get really stressed out.” Even as a small child, she said her little girl would “freak out!” However, “she was preverbal so she wasn’t able to express what was happening; but you could see her whole body would just start shaking and tense up.” This young mother said she was “scared.” She worried that the baby had something physically wrong or that “she had had some sort of *trauma* that we didn’t know about.”

This woman recalled that as a teenager she had experienced “huge meltdowns” herself. She reported, “my emotions would just kind of explode all over everyone.” She and her husband had participated in a university experimental program that measured cortisol levels and found that he had cortisol levels that were so high the technicians would ask for additional tests because the levels seemed so extreme. So the family history was revealing patterns of high stress responses in both mother and father. At BEBA there was a different approach taken with their daughter. According to the mother:

They [the facilitators at the BEBA Clinic] would watch her [the baby]. And they would watch how she played. And they would watch us. And they would watch how we talked to her and how we played with her. There was a different way of sort of looking and observing and noticing what she was doing. And then they would sort of relate that back to either the birth trauma or to something else, maybe the way me and him were talking to each other. And then she [her daughter] would have these episodes.

They were always really excited when she had one when they were there, because they were like, “Yes, this is what we've been trying to see,” you know, trying to get to without trying to get her there. [The facilitators demonstrated] a way to communicate, but not to communicate *to* her, but to hear communication *coming from* her about the situation and how awful it was for a little small child who couldn't say that with words.

At BEBA, she seemed to be learn new ways to view her daughter's behavior and new ways to interact with her. She continued:

I think this is kind of an interesting part of it, because, up until then we sort of have this idea that it was a top down communication. Like we were trying to get through to her, and she was trying to get through to us. [At BEBA we] started a whole process of learning how to speak, basically.

I asked her to elaborate on learning “how to speak.”

Well, it's not so much like the words, but how to communicate with people that—again, communication had always been, “I tell you this and you're supposed to understand and do something with it.” Right? They [BEBA facilitators] were just, in their way of being, in the way that they spoke to us and the way that questions that they asked, they sort of led me to this conclusion that [the way I had previously understood communication] that's not communication. Communication is more of a trying to bridge the gap between things instead of one way or the other. Then you know obviously that took years and years and years of study to try to figure out what is the language of communication? What words you use and when you use those words that they actually cause something in the other person to ignite an understanding versus some words you use to just completely [cause someone to] shut down.

And with [our baby], it was really obvious when that was happening. You know, I need you to do this, was like, she would just freak out like she would never, she wouldn't do anything and even people on the street, “She's such a cute kid.” They always come up the door and be like, “I don't want to touch you. I just love you.” And she would just scream right in their face—full on screaming. Well, that's such an invasive thing to do. I don't think people recognize that you're a stranger and this child has a zone around and don't trespass there. Yeah, and boundaries, like the beginning, have good boundaries. But that boundaries are not something that I put up and say, “You can't talk to me like this.” You know what I mean? Although later, it became that, but initially, boundaries are sort of identifying this place *where that doesn't make me feel good when you do that*. I'm noticing that that hurts and that's causing this negative reaction that you don't like, that nobody wants.

I inquired about her using the skills in communication she learned at BEBA:

Like I said, it's a long process, especially when you have attachments to a certain way of being. Like, you have an idea of who you are, and what you are, and part of that is how you speak. Even if you're not getting the reactions that you want from that speaking, you keep speaking that way, especially when you get mad or flooded with emotion.

That seemed like such an insightful comment—clinging to old behavior patterns even when they don't get the results we want. She described her own family of origin and how her BEBA experience precipitated a change that drew her to like-minded communities.

I grew up in a PTSD family, so the communication was not [good]; it was a drill sergeant, is what you got. "Do this." And that's that. And so I [my patterns of communication] got kind of handed down that way. But BEBA was just the beginning of building a community of people who know how to talk to each other, and *know how* is not really the right word, but you know, who can practice talking, speaking with each other? We did therapy and Waldorf school. All the way through two years of kindergarten and then the whole way through eighth grade. It's more regimented than BEBA, but same philosophy, that the kids are going to be communicating with us long before we ever try to communicate with them. What we want to do is be modeling behavior that shows this way of lovingly interacting.

She enrolled her daughter in a Waldorf School where she volunteered to help pay for the costs of the program. Her communication skills had dramatically improved.

I was poor, which is a weird thing to be in a Waldorf school. And so I did a lot of volunteering, and the kids would come up [to me]. I became like this the person you can ask any question to, and as long as they were being kind, I would pretty much answer any questions that they had to ask us to the dismay of some of the parents. It got so that they listened. This question came up and I just want to let you know this is what I said and pick one side or the other, but I did go through it, and even learn how to talk to parents who are at so vastly different areas. I started doing an informal counseling with a woman who grew up in Nunavut [Indian Territory] as one of the few white people in the village and she became a doctor and a psychologist. And so she helped through the whole Waldorf school about how do you communicate with these mothers at school.

Although she was finding success with the way she was communicating at her daughter's school, her marriage was deteriorating. She described her husband's behavior as manipulative and, ultimately she lost custody of her daughter. She had a graduate degree, but she retreated from the world until her daughter turned 15 and a half when she returned to civilization. She noted that she and her ex-husband had agreed that their daughter could make choices when she reached 15 and a half, but the choice to remain with her father was

painful. “Oh my God, that's horrible. Freaking me out. But then I had a community of people here.” She developed friendships and a new family of like-minded people, and began a process of changing herself to improve the relationship with her daughter. She amplified listening skills she had learned years earlier. She recalled that “the foundation of BEBA starts that whole process of communication and the whole process of the of the kids beginning to identify what is self.”

What this interesting woman said was most valuable in her experience of coming to BEBA was worth saying twice: “Listening, listening, and that baby doll.” I was perplexed about the baby doll, so she explained:

They let her [her little girl] take home a baby doll. Yeah, it's like the right weight and looks like a baby. It looks like a new baby. So she never played with it; like not a minute after she left. She never played with it. But we dragged it all around, and all her other friends would play with it. And we would use it to talk to them. Get them to talk about things that were happening in their life and with their kids [friends]. Not talk but show. Show us. [The other children] seem to treat babies the way they were treated. Like the one which is always carried around by her leg. And the other one would always be super careful with it and making sure that it always had a place to live.

This mother mentioned a benefit she thought BEBA provided—“non-language communication.” The way the baby doll was treated by children seemed to be demonstrating or modeling behavior versus verbal communication. She used the doll to help her daughter’s friends communicate, to demonstrate how they treated babies, although she did not draw any conclusions that she shared during the interview about her own daughter’s neglect of the doll.

Her reflections from this point on were philosophical. She had sought help from friends, books, and spiritual resources. She found rituals to be helpful, especially ceremonies that embodied being open, accepting and compassionate. She acknowledged how life sometimes causes a person to want to shut down. “I want to shut down every day,” she quipped. Her disclosures had been heart-felt and thoughtful, going beyond the scope of a typical interview. I thanked her and we closed the interview.

Interview #12 was the last in the series. This woman said she attended BEBA sessions in 1994 for a year and a half and then came again in 2006 for another five or six years. She worked with Ray and midwife Mary Jackson. The first time she came with her son

and her husband. She said her “older son was born with a cesarean, so we wanted to address the *trauma*” associated with that experience.

When asked about changes she observed, she noted several things all at once: first, “how my husband and I related;” second, “how I’m becoming more aware of the birth process;” third, how a relationship with a child “impacts future relationships;” and finishing her long sentence, how her “relationship with herself” had changed. She summed up saying, “So yeah, the impact of all of it. The awareness of the whole process impacted the family, the child, myself and my husband.” Providing an example, she reported,

For myself, realizing what the birth process is; what it's supposed to be like when everything goes well. And what the birth process was, for me, really an awareness in how I gave my power away. How to destroy, or, you know, really made the relationship with my son much more challenging. And so trying to repair the relationship, trying to repair how to relate and come back into connection.

As this mother learned to repair her relationship with her son, she noted changes in him.

He responded well. Most of the sessions were about playing to build relationships and to build connection. So he really enjoyed those, and we had a way of playing that I could relate to with him and that he could relate to because it was part of his experiences. It was part of his knowing.

I asked her to describe a play session.

That would be a tunnel, you know, the clock funnel, and we crawl through it and hide. Pillows, stuffing pillows on him and then letting him crawl out of that. Any kind of small area he could crawl to, he'd want to do that. And playing together with him. If we were playing, where we were running around or something or chasing, being chased by something, we would do that together. Things like that. It was a lot of physical movement and playing.

These play sessions not only improved her relationship with her son, their effects seemed to extend to her relationship with her husband.

We started communicating differently. Again, with more listening better to each other, and allowing each other to have the feelings or the emotions or the point of view, and expressing to each other how it made us feel when the other did something. So it was more about listening and creating more space for each one to be ourselves.

Emphasizing what felt most valuable about her BEBA sessions, she noted,

The relating, the relating. Relating to each other and allowing each other to fully be who we are and allowing the other person to have the feelings about it [the subject] that they need to have. So it created a lot of space for being who we are, and acceptance. And then the other thing was creating an intention. If we were going to sit down and talk, to really focus on what our intention was, and our intention was always to get more connected and to get more harmony into the family. So it was involved in everything.

This wife and mother was very succinct in commenting about relating, creating space and creating an intention. At the end of our interview she wanted to tell me more about her BEBA experiences with her second son, whom she adopted at birth.

The other thing, the sessions that we went from 2006ish, to six years in, was with my other son, my adopted son, and the issues that come with adoption into a family. So it was similar, [there were] similar themes. But it was much more extreme. And so, therefore, it was that the experience was slightly different. But it was the same theme, having an intention, holding the intention, working around that and allowing him to show all his history, as he came into the world, being accepting of it, making space for it, allowing ourselves to have feelings appropriately. And working as a family supporting each other. When we're having feelings, one person could have feelings at the time. And supporting the little guy when he was little. It made a tremendous difference. He's a lovely young man. Then, it was challenging, but he turned out to be a lovely young man now.

It seems that this 12th interview encompassed an overarching perspective that reached into the past, spoke from the present and pointed to a possible future for those who participate in a program that honors the best in human development. It was a good ending to interviews that encompassed the thoughts and feelings of so many concerned and proactive parents and their beloved children.

Themes

Twelve interviews have been reported above and each transcription was read and reread to identify themes within the data. Because specific open-ended questions were asked, each interviewee was able to respond to a theme suggested by the question itself and to share an individual and unique perspective within that framework. Sub-themes emerged from within the implicit themes of *Intentions*, *Changes*, and *Benefits*.

First, the questions addressed what the participants' *Intentions* were for seeking help from the BEBA organization. Second, the interviewees were asked what *Changes* occurred in

their families, relationships, children and/or themselves. Third, the inquiry encouraged participants to share *Benefits* they received—what they found most valuable—as a result of their sessions with BEBA facilitators.

Intentions: The word most frequently used to describe why BEBA was contacted was *trauma*. Six of the participants used the word *trauma* and four of those six specifically referred to *birth trauma*. Each family sought to deal with the trauma they were observing in their children’s lives and to resolve it. The trauma was either that experienced by the birthing mother herself, her child, or both. Mothers who adopted children were dealing with what they perceived as birth trauma in the reactions and behaviors of their adopted children. They also had their own stress or trauma as they witnessed their children’s responses and experienced their own activation as they dealt with day to day challenges.

Three children in three different families were having *melt-downs* that overwhelmed the parenting skills of their mothers and/or fathers. Two participants wanted to “prepare” for the birth of another child. Three wanted to “resolve” lingering thoughts and feelings from challenges they had faced in the past or “process” difficult experiences and the commensurate feelings that arose. Four mentioned seeking help or support.

The uniqueness of each family became apparent as desires to find new ways to deal with their own situations were described. As they reflected on those situations, phrases were used that expressed desires to have “more connection with each other,” “support each other,” “get along better,” “process” a previous experience, “adjust” to an unexpected pregnancy, “consciously” face a decision, “develop a strong attachment,” “connect” or bond with an unborn child, deal with a child’s “epic meltdowns,” reduce “anxiety,” and even find out more about the “potential” for changing thought patterns and habits that had not been working. The changes each participant manifested were woven into the responses regarding why the BEBA Clinic was chosen as a place to address concerns, that is, their intentions for seeking BEBA assistance.

Changes: Each individual or couple was asked what changes they experienced as a result of coming to the BEBA Clinic, so the theme of *change* was incorporated in every interview. The answers to this question highlighted the various ways in which each family integrated what they learned. One father said, “All the changes were positive in the end, but it definitely stirred the soup.” Interviewees had specific intentions for attending BEBA sessions but often found underlying issues or other patterns of belief and behavior that they could address as well.

Resolution of Trauma: Since many of the parents sought help in resolving *trauma*, whether or not they associated it with their child’s birth, the word *trauma* was used again and again to describe changes they made, as well as those that they observed in their relationship dynamics and in their children. The majority of those interviewed found that their sessions at the BEBA Clinic yielded the resolution they were seeking.

The mother in the fourth interview described the birth of her first child as “traumatic.” She was concerned that “our birth experience may have impacted him psychologically.” Her son had gotten stuck in the birth canal and ultimately was born by cesarean section. This mother observed her son play joyfully in the BEBA birth tunnels, watching him reenact and repair his original experience while she found relief from her own anxiety as well. Her child was changing before her eyes, and the positive changes, according to this mother, were able to be sustained. She had thought that her husband could have done more to help her during the birth but became aware through her son’s reparative play that her belief that he could have helped more was incorrect. She came to realize, “there wasn’t really anything he could have done any differently. It was very healing,” Residual trauma in her system and her son’s was reduced and, from her account, healed.

The fifth mother interviewed had recognized that the C-section and Pitocin/epidural interventions she underwent at the births of her two children resulted in *birth trauma*. She found resolution to those issues, and “found working with Ray improved our parenting skills. And then also it improved my

husband's and my understanding of how to work with children by being partners and being co-regulated." Changes could be observed in the children's behaviors as well as within the parent's relationship.

During the sixth interview the mother reported that due to her circumstances at the time, a friend had recommended the BEBA Clinic that could help resolve *birth trauma*. She acknowledged that BEBA helped her son "work out his *trauma*," so the changes she sought manifested in her child's improved behavior. She mentioned exercises and appropriate touch employed by Ray to accomplish this goal. During the interview, she enthusiastically praised her son, now a young adult, and his accomplishments. She believed that changes made early appeared to help her child reach his potential.

The eighth mother interviewed was "in the process of adopting two foster children with clearly a significant amount of *trauma*" when she came to the BEBA Clinic. She noted that she "was just learning to be a mom," and that attending sessions at the BEBA Clinic "definitely helped me to understand and see my children more clearly." She pointed out that her two little girls were so close in age that they acted like twins with a "trauma bond." As the girls played out their twin dynamic and acted as if they were born to her, their adoptive mother, she found that she was experiencing trauma herself as she witnessed her children's enactment of birth. As she described it, this episode contained elements of a new birth experience and elements of the original trauma, especially that of the older daughter. Support at the BEBA Clinic helped her heal with her daughters.

Sadly, the mother explained that her husband was diagnosed with cancer and passed away. She recognized that her daughters then "experienced another loss." They were still participating "in BEBA at the time that he was diagnosed, and so this was what was so wonderful about having BEBA at that moment." She had requested an interview so she share her story and explain how coming to the BEBA Clinic had helped "us process and become a family together" during this painful time in their lives.

The *trauma* described by the ninth mother interviewed was directly related to giving birth to her first child with whom she had labored for 57 hours. She sought help from the BEBA Clinic during her second pregnancy to allay fears that giving birth the second time would be as traumatic as it was the first time. She also described the trauma her first baby had experienced when she returned to the hospital to have blood drawn from his ankle. "He was screaming and crying and my whole system kind of went into *trauma* response." She reported that during her first sessions at the BEBA Clinic, she realized that "every time he cried, I just still [was] responding from this very intense place after that experience." She felt she and her child resolved their feelings around that issue and were then able to focus on the birth trauma and her son's having been "stuck." It was in answer to the question about benefits received that she focused on the insights she gained related to giving birth.

Sessions which were facilitated by Ray "were really actually very profound." As they watched their baby, this mother explained: "we really got in touch with when [our son] was feeling stuck, like when he was re-working through that feeling of being stuck." The parents were prompted by Ray to ask themselves when observing their child: "What are you feeling right now? What do you think he's feeling?" Ray "gave us feedback and information that was valuable in terms of both of us seeing the pattern and how the pattern could be shifted." She felt "the deeper changes were really in myself and my husband." The reduction in trauma was fostered by new tools she and her husband learned: to slow down, to connect with their child, and to be present with him.

The tenth mother reported during her interview that her older son had frequent *traumatic* "epic meltdowns." During BEBA play therapy sessions her facilitator suggested she create "special time" with her older son who seemed displaced by the birth of his baby brother. This mom found that with consistent "special time" together her child began to relax and the frequency of the melt downs diminished. In subsequent sessions Tara helped this young mother see that she "didn't have anybody" supporting her. She began to trust

her intuition and took her son off dairy products. She learned at the BEBA Clinic to “make repairs” when incidents with her child generated adverse responses. An apology—a repair—soothed tensions and restored the mother-child bond. The dynamics between this mother and her son changed for the better.

During the eleventh interview the mother shared that she had worried that her daughter had something physically wrong or that “she had had some sort of *trauma* that we didn’t know about.” At BEBA sessions both the parents and the facilitators would “watch how she played.” The parents were observed talking to and playing with their child as well. Observations by trained facilitators were related “back to either the birth trauma” or to the way the parents were relating to each other. Episodes of the baby’s crying and shaking—her body language—appeared to be in response to some past or current disharmony. These parents learned to listen to their baby and sense “how awful it was for a little small child who couldn’t say that [what she felt] with words.” Empathically listening to their child changed the dynamics so that child and parents experienced less trauma and more harmony.

In answer to the question regarding changes that were experienced, the twelfth mother interviewed stated that she and her husband had wanted to address the *trauma* surrounding the cesarean birth of their older son; they discovered many additional areas of life as well that improved as a result of attending BEBA Clinic sessions. She noted that how she and her partner related changed. She “became more aware of the birth process and how that relationship [between mother and newborn] impacts future relationships.” Her relationship with herself changed for the better as she recognized how she had given “her power away.” She learned that she could repair her relationship with her child and “come back into connection.”

This mother remarked that most of the sessions at the BEBA Clinic “were about playing to build relationships and to build connection,” and that her son “really enjoyed those.” She had played in tunnels with her son, “stuffing pillows on him and then letting him crawl out.” They ran around and

played chase, learning to relate to each other in new ways that seemed to heal old trauma and enhance their bonding and attachment dynamics. Tensions seemed to melt away in this playful atmosphere and desired changes were tangibly experienced not only in the moment but were able to be sustained in their daily lives.

Raised Awareness: A word that came up frequently in the interviews regarding changes was *awareness*. Six different interviewees, half of those interviewed, used the word *aware* or *awareness* as they described changes they made during or following their BEBA sessions. The wife of the first couple, who had begun to participate in BEBA sessions before her children were born stated, “There’s just more awareness, way more awareness of the sentience of our children.” She had learned that children were “fully evolved beings coming into our life. And so I’m just grateful for that *awareness* from the beginning.” The father concurred saying he appreciated being able to recognize “the full level of consciousness of the children and, instead of thinking of them as just unintelligent and not aware, to really realize that they’re totally fully aware.” This revelation was augmented by realizing that the parents themselves “became more aware of the different ways of acknowledging feelings.”

During the fourth interview the mother pointed out that she learned to be “*aware* of prepping and planning because he [her son] doesn’t, in life, like to be rushed . . . so, going to BEBA . . . brought that awareness about, to just to understand him a little bit more in his needs.” Further, she noted that her experience at BEBA had increased her ability to “respond from a place more of not pressuring and [being] rushed, but just, more kind of go with the flow and follow his lead.” Paying more attention to her son’s needs—changing her awareness—and slowing down to adapt to his pace created a better relationship that she could maintain.

The first thing that a father remembered during his interview was attending the birth of his daughter almost 25 years ago. Ray Castellino, a family friend as well as his BEBA facilitator, was at the birth. “I would say that

the *awareness* of the child was just a huge surprise and a huge delight for me as a parent.” His awareness awakened him to parenthood as a means that provided “really special opportunities.” Castellino helped this new dad recognize that a newborn is a person, much more of a sentient being than he had realized. This was the awareness that had been awakened in the first couple as well. A change of perception—a shift in awareness regarding the consciousness inherent within their newborn children—was a profound insight for parents.

Another mother reported that Ray taught her and her partner “how to sense in with our Presence and *awareness*.” Another stated, “I’m more *aware*,” as she has processed old disturbing memories. One woman gained an understanding of “twin loss” as this concept applied to her children, her husband and herself. “Both of my children had early twin loss within the first few days and I was *aware* of that when it happened. And so Ray definitely confirmed, not only did our children have twin losses, but that my husband and I each did.”

The last woman interviewed noted that when she reflected on the past, she gained “an *awareness* in how I gave my power away.” She had become “more aware of the birth process and how that relationship impacts future relationships.” Going further she noted the “relationship with myself” had changed. She summed up the changes precipitated by sessions at the BEBA Clinic saying, “The *awareness* of the whole process impacted the family, the child, myself and my husband.”

In addition to using the word *awareness*, some of those interviewed spoke of *consciousness*—a word used synonymously with awareness in modern parlance. One mother, who had never planned to get pregnant, said that by coming to BEBA, “I could more *consciously* face the decision and the act of giving birth and starting to raise a child.” Another wanted to relieve her children “of any suffering that might be *unconscious or subconscious* from the births,” and another wanted to learn more about how BEBA facilitators were

able to help children heal from trauma that was held at “*unconscious and subconscious*” levels.

Another related word used to describe the changes people were experiencing at the BEBA Clinic was *realize*. The first couple began to “really *realize* that they’re [children are] totally fully aware.” One father “realized” that his daughter related to other children in ways he saw as having good boundaries. One woman came to “realize,” as her child reenacted his birth during play at the BEBA Clinic, that her husband could not have helped more during the birth of their son as she had desired. This led to the transformation of feelings from resentment to acceptance and to a better relationship. Another woman “realized” that she and her son were actually resolving birth trauma while she had previously thought that the changes were just due to the resolution of superficial unacceptable behaviors. This quality of healing would have enduring effects that enhanced their maternal-child bond. One mother *realized* it was okay “to be slow and to just get really quiet” so she could be more attuned to her child and better meet his needs. Another woman was “realizing what the birth process is, what it’s supposed to be like when everything goes well.” Old beliefs and perceptions were literally transformed as the parents resolved issues in their families and in themselves.

Words used through many (eight) of the interviews were *aware* and *awareness*, *conscious* and *consciousness*, as well as past and progressive tenses of the word *realize*. All these terms have similar connotations: new ideas, thoughts, feelings, attitudes, processes, and skills were being integrated within these parents that changed the way they related to their children, their partners, and even to themselves.

Improved Communication: Another theme within the broader category of change was *communication*. This topic included listening, speaking, and “connecting from Presence” which encompassed allowing and accepting the feelings of others. One woman emphasized that “the foundation of BEBA starts that whole process of communication.” Another woman reported that her

facilitator “helped us with some basic communications skills, reflecting and listening skills that I found was really important.” A young woman who attended sessions while pregnant with her second child said she began to talk to the baby in her womb. She also felt she learned “to speak from my heart more,” and had “better communication with my husband.” As a result of improved communication, she reported changes in her husband: “He was amazing, you know, for my second son's birth; [he] was Present and more than what I needed.” Changes rippled through relationships as new communication skills were implemented.

The woman who expounded on the subject of communication itself described communication as having always been somewhat dictatorial in her experience:

“I tell you this and you’re supposed to understand and do something with it.” Right? And they [BEBA facilitators] were just, in their way of being, you know, in the way that they spoke to us and the way that questions that they asked, they sort of led me to this conclusion that that's *not* communication; that's something [else], but it's not [communication]. And communication is more of a trying to bridge the gap between things instead of one way or the other.

This new perception of what effective communication could entail led her to become someone whom others sought out to listen to their concerns and answer their questions—to become a truly effective communicator.

Further, she pointed out another aspect of communicating: that of role-modeling.

Kids are going to be communicating with us long before we ever try to communicate with them. What we want to do is be modeling behavior that shows this way of lovingly interacting.

She identified the foundation of the BEBA organization as “the whole process of communication and the whole process of the kids beginning to identify what is self.” This wisdom had endured over twenty years in her life. “BEBA was just the beginning,” reported this mom, “of building a community of people who know how to talk to each other.” Changing the way she communicated led to a lifetime of improved personal and professional relationships.

The last woman interviewed stated that “how my partner and I related” changed.

We started communicating differently, again, with more listening better to each other, and allowing each other to have the feelings or the emotions or the [our own] point of view and expressing to each other how it made us feel when the other did something. So it was more about listening and creating more space for each one to be ourselves.

Positive changes occurred in this family that ameliorated past trauma and improved their relationship as their communication skills improved.

Within the theme of *Communication* are *relationship* and *connection*. These facets of communication were alluded to with expressions like *family dynamics, mutual support, understanding, checking in with each other, accurately reflecting, making repairs, slowing down, pausing, making eye contact, setting boundaries, and being Present*.

The wife first interviewed said that “the process of reflecting on ourselves and our ancestral history and the patterns that we had in our *relationship*” caused them to see that those patterns were “coming out in our parenting.” She found that with BEBA sessions she realized “more *connection* to our kids.” New perspectives led to changes in behaviors and more positive, loving family interactions.

One woman said that Ray taught her and her partner to ask themselves: Are we *connected* or not in this moment? Are we in our heads and thinking about tomorrow? And then noticing the direct difference of coming back in feeling centered and then *connecting from Presence*.

The *Changes* reported represented the uniqueness of each participant and their individual intentions for seeking help at the BEBA Clinic. New “high-powered tools” and techniques improved interactions well beyond the BEBA sessions. People learned to “repair” following disagreements, to “slow down,” to “be Present,” to “pause,” to “make eye-contact,” to “check in with each other,” to accurately “reflect” what they heard, to engage in “self-care,” and more. Eleven of the twelve interviews revealed that participants in sessions at the BEBA Clinic learned not just new skills but new ways to relate to

themselves, to each other in their adult relationships, and to their children. The changes they recalled making led naturally to what they felt was most valuable about their BEBA experiences.

Benefits: Each individual or couple was asked what they most valued about their experiences at the BEBA Clinic. The changes that each shared created a natural segue to answer this next question. All the interviews had been chosen by the participants to give them an opportunity to expound on their particular experiences beyond filling out the survey. This question allowed them to focus on what they found *most beneficial*. Each had something different to share, but reduction of *trauma*, expanded *awareness*, and enhanced *communication* skills were woven into their replies just as they had been when asked about the changes they observed. At this point more specific techniques and/or specifics about particular issues were mentioned that elucidated those larger themes.

During the first interview both individuals found significant value in coming to the BEBA Clinic. The wife said, “there’s so much value” and found a number of benefits she could enumerate. She thought that the BEBA “principles have just been these pillars, like these guiding touchstones or these guiding lights for us in our relationship, and certainly with our children.” She then specified “learning how to do *repair*,” to make an effort to resolve disagreements and correct misunderstandings immediately was a value she gained.

All these actions represent a heightened awareness of the impact our actions are having on others and to then utilize improved communication skills to ease tension, be accountable, and demonstrate genuine love and respect. This insightful spouse elaborated on how “the principles of mutual support and cooperation, regardless of what’s happening,” helped her family, especially during the challenging times they were facing. Characteristics of a healthy relationship include mutual support and cooperation. She expressed her appreciation for her husband participating in the interview even though they were separated, and shared they were still “in support of each other.”

“The *pause* has been like this golden jewel in our family,” she continued. Pausing, taking time to consider alternatives, is a function of effective communication and can prevent shock and trauma. She was using BEBA tools to reduce the potential for damage to occur in her relationship with her partner and with her children. She consciously pondered “the principle of choice” as she and her husband were considering whether or not to remain together. During trying times, she emphasized,

I cannot express my gratitude enough for [BEBA] experiences; and maybe just feeling held. I think that was it for me. I think it’s like that—the feeling of support and learning about layers of support, but mostly just feeling like Tara, and all the facilitators at BEBA, but especially Tara; she just held us. No matter what was going on, we could always reach out to her.

This young woman appeared to recall, in that moment, sensations she felt during her sessions at the BEBA Clinic. She continued to talk about

feeling support in the sessions, and then being able to access that and remember that and channel that back in other times of life. I could just tune back into that, and really sink in and feel that sense of support which was really, really valuable. And [that feeling of support was] not there for me a lot in my early years, so it’s just really phenomenal.

Feeling supported seemed to heal her memories of early neglect and *trauma*; she could sense peace and comfort deep within her body as opposed to activation and agitation. Her husband added “It was really great to have the support of BEBA.” He noted that he had participated in both family and individual sessions and was scheduled to see Tara the next day. “So it’s continuing,” he said. “I’m very grateful for the support.”

“I could go on,” this wife and mother said, commenting on what it was like to care for her newborn children. She was particularly aware of how helpful it was to move slowly in proximity to her babies. “The tempo of the babies— [they have] this slow tidal rhythm. If I could slow down in myself enough to create that co-regulated field,” she realized she could *communicate* with them. “I would ask them for their participation. I could slow down enough in myself to give them the space to respond.” For example, she would ask her preverbal child, “can you stretch out your arms so that I can put your shirt on?” The child would cooperate suggesting to this astute

mother that there was a “level of attunement” and a “level of *connection*” with her infant.

Reflecting on societal beliefs as opposed to the principles she discovered at the BEBA Clinic, this bright young woman observed there is

this idea that the child needs to be fixed or something like that. There's some sort of problem with the child and, and we're going to go into therapy and therapists are going to like fix the problem with the child. And that's not at all the BEBA law!

She was able to identify for herself the distinctive principles of the BEBA organization that caused her to “get excited about the idea for more access to this kind of work being available to more families.” Her husband agreed as he expressed, “I've been very, very grateful for BEBA and I think it's an amazing resource.” Nonetheless, they had shared throughout the interview their recognition of the responsibility each participant has to make changes as well as acknowledge family dynamics, individual accountability and mutual cooperation. The wife succinctly stated,

the responsibility really lies in the parents to be those who hold a regulated energy in themselves for the children to rest into; and that if the children are acting out in some way, it's not that there's something wrong with the children, but that they're in response to their environment.

She added, “it really requires the desire to self-reflect.” Indeed, self-reflection within the theme of *improved communication*, together with self-awareness within the theme of *raised awareness* and the *resolution of trauma* were all incorporated in this response to the question regarding what this couple found of most enduring value from their BEBA sessions.

Interestingly, the interview with the second woman who sought help at the BEBA Clinic almost 20 years ago, revealed that she was very dissatisfied with her interactions with facilitators. Her intention was to resolve the *trauma* she saw her son, a child conceived with IVF technology. With what we have learned in two decades about children who have had this fertilization process in their histories, it is likely that facilitators might now do better in reducing or resolving associated trauma. This mother was *aware* that there were underlying issues but did not find the assistance she sought. She was willing to listen and engage in more effective *communication*, but

the communication broke down during her visits to the Clinic. Even so, the three major themes—resolving trauma, raising awareness and improving communication—although sought but not found, could still be found in her transcript.

In response to being asked what they found most valuable about attending BEBA sessions, the next couple answered with two different perspectives. The father “really appreciated her [Tara’s] psychoanalytic background.” Their facilitator [Tara] had both psychological and spiritual knowledge that contributed to his satisfaction with the BEBA program. His wife found improving “basic *communication* skills, and listening skills, and the pause” to be most helpful. After focusing on their daughter’s play which had appeared to allow her to process “unconscious or subconscious things” about her birth, this mother wanted to process her own experience of giving birth. She said, “Tara helped me through that; through listening, through active listening and some facilitation with me.” She remarked that she actually got value from the play sessions that were focused on her daughter, as “some of it [resolution] was happening for me too. That combined with the actual birth [processing] seemed like the most BEBA specific skillset or fascinating process that I found valuable—so valuable.”

Communication between the facilitator and these two individuals was key to the success of their BEBA experience; in addition, *trauma* was reduced within both mother and child, and the partners were encouraged to become more *aware* of their daughter’s improvement. Tara was reported to say, “See how it’s [the traumatic response] getting less each time that she goes through the tunnel—less fear.” Now more aware and curious, each person indicated that they really wanted to learn more.

The fourth woman interviewed said the greatest value she received could be said in one word: “relief.” She acknowledged that she “was holding on to so much—guilt and fear that I had ruined my baby’s life forever.” She was relieved to learn about imprints, “early life experiences and how they can affect someone for lifelong,” and to feel the relief from letting go of old guilt and fear. She said, “I was unable to, in the beginning, *connect* like I had wanted to with [her son]. So through learning self-compassion and a little bit more, being able to be present with him again,” she felt a greater “sense of relief.” She felt empowered to “speak more from my heart and have

more boundaries.” With that feeling of relief she “felt able to just speak my mind from my heart.” *Traumatic feelings* in this concerned mother’s mind and body were relieved; her *awareness* of her own worth was raised and, therefore, she was able to speak from her heart, and she improved her *ability to connect with her child and communicate with her husband*. All these factors contributed to her relief and, thus, the benefits she gained from her time invested at the BEBA Clinic.

The fifth young woman interviewed said “what first comes up,” when asked to recall the most valuable thing she gained from going to the BEBA Clinic, “is learning about accurate reflection.” She stated, “So if I focus on the children first [it] would be Presence contact, giving children accurate feedback.” This *communication* skill was prized by this mother.

As she continued she said she also valued “the idea of following the wisdom of the child.” This requires an openness and awareness that every child has a natural, innate intelligence. She told the story of her son wanting to have something she and her husband were opposed to. Ray advised them “to follow the child and support them in their unfolding in their blueprint. Don’t block them because of your own views.” She and her husband adhered to Ray’s guidance which worked well for this family. This was just one of many examples she observed in which children “have their own wisdom; the children know what’s right for them and we can just respond and listen and support that.”

This wife also recalled that she and her husband “were so dysregulated” when they began to work with Ray at the Clinic. She said they were “hard workers, hard achievers, high achievers.” She was in her mid-thirties when they had children, and her husband was in his mid-forties. She reported they knew nothing about raising children—it did not come naturally or instinctively to them—but they knew to get help. Ray taught them about “co-regulation and slowing down, and the pause, and how to sense in with our Presence and *awareness*.” They learned to ask themselves, “Are we connected or not in this moment? Are we in our heads and thinking about tomorrow?” They could notice the difference “of coming back in feeling centered and then connecting from Presence.” Both *improved communication* and *enhanced awareness* were themes that appeared in the discourse of this intelligent mother.

During the sixth interview with a single mother, she talked about her interactions with Ray and that the “coping skills” she learned helped her “manage the whole process [of childbearing].” Ray “planted seeds of wisdom and ideas that helped me get through things.” This mother had an unexpected pregnancy and was referred by a friend to the BEBA Clinic. She discovered that Ray “was dealing with the whole person, as opposed to just the specific idea of giving birth.”

When she was asked about the most valuable thing she received she replied, I feel like the thing that was best that I received, that I found most helpful, that kept us coming back, was that every time I left there, I felt like I was going to be okay. We’d go there and we’d talk about things and we’d do exercises and I would leave there feeling like I was going to be able to do this. I was going to be able to face giving birth and being a mother.

Her relationship with a younger and immature partner was deteriorating, but sessions with Ray helped her feel “calm” and more self-assured. By engaging in exercises at the BEBA Clinic she learned that toddlers needed to crawl before walking because they were developing the connection between their right and left brains. She found it valuable that her son, who had been a colicky baby, could work out any birth *trauma*. She observed Ray’s “magical touch” with babies and “felt more skilled with what I learned from him in that way.” This mother appreciated the *reduction in trauma* and anxiety both she and her son were feeling, became more *aware* of how to care for her son, and *improved her communication skills* with her child as well as her partner with whom she decided to separate. Again, the themes of *trauma resolution*, *raised awareness*, and *improved communication* emerged from this interview.

The seventh interview was with a single father who had worked with Ray at the BEBA Clinic 25 years ago. This man was very philosophical. He recalled the birth of his daughter and how he had an epiphany when he realized his newborn was a sentient being. He said,

the *awareness* of the child was just a huge surprise and a huge delight to me as a parent. Ray was with me when I met my daughter [after her birth] and he was like, “Look, here’s a person!” It’s hard to describe because there’s something that went on that’s not in words, but he directed my attention and his own attention; and her [the baby’s] attention was so clear that it was very eye-opening.

This man's life view of babies changed in an instant. He began to embrace parenthood in an entirely different way that he had anticipated. He said his experiences with Ray and the BEBA approach influenced the way he parented. "It informed my parenting so that there's no before and after possible for me." He continued: "It changed how I saw her [his first child] when she was born." He recalled that he was left speechless as he pondered this revelation.

His fresh perception of being a parent "made me who I am in a positive way." He explained, "Parenting is the giant core that holds everything together. And there are other things but they're supported and held together and initiated by my relationship to being a dad to my kids." The on-going experience of parenting was an ever-growing learning experience for this committed father. He described his own development over the years during which he had read extensively and reflected on the meaning and purpose of life. For him, his role as parent became his reason for being. This overarching view was fostered by specific things he learned to perform his role better: pacing; active listening, a participatory type of listening that he called "listening touch;" and a recognition of womb patterns that continue into adulthood. Ultimately, he philosophized:

Generally, I think I learned an attitude or posture towards the kid. It doesn't have to be something you get something out of. Just be there for them and you're going to end up with this experience that's meaningful in a way that you have no control over. And it just never stops being more and more meaningful. But not because you're going to get a good thing out of being a parent or you're going to get the love you need—the gift for you is to show up and bear witness and be present, and it flows from that without you having to want anything or work it from any angle or whatever. Those things are not well talked about a lot of times. They weren't taught to me, even through example necessarily, in my family of origin.

This father discovered joy in parenting for its own sake. The gift for him appeared to be in the giving. He did not talk about reducing trauma or even improving his ability to communicate; his focus was on his expanded *awareness* of children's sentience, and the privileged role of being a father. He said that over time, "I carried what I learned in the [BEBA] sessions." He integrated perceptions of parenting that motivated him: "I felt like taking that and carrying it out into the world and trying to

use it as a model of interaction.” Inspired by Ray and the BEBA model, he was, indeed, an inspiration himself.

The eighth interview was with a mother who responded to the question of what she found of most value with a heartfelt story of adopting two little girls, one with severe separation anxiety. When she took her daughter to kindergarten the child would cling to her. When she saw the blood drain from her daughter’s face at the prospect of going to school, she “just felt like it [going to school] was reinforcing the trauma in her nervous system.” She said, “this is where BEBA was really helpful.” This conscientious mother was being told by school authorities that she “was the problem,” rather than seeing her traumatized child as one needing special consideration. She praised the BEBA facilitators recalling her thoughts at the time: “They understand what trauma does to the nervous system in the body and they can help me make informed decisions,” in this case regarding the dilemma of whether to take her child to school or not. She stressed, “We could change the world in ten years if we would address the trauma of these five year-olds.”

In seeking to help her child resolve the trauma in her nervous system, this adoptive parent found support at the BEBA Clinic. With support her own anxiety and self-criticism diminished, and she said she was “able to affirm my own intuition.” She not only experienced a reduction in the trauma in her life and the lives of her children, she was able to acknowledge her own nurturing maternal abilities with enhanced self-esteem. *The resolution of trauma* was the major theme that emerged from this mother’s reply to what she most valued, indeed, it permeated the entire interview. It had been the major factor in seeking help at the BEBA Clinic, it had been the impetus for making changes, and it was clearly the greatest value this woman received. In closing she said, “I just have a profound gratitude for the time we spent with BEBA.”

The ninth woman interviewed had already mentioned how birth trauma had been reduced in her son, and that considering what her child was feeling became a practice she had learned from Ray. She had become aware when a pattern of behavior presented itself and “how that pattern could be shifted [changed for the better].”

Noting that learning these skills was valuable, she focused on “slowing way down.” “Getting into that slow pace,” she acknowledged, helped her feel “in connection” with her son. One of the facilitators suggested she talk directly to her nursing baby who was biting her as he breastfed. She described speaking slowly to her child telling him that he was biting hurt her and he needed to keep his mouth open when he stopped nursing to reduce any painful sensations she was experiencing. She had been advised to speak slowly, and “just share with him, ‘that’s when it hurts, when you pull off. You really need to keep your mouth open.’ We just talked through it.” Happily, she reported, “he never did it again!”

She reported that “one of the big things that I was working on [was] this feeling of having had this really difficult birth; and part of the issue was that I felt like I wasn’t cared for during the birth. I felt my needs were not really considered.” She explained:

When I worked with Ray and Mary at those sessions while I was pregnant with my youngest son, we worked on that. And we worked on relating it back to my relationship to my mother, and my experience in the womb with my mother; and how that, I was the child that took on caring for my mother. And, Ray was really great about, just [acknowledging my role as caregiver], and I knew that, I knew that on an intellectual level, and yet, I also didn't really have the perspective of how that had affected my birth process with [my first child] and so that was just a really helpful experience to kind of clear that out and then be more available to this new and different experience. Actually, my second birth was pretty amazing. It was pretty awesome.

This mother went on to describe having been ill before she gave birth to her second child. She had a private session with Ray, whose intuitive abilities aided in her feeling that he had physically removed a painful object from her body. She said her body “shifted so much” and after that session she “felt really ready” to give birth. At 45 years old she gave birth in six hours as opposed to the 57 hours she endured with her first childbirth.

During this interview the themes of current and past *trauma resolution* predominated the answer to what benefits the interviewee felt she had received from the BEBA facilitators. *Communicating* with her pre-verbal baby was significant, as was

her enhanced *awareness* that her infant was cognizant enough to respond to her verbal request. Again, all three sub-themes were evident when the transcript of the interview was analyzed.

When asked what she found most valuable about her time at the BEBA Clinic, the tenth woman interviewed said she felt that “Tara’s support” was most important to her. Like the previous woman interviewed, she also had not felt supported; “nobody ever paid attention to me,” she explained. Her facilitator had helped her feel supported when she said she “didn’t have anybody thinking about me.” Her son, whom she described as being very sensitive, had come to her during a stressful time and asked “to talk that lady where she had the toys.” This was six months after their last appointment. Both she and her son found value at the BEBA Clinic.

She said her interactions with Tara gave her “insight” into how habits are formed. She learned to place greater value on her relationship with her children, saying, “they’re not just like some little kid that lives at your house.” This mother had learned about epigenetic effects that can be transmitted from the environment and from generation to generation. She was learning “a different way of parenting” and said she was more relaxed in some ways.” She advocated letting children “trust themselves.” She remarked that as a parent she was “not thinking that I only know the answer.”

As we were closing she made an interesting comment: “Because I feel like there’s some lack of, especially in Western medicine, a certain lack of acknowledgement that there might be something else going on, there’s like a really big rush to diagnose.” She described a condition her son had, noting that “Tara never—it’s like she doesn’t diagnose. I needed somebody to tell me that there was nothing wrong, because that [a diagnosis of something wrong] makes you feel like you can’t fix anything.” She had created “special time” with her child and learned to repair misunderstandings. She had made many changes but what she found most valuable were qualities of *communication* that involved being paid attention to, being

told there were many things she could do as a concerned mother to reduce tension, and, last but not least, being supported.

The next woman's response to what she considered most valuable as a result of coming to the BEBA Clinic was surprising. This mother stated emphatically, "listening, listening and that baby doll!" She went to relate how her daughter never played with the life-like baby doll, but "all her friends would play with it." This observant mom said,

they seemed to treat babies [the doll] the way they were treated. Like the one which is always carried around by her leg, and the other one would always be super careful with it and making sure that it always had a place to live.

As her daughter grew up, the doll became an integral part of communicating with her and her friends. "We would use it to talk to them, get them to talk about things that were happening in their life—not talk, but show." She added that she benefited from her BEBA experience by learning to model "non-language communication." When she lived alone in the wilds of Canada she began "listening to everything," including animals and trees in Nature, explaining that when you do this, "you're gonna start hearing everything. You have [to have] some sort of container; and I think that BEBA provided both the modeling and the container." Even through her most challenging times this courageous woman found that she had integrated BEBA principles of *communication* that successfully served her and all those around her.

The last woman interviewed said that "relating" was the most valuable thing she learned to do at the BEBE Clinic:

Relating to teach each other and allowing each other to fully be who we are; and allowing the other person to have the feelings about it [the situation] that they need to have. So it [BEBA] created a lot of space for being who we are—and acceptance [of the other's feelings].

Then she added,

The other thing was creating an intention. If we were going to sit down and talk, really focus on the intention; and our intention was always to get more connected and to get more harmony into the family.

Learning to more effectively *communicate*, to relate better, to set an intention so that communicating would lead to more peace and harmony in the family were objectives that that this woman and her loved ones achieved.

When asked to identify what they most valued when they considered their experiences at the BEBA Clinic, eleven of twelve responses included one or more of the sub-themes that had been mentioned when they considered the Changes they had made. Five of the interviews contained all three: *reduction of trauma*, *raised awareness* and *improved communication*. Even the person who desired these improvements, but was not satisfied with her BEBA experience, could see the potential and was disappointed not to have received more value. Three of the interviews focused solely on aspects of effective communication. Two focused on increased awareness while one of those also noted enriched communication skills, and one was immensely grateful for the reduction of trauma in her life. Overall, *learning to communicate more effectively* emerged as the primary benefit of participation in BEBA sessions. Reducing trauma, both past and current, and enhancing awareness—*noticing, observing, perceiving their environments and what was actually happening for others in their relationships* were critical aspects of satisfied participation in BEBA sessions. Three fundamental themes were identified: *intentions desired, changes made, and benefits received*. For most of those who shared their personal stories during the interviews, one or all of these themes were explored and ultimately valued.

Section V: Conclusions Drawn from the Quantitative Surveys & the Qualitative Interviews

Quantitative Survey: Conclusions

The BEBA Quantitative Online Survey was comprised of three parts: I) eight statements with which respondents could agree or disagree; II) 20 questions that could be ranked from 0 to 10 pertaining to “how much benefit” the respondents felt they received by coming to the BEBA Clinic; and III) two qualitative questions that allowed space for participants to write a brief narrative. If respondents wanted to participate further, contributing more in-depth opinions, they could take part in personal zoom interviews which are described in the “Qualitative Interviews” section of this report.

Part I

Part I of the survey presented eight statements with which respondents could respond on a Likert Scale ranging along a continuum: *strongly agree, somewhat agree, no change, somewhat disagree* or *strongly disagree*. Totaling percentages of those responses that somewhat agreed and strongly agreed with each statement, 83.6 percent of those responding agreed with the eight statements which indicated they believed their experiences at BEBA were beneficial. In contrast, a total of only 5.6 percent either somewhat or strongly disagreed with the statements. Depictions of these percentages are presented in the charts and graphs in the third section of this report titled “Quantitative Survey.”

The statement with which most respondents agreed was #7) “Coming to BEBA improved my ability to parent.” Ninety eight percent (98%) of the respondents either strongly or somewhat agreed with this statement, and no one strongly disagreed. Since BEBA defines itself as “a child-centered family clinic,” it is gratifying to see that the perception among 98% of these clients is that their parenting abilities improved.

A total of 88.7% of respondents either strongly or somewhat strongly agreed with statement #3) “Coming to BEBA helped strengthen the relationships in our family.” It is noteworthy that 60.4% of those ranking this statement strongly agreed. This was the greatest number of responses at the level of *strongly agree* that any statement received. BEBA’s goal of supporting families to develop healthy relationships is emphatically endorsed by these results.

Most BEBA families (87%) found that the intentions that brought them to BEBA were fulfilled; 85.2% felt closer as a result of coming to BEBA; 82.4% learned tools they could use within their nuclear family; 78.4% improved their capacity to feel connected with other members of their family, and another 78.4% improved their capacity to listen to other members of their nuclear families. The statement with which most respondents either experienced no change (16.7%) or somewhat disagreed (11.1%) or strongly disagreed (1.9%) was #4) “Coming to BEBA improved our problem-solving capacity as a family.”

In general, it seems that the statements that called upon people’s feelings of closeness, connection, and parenting elicited more positive responses. When reflecting on their ability to problem-solve, a more mental than emotional process, respondents were less satisfied with their results. Although 82.4% learned tools to use within their nuclear families, over time and with changing dynamics within families, respondents appeared to feel less sure that they could effectively problem-solve.

It is important to note that, as reported earlier, the time dedicated to attending BEBA sessions varied widely: 25% of the respondents attended sessions for 6 months or less. One quarter of the respondents only attended BEBA sessions a few or even just one time. The BEBA philosophy and processes are predicated on the willingness of family members, particularly parents, to explore their own early imprints, differentiate, and interact with their children and partners by being aware and taking responsibility—doing this can take time. Many individuals who first attend BEBA sessions have an expectation that the child is the designated patient and no changes in parental behavior will be necessary. BEBA addresses the entire family, teaching new ways to relate to one another as well as promoting recognition of children’s perspectives so that, even if non-verbal, their behaviors are regarded as indicative of the health of the family as a whole. Those families who attended only one or two sessions, we can surmise, would generally be those who did not have their expectations met. If the child was not changed and/or changes were required by parents who did not care to make adjustments in their attitudes or behaviors, they often would only attend sessions once or twice—and they would be dissatisfied with the lack of results they anticipated receiving. All clients of the BEBA Clinic were contacted to take part in this retrospective study. No pre-selection was done to determine which families attended longer or participated minimally. All input was welcome.

Although some respondents somewhat disagreed or strongly disagreed with statements regarding improvements they experienced in their families as a result of coming to BEBA, they were few in number: three of the 54 respondents to statement #1; five responding to statement #2; two in response to statement #3; seven to statement #4; two to statement #5; two somewhat disagreed with #6 (none strongly disagreed); one somewhat disagreed with statement #7; and two somewhat disagreed with statement #8 while none strongly disagreed. Calculating percentages, an average of 83.6 percent of those responding to Part I of the Survey agreed with statements favoring their experiences at BEBA. In contrast, only 5.6 percent disagreed with those statements. Depictions of these percentages are represented in the pie charts displayed in the section titled “Quantitative Results.”

Part II

In Part II of the BEBA Survey 20 items were ranked on a scale from 0 to 10. The average overall mean score was 6.92 (*SD 2.44, SE 0.34*). These results are presented on both the *Bar Graph of Mean Scores* and the *Table of Mean Scores* in the Quantitative Section of this report. A mean score represents an average. The mean is “the average of a group of scores, interpreted as the score around which the scores in a distribution tend to be clustered” (Heiman, 2001, p. 756). To determine the mean (average) score, all responses were added together and the total was divided by the number of respondents. The members of the BEBA Survey team are very satisfied with a mean score 6.92 as they interpret this score (on the scale of 0 to 10) to be representative of most clients’ satisfaction with the results they gained at the Clinic.

The scores reflected “how much benefit” the respondent received from each item. The item that received the highest mean score ($M = 7.69$) was #5: Practicing Child-Centered Play. Clients of the BEBA Clinic valued learning to engage in play with their children more than any other element of the program. Also ranked highly was “having more connection” to their family members ($M = 7.56$), and improving their “ability to understand” their children ($M = 7.52$). To make these statistics more comparable to those reported in Part I where percentages were computed, the raw data was further analyzed to determine the percentage of those who favored each item. Thus, 80% of the respondents found “having more connection” with their family members of benefit, and 78.4% found “practicing child-

centered play” of value. Nine of the 20 items received mean scores of 7 or above. In terms of percentages, these scores represented 10 of the 20 items with 70% or more of the respondents assessing them as beneficial. For example, 77.5% improved their “ability to really understand” their children, and 82% allowed their children “to have choice when possible.”

The item that received the lowest ranking was “having more frequent eye contact” with their partner. This item received a mean score of 5.72 ($SD = 3.22$), the only mean score to fall under six. One explanation for this could be the fact that BEBA did not introduce the practice of making brief frequent eye contact until more recent years of its operation; therefore, some clients never learned to make, or value making, eye contact. Also receiving low mean scores were “making I statements,” with a mean score of 6.35 ($SD = 3.3$), and “paying more attention to self-care” with a mean score of 6.08 ($SD = 3.02$). Learning to take better care of themselves and learning to make “I statements,” which signify being attentive to personal needs as well as being accountable for one’s thoughts and feelings, seem to be challenging for some parents to do.

Mean scores are impacted by extreme scores, those either very high or very low. Scores of low satisfaction, although few in number, affect the average mean score in any one category and the total mean score overall. Since nine of the 20 items received mean scores of seven or above, the survey results were considered very favorable. Importantly, interpreting these scores gives BEBA staff the feedback they need to determine which processes generate the most value for their clients over time. A process like making frequent eye contact, which was introduced later in the course of BEBA’s history, seemed to be valuable for those who were able receive instruction in how and when to implement it. Most validating of BEBA practices are the scores awarded to those items that included parents’ increased awareness of their children as individuals. These items, noted above, emphasize how the BEBA philosophy of acknowledging children, respecting their ability to communicate and heal through play, listening to them attentively, and learning to really understand them are all essential to the health and wellbeing of families.

Part III

Two qualitative questions were asked on the survey. The first open-ended question asked: “Is there something else you would like us to know about your unique experience as a parent/family coming to BEBA?” The second asked: “Is there anything you would like to tell us about how your children are doing nowadays that has been influenced by your family’s experience at BEBA?” The responses to these questions were qualitatively analyzed to determine themes within the narratives.

Question 1: Themes

Two themes were identified among the responses to Question 1, asking about what the respondents wanted to relate about their unique experiences “as a parent/family coming to BEBA.” The first theme emerged as many respondents expressed that participating in BEBA sessions was “immensely helpful” or “very positive.” Several received “the support” they needed, and “benefitted” from their experience. Many comments named a particular facilitator as being especially helpful or supportive. Although the question did not specifically ask if they found value, the major theme was having *found BEBA to be helpful, supportive and a positive experience*. This theme is gratifying to the BEBA team and reinforcing as they contemplate moving forward in support of families in the future.

The second theme was conveyed through expressions of how relationships with the respondents’ children transformed as they began to “follow the child.” BEBA’s *child-centered focus* was appreciated by many of the respondents and was praised as enlightening to parents as they came to understand their children better. One parent called this “child-centered attunement.” The recognition of children as being able to communicate and change in positive ways particularly through play was a major theme within the unique experiences respondents chose to share.

Question 2: Theme

The second question asked if there was anything the respondent wanted to share about how their children were doing currently that might have been influenced by coming to BEBA. A theme could be discerned as many parents thought that *the positive effects of coming to BEBA were sustained over time* when they reflected on their grown children. Children of all ages were described as doing well, doing wonderfully, happy, emotionally aware, self-sufficient, awesome, unflappable, tenacious, self-loving, and more. What an extraordinary list of exemplary characteristics of children who had been served at BEBA. Those descriptions are cherished by BEBA staff members who were also impressed by the dedication of parents who seek help to parent better, and help their children resolve issues that are causing them distress. Parents responding to this survey practiced child-centered play with their children and appeared to value the joy of discovery and healing that can occur when parents and children play together with the children leading the way.

Qualitative Interviews: Conclusions

Twelve interviews were conducted by Zoom during 2020 with clients of the BEBA Clinic. Those interviews were recorded, transcribed and qualitatively analyzed. By and large, BEBA declarations, particularly those stated on the BEBA website, of what services the Clinic offers were shown to be those sought after and provided. Each participant was asked what their intentions were for seeking help at BEBA, what changes they observed within their families, and what benefits they felt they gained. These three questions suggested the major themes: *Intentions*, *Changes*, and *Benefits*. Sub-themes were found within each of those categories.

I. Intentions

The intentions that interviewees expressed were unique to their individual families but most were well within the scope of practice that could be met at the BEBA Clinic. Among the twelve interviews, eleven participants

felt their intentions for choosing BEBA had been met. Most of those interviewed reported that their expectations were met or exceeded. Many were seeking relief, support, and/or strategies to deal with disturbing emotions, challenging situations or a child who was distressed. The word that was spoken most frequently was “trauma.” Six of the twelve interviewed mentioned a desire to resolve their own or their children’s trauma, four specifically citing “birth trauma.” This intention became a major component of responses to the next two questions, focusing on the changes that were experienced and then the benefits that were perceived.

With only one exception, interviewees related specific experiences that fulfilled their intentions. BEBA staff have greatly appreciated all the reports of having intentions met, and also those that were unmet, as policies and practices can improve when clients’ responses are fully considered. The mother who was dissatisfied attended sessions more than ten years ago, over a summer when many of the BEBA staff were on vacation. No information was provided to this mother that interpreted what the sessions with her son could have implied nor suggestions made to help her parent more effectively. Since her child had been conceived by In Vitro Fertilization (IVF) procedures perhaps she needed more assistance than BEBA was able to provide at the time. An apology was expressed to this client and amends offered.

Evidence of the success of many of the therapeutic methods employed at BEBA was provided by the appreciation and detailed examples expressed by those who agreed to be interviewed. Selections from all twelve transcripts are presented in the “Qualitative Interviews” section of this report. Further elaboration of the methods employed at the BEBA Clinic are described in the “Principles and Practices” section.

II. Changes

The interviewees all addressed the changes they observed in their families’ interactions, their children’s behavior, and their own thoughts,

feelings, and actions. This report suggests that the changes they made predominantly improved their immediate situations and endured over time. Within the theme of change, several minor themes emerged. The first of those was the *resolution of trauma*.

A. Resolution of Trauma: Many clients reported that they observed changes indicative of a reduction or elimination of the effects of trauma. A mother whose son was “stuck” during his birth and was delivered by Cesarean section described her son playing happily during BEBA sessions. Along with facilitators, she interpreted his play as reenacting and repairing his birth trauma and felt her own anxiety diminish as well. Another mother who attributed her children’s negative behavior to be the result of birth trauma, worked with Ray Castellino himself. She reported that her and her husband’s parenting skills improved significantly. The quality of their spousal relationship improved as did the behavior of their children. A mother who wanted help to resolve the birth trauma she thought her son had experienced was given “exercises,” that is, practices that helped alleviate symptoms. Now, as a young adult, her son is an accomplished and well-adjusted individual.

A mother of two foster children whom she was adopting recognized trauma in these little girls. BEBA helped her resolve the trauma she felt herself as she witnessed the girls play and their trauma began to diminish. This family also suffered the loss of the husband/adoptive father during the time that they were attending sessions at the BEBA Clinic. The wife and mother reported that BEBA helped them “process and become a family together.”

A mother whose first birth was traumatic gained insights into the feelings of her child. She noted that she and her husband were given new tools—slowing down, connecting with their child, and being present with him—which improved their ability to parent as well as their child’s behavior. A mother of a child who had “epic melt-downs” was guided by a

BEBA facilitator to create a dedicated time of the day to be with her son; she noticed that he began to relax and experience fewer meltdowns. Learning to make repairs was a contributor to this mother's more effective parenting.

One mother became more empathetic toward her toddler; this adjustment reduced episodes of the child's crying and shaking. The last woman interviewed said her relationship with her partner changed for the better. As she learned more about the birth process and how initial relationships impact future relationships, she recognized old patterns within herself that she could change. As she watched her child play at the Clinic, she found they were forming new connections.

These examples lend credence to the BEBA Clinic's practices. They substantiate the model of family therapy that underlies BEBA's mission to support families to resolve prenatal, birth and other early trauma, both physical and emotional, while facilitating the development of compassionate relationships, the healthy growth of children, and effective parenting.

B. Raised Awareness: Half of those interviewed mentioned "awareness" in their descriptions of the changes they observed as a result of coming to BEBA. A husband and wife both remarked that they were more aware of the sentience of their children. Another mother became more aware of her child's needs. A father expressed his surprise that babies and children are "aware" and this realization transformed his perception of his role as a parent. A mother learned to be more aware herself, and another had her awareness of her child's underlying issues confirmed by Castellino. The last woman interviewed said that "the awareness of the whole [birth] process impacted the family, the child, myself and my husband."

Conscious and consciousness were other words frequently used as synonyms for aware and awareness. Some wanted to make more conscious decisions. Some referred to unconscious or subconscious patterns and

responses that suggested that there might be trauma held in the body and mind of a child. Using another term for becoming aware, some found that they began to “realize” that their child was sentient and aware. Many realized that change was acceptable, even desirable.

Objectives of BEBA are to teach new concepts and skills to parents—to help parents be more *aware* of the consciousness of their children—and to follow the lead of the child who has innate wisdom worthy of acknowledgement and respect. All these words and their variations lent proof to BEBA’s philosophy that parents can be introduced to new concepts and become more aware themselves, learning to interact differently with each other and their children, creating more harmony in their hearts and homes.

C. Improved Communication: Communication, indeed, learning effective ways to communicate were specifically mentioned by many of the interviewees. This concept included speaking, actively listening, accurately reflecting, connecting, allowing another to have a different point of view, accepting another’s feelings, checking in with each other, repairing disagreements or misunderstandings, making eye contact, slowing down, and pausing. One client noted that the whole process of communication is “the foundation of BEBA.”

Several pregnant women were encouraged to talk to the babies in their wombs. Parents were urged to talk to their children even if they were non-verbal or perceived to be too young to understand. Of course, parents were guided to acknowledge the sounds and body language of their preverbal children as forms of communication as well.

Clients learned new ways of communicating with each other that endured over decades. These skills brought clarity to discussions as well as enhanced respect for each other. Role-modeling was seen as a form of communication that parents found to be effective—how they behaved was being communicated to their children even without words. In general,

parents found that as they communicated more authentically and attentively their relationships with each other and with their children improved. Specific skills learned at BEBA were noted during the interviews and those communication skills are elaborated upon in the “Principles and Practices” section of this report.

III. Benefits

The changes clients made as a result of coming to BEBA were often the things they most valued. Therefore, it was not surprising to find the sub-themes of *resolution of trauma*, *raised awareness*, and *improved communication* appearing again. Expressions of value received are certainly gratifying to the BEBA staff, and they reinforce what is most effective as BEBA continues to facilitate healing within families.

One young wife and mother found the principles she learned at BEBA to be “guiding lights” for her relationship and with her children. She named *principles of mutual support and cooperation*, “no matter what was happening,” as fundamental to a healthy relationship. She was enthusiastic about “learning how to do *repair*,” which helped her accept the mistakes she felt she sometimes made in parenting; thus she could apologize or express her regret that she had not done as well as she had intended.

Learning to *pause* was a valuable communication skill a number of people mentioned. Learning to *slow down* particularly when dealing with children was seen as a benefit. *Feeling supported* was especially appreciated as participants in BEBA sessions resolved past traumatic emotions. Individual staff members including past director Ray Castellino and current director Tara Blasco were praised for their unique abilities to support, enlighten and inform clients. One man appreciated Tara’s “psychoanalytic” knowledge as well as her spiritual understanding. His wife valued the help Tara provided by actively listening as she processed and resolved old traumatic memories of giving birth. The rapport between a client and therapist is vital for the success of any

process intended to alleviate stress and promote healing. It is reassuring to the BEBA staff that leaders in the organization have such praise-worthy abilities.

One woman described what she valued most about her experience at BEBA in one word—*relief*! Going to BEBA assuaged much of her guilt and remorse, increased her connection to her child, caused her to view herself with more compassion, and encouraged her to speak “from her heart.” Another mother most valued learning to accurately reflect, that is, give “accurate feedback” to her children. She related an experience of “following the wisdom of the child,” a concept endorsed by Castellino and all BEBA facilitators. Her enhanced awareness of her child’s innate wisdom helped the family through an otherwise traumatic situation.

One woman acknowledged that she and her partner came to the Clinic “dysregulated” and learned to slow down, pause, and co-regulate in ways they had not been able to achieve before. Another mother valued being taught coping skills, techniques that went beyond her initial desire to cope with an unintended pregnancy. A father thought his greatest benefit was his realization that his children were aware, sentient beings from the very beginning of life. This revelation changed his view of parenthood and contributed to his positive relationships with his children.

A mother learned to affirm her own intuition, an enduring value received from her sessions at the BEBA Clinic. Becoming aware of issues that arose from a parent’s family of origin, acknowledging ancestral history and patterns of behavior that persist through generations, was seen as a benefit to some. Feeling supported to give birth another time after an especially traumatic first birthing experience was valued as it promoted a second birth that was much more relaxed and shorter in duration.

Overall, the responses to what they perceived as benefits-received exhibited the themes that appeared in answer to the question regarding changes that resulted from participation in BEBA sessions: *resolution of trauma, raised awareness, and improved communication*. The goals of BEBA include expanding the understanding of early trauma and helping to resolve

it, which involves effective communication. In modern parlance expanding understanding is effectively expanding awareness. All three of the sub-themes that were revealed in the answers to questions about intentions, changes, and benefits are essentially goals set by the BEBA Clinic. Clients then come to a Clinic dedicated to provide the support and services they desire, find resolution to trauma, gain greater understanding and awareness of trauma and how it persists, and simultaneously learn specific tools to improve communication with their partners and children.

This study has shown that in many ways BEBA is attracting appropriate clients and fulfilling their intentions. The BEBA Retrospective Study Team wish to thank all of those who completed the online survey and those who participated in the personal interviews. We are enriched by your responses and your honesty in telling us what BEBA does that you found of value and reminding us of what BEBA can do to improve.

Section VI: Principles & Practices

Through the years, BEBA has evolved its practices and approaches to support families in the resolution of early trauma and to facilitate the development of compassionate relationships, the healthy growth of children and effective parenting. In 1993, co-founders, Dr. Raymond Castellino and Dr. Wendy Anne McCarthy, were very eager to learn from babies, to be with them while observing how they show their stories and simultaneously enhancing connection and bonding with their parents. Over the last 27 years, different elements have been added to the process of supporting families to build and enhance their bonding and attachment as well as integrate early trauma. In essence, BEBA offers support to families at different stages—preparing to birth, after birth, and addressing the issues of families with infants and children of all ages.

In this section, the main principles and practices used at the BEBA Clinic nowadays are introduced with the understanding that this has been an evolving process and that not all these principles and practices were present at the beginning when the clinic was created. The main practices employed arise from the framework of prenatal and perinatal therapy. Some are centered in working with babies using facilitated movement, supported-attachment and co-regulation; some involve child-centered play with children of all ages. BEBA offers support to parents through coaching sessions to increase effective parenting tools and communication skills. Parent sessions are offered to parents individually to explore their own challenges and identify inner resources to build deeper connections within themselves, with their partners and with their children. Biodynamic craniosacral therapy is used during sessions as well as the somatic integrative approach developed by Castellino that provides the container and structure for sessions at BEBA. All facilitators at the BEBA clinic are graduates of the Castellino Prenatal and Birth training as well as certified Biodynamic Craniosacral therapists.

Main Goals & Objectives

- Learn from babies and children
- Support them to show their story through movement and play

- Resolve prenatal, birth and other early trauma
- Support secure attachment
- Support the intentions parents have for coming to BEBA
- Create harmonic resonance and attunement in the family
- Support social engagement and co-regulation
- Bring the energy of the innate blueprint as we explore early imprints
- Support communication and connection in the family
- Facilitate the development of compassionate relationships
- Offer a somatic integrative approach that takes into consideration emotions, narrative and the somatic experiences of everyone in the family while paying attention to the energy in the relationship

BEBA Family Principles

The eight BEBA principles noted by Ray Castellino are present in healthy families and groups. These principles evolved over the years and developed as a result of the interactions with families and by learning from them what helps create harmony and flow.

Castellino referred to them as BEBA Principles. When the principles are used effectively, families and groups function smoothly. In families who incorporate these principles into parenting, babies, and children flourish. The BEBA Principles create a safe container that supports the discovery, repair, and integration of early trauma patterns in people of all ages. In addition, the Principles are consistently seen to foster cooperation, connection and healthy nervous system regulation for individuals, and within families and social groups. These underlying Principles are shared with clients of the BEBA Clinic at the beginning of “every family intake,” (White, 2013, p. 267) and reiterated throughout sessions so that clients have reflections of their ability to incorporate them into their interactions pointed out by their facilitator.

1. Welcome

We welcome you as a unique conscious being. We welcome all parts of you including any physical strengths and limitations. We welcome the entire spectrum

of your emotions and your thoughts. We welcome those of babies in the womb, newborns, children and adults. To be welcomed and received for who we are is a conception right, a birthright and a primary developmental need. We welcome you here and now.

2. Mutual Support and Cooperation

We support people to come into connection in a way that mutually respects and encourages each other's wellbeing. It is not cooperation at the expense of self or an attempt to get someone else to do something. It is non-competitive and win-win.

3. Choice

We invite people to move at a pace or tempo that allows each individual to track their experience and to know if the direction feels right; they have enough space to know *and say yes, no or maybe*. "No" is welcome and honored and is a repair for being forced to do something as a child.

4. Co-Regulation/The Pause

We support people to take the time they need to integrate their experience moment by moment and to stay regulated. We encourage you to take a pause for yourself when you start to get out of regulation, when you feel activated. When a pause is taken, processing stops until the person's pause is complete.

5. Self-Care

Eat, rest, sleep, hydrate, eliminate, etc. as needed. Self-care supports the individual and the group. Taking care of oneself is a contribution to the whole. Self-care includes two layers of support to mom, baby/child and the people who support them.

6. Brief Frequent Eye Contact

Make brief frequent eye contact with the intention of mutual support and cooperation. Without brief eye contact (about every couple of minutes) distance grows and we often begin to make up stories about the other person (based on our own history).

7. Touch and Attention

Most adults have their attention and touch coupled together. Infants appear to be responsive to what adults do with their attention as with their touch. Come into touch contact with mindfulness and pacing so that every step of the way the person receiving the touch can have choice as to whether or not they are touched. Differentiate touch and attention.

8. Confidentiality

We can speak freely about our experience but hold sacred each other's stories, so ask for permission before sharing them. Babies and children often have their confidentiality violated. If we are going to talk about our children to others with them present, include them in the conversation.

Main Practices Offered at the BEBA Clinic

- ✓ 1. Prenatal and perinatal therapy
- ✓ 2. Working with babies: Facilitated movement, supported-attachment and co-regulation
- ✓ 3. Child-centered play
- ✓ 4. Support to parents: Coaching parents, communication skills and parents' sessions
- ✓ 5. Biodynamic craniosacral therapy
- ✓ 6. Somatic integrative approach developed at BEBA

Prenatal and perinatal (PPN) Therapy

This therapy is based on the understanding that our earliest experiences of conception, gestation, birth and after birth (especially through infancy) have an ongoing and cascading effect on shaping who we are and who we become later on in life. Some of the basic premises of PPN therapy are that baby and prenates are conscious, sentient beings, capable of remembering their experiences (implicit memory) and communicating them. PPN therapy emphasizes that what happens during this period of life has a profound

influence on our physical, emotional, intellectual, and spiritual wellbeing later in life and on what we believe about ourselves and the world.

PPN therapy supports families to revisit their early experiences and wounds with the intention of acknowledging what happened and creating space for each member of the family (including the baby) to tell and show their story so that it can be processed and integrated. While this is happening, the PPN practitioner facilitates an experience in present time that is resourceful for the whole family and the baby or child feels loved, protected, and acknowledged. PPN therapy also provides some guiding principles for welcoming and caring for babies that can help prevent some of those wounds from happening in the first place.

Although babies don't communicate their stories with words, they can show their stories through movement, facial expressions, vocalizations and crying. Later on, children will add creative and symbolic play as a way to communicate and integrate their experiences. While this is happening, the practitioner makes sure there are resources and enough support and contact in the room so that several things can occur: a new imprint of connection is made; feelings of being welcomed and accepted are created; and prior traumatic experiences are no longer overwhelming. It is an ongoing process until the experience feels complete. It often requires repetition.

Parents are encouraged to tell the baby or child parts of their early experiences (birth, after birth, conception, gestation, or any important experience that is relevant and they think might have had a traumatic impact in the baby or child). They might do this while the child is being put to sleep or during the day when something comes up that reminds them of their early experiences.

Parents might engage in this process of storytelling as many times as the child asks for the play or repeats the gestures or movements that indicate the story is still alive and present. It is important to witness and be present while the baby or child is showing their

story through movement or play, even when we don't understand its meaning. Parents, with the support of the practitioner, might make some connections between what the child is showing now and what happened earlier on during the traumatic event. As parents make these connections and hold the wonderment and curiosity about whether those two events are related, they can create a coherent narrative (instead of one that is incoherent or fragmented) that helps the child feel seen, felt, and understood. Parents and practitioner offer in present time what was missing when the traumatic experience happened in the past—acknowledgement, love, connection, compassion, safety and understanding.

The practice of PPN therapy is based on the understanding of implicit and explicit memories. Implicit memories are nonverbal memories that are formed particularly from prenatal life to 18 months old, and that will continue for the rest of life. They include memories that are recorded as sensations, movements, tastes, smells, images, behaviors, and emotions. These are the types of memories that are recalled through the senses, have a strong impact and are responsible for many habits and preferences even though there is no conscious memory of how they originated.

Around 18 months, the child develops other parts of their brain that allow them to have explicit memories. These are more familiar memories because they are associated with the internal perception of remembering. Explicit memories form when children start to talk more and communicate what has happened to them, as well as develop a sense of themselves and time. Implicit memories operate unconsciously unless there is an awareness of them building a bridge to explicit, easily recalled memories.

When birth or any other early experience has been traumatic, there is no connection between our implicit and explicit memories. Part of the healing process is to create that bridge to understand and integrate our painful emotions and uncomfortable sensations. We do that by creating a coherent narrative about our experiences, and by providing our babies and children with a coherent narrative about their experiences. Thus, they can

acknowledge and understand that their body sensations are connected to what has happened to them and have an experience in present time that offers what was missing in the past.

Often, recent difficult experiences for the baby or child are residing in the energy of the imprint of previous traumatic experiences. BEBA supports the family to create space for the child to explore and communicate through their movement and/or play what wants to be seen in the moment with the understanding that sometimes they might just be processing the energy of a challenging day while sometimes these explorations tap into stressful experiences that happened earlier in life.

Working with Babies: Facilitated Movement, Supported-Attachment and Co-Regulation

A pre-nate or a birthing baby that has been traumatized develops stress responses and/or reactive patterns that are repeated and reinforced later on in life unless the trauma is addressed and resolved. At the BEBA clinic babies with their families have the opportunity to resolve these traumatic imprints.

BEBA uses an infant-centered approach: all the interactions are done with baby's permission and the parent's protection of the baby. The practitioner acknowledges that all behaviors exhibited by the baby have purpose and knows that negotiating distance and boundaries is essential during sessions. As Castellino himself wrote,

A practitioner must first negotiate distance and boundaries with her intention so she can know the parameters of what the baby can accept. Once this is accomplished, the practitioner will be able to intentionally track the baby's energetic patterns, fluid tides, emotional and autonomic responses, physiologic and physical patterns. This kind of tracking will reflect baby's subtle movement patterns in a way that affirms his presence and the choices he makes for his consciousness and his body. This reflective affirmation process on the intentional level increases the baby's ability to know for himself his individuated felt sense and sense of safety within the environment. (1995/1996, p. 11).

Facilitated movement: In order to establish near or direct contact with the baby the practitioner needs to create rapport, forewarn the infant of any therapeutic intervention and negotiate the contact offering choice to the baby. In Ray's words,

A useful strategy in establishing contact with a neonate who is demonstrating mild shock affect behavior is to first watch his movements. Observe him move an arm toward you or to the side. Note the degree of jerkiness or weakness in the movement. Put your hand out as an offering and allow him to choose to come to you. In this way the babies initiate the contact. Then follow the infant. As the baby makes contact with you, the presence of your relaxed, open, stable hand supports him to experience stable movement with the extremity that you are following." (1995/1996, p. 12).

Castellino wrote this piece in 1995 and revised it in 1996. Later on in his career, he developed the term *facilitated movement* as a way to describe the gentle touch he used working with babies and clients of all ages to support them to move in the direction they wanted to move. In facilitated movement, the baby takes the lead and the practitioner follows. When a child is re-experiencing the movements he made during his birth, and right after birth, facilitated movement can be very useful to support this process. Often the facilitator might offer some resistance at the baby's feet so that they can move through space, sometimes moving to the breast to engage in an attachment sequence.

During the sessions and at home (once parents have learned how to engage the baby in this gentle way and support his movements to tell the story), the baby might show his story of the birth process, the positions he took as he came through the birth canal and what happened after his birth. Sometimes that would have been to have skin to skin contact with the mother in his journey to the breast and other times there might have been some separation or interventions. In all cases, it is essential to create a gentle space to support the baby to show the story through movements and expressions. As Castellino's work evolved over the years, he emphasized more and more the importance of paying attention to the energy in the relationship between baby, mother, and other parent.

Supported-Attachment (SA)© and Co-regulation: There is a sensitive period just after birth during which a baby first rests and integrates his or her experiences, then, left to respond to his or her own instincts, will begin to move toward the breasts in an act that is as old as humankind. Castellino and midwife Mary Jackson felt this is such a crucial period that every effort should be made to support mom and baby in this journey of bonding and attaching (also called latching on). This is why they called it *Supported-Attachment*©. They came to the conclusion, from observing babies right after birth, that part of what babies were doing in their journey to the breast was actually showing and reproducing with their movements how they were born—the actual movements they completed while going through the birth canal.

SA begins with the mother and baby in skin-to-skin contact (if the process is being done immediately after birth). Mother's partner is nearby protecting the space that allows mother and baby to relax into a deeper rhythm, allowing the SA process to happen naturally. If the birth was fairly straight forward, babies will often have the energy to make this journey. If they are not able to do so right after the birth, it can happen at any time in the next few days, weeks or even later on in their lives.

During BEBA sessions, parents and babies have a chance to revisit the birth and supported-attachment is used to facilitate movement for the baby by offering gentle support at the soles of their feet so that they can move in the direction they want to move, often showing their birth journey and their journey to the breast. Baby and mother (and other parent) are engaged in a process of *co-regulation* or mutual regulation as a somatic process to stay attuned, sooth and manage emotions and sensations in relationship to each other. It is not just the mother offering regulation to the baby, but the baby also taking an active role inviting social engagement and regulation with the mother (and other parent when involved in the process). Supported-attachment is a process that promotes co-regulation and social engagement in the family.

Child-Centered Play

Children communicate through play. In this way, they process their day and show current and past experiences. During child-centered play, children can *play out* their feelings and challenges. Child-centered play is an excellent way to integrate overwhelming events that otherwise would get acted out on other children (often younger children), pets or adults, at home or at school. Child-centered play helps the child come back to a state of regulation and helps them process overwhelm, fears, anger, loneliness, and feelings of being misunderstood or inadequate. In this way, play helps reestablish a sense of wellbeing and balance, increasing the perception of self-worth and self-esteem.

At BEBA, play is supported and parents are encouraged to let their child(ren) initiate what happens in the time they are together with a facilitator in a session. Adults follow the child's lead. Children seldom have this opportunity in their daily life. During sessions, the child, parents and facilitators all play together.

The practitioner makes sure to hold some guidelines for safety providing a container that is warm, safe, and available for exploration. The Principle of Choice applies and adults and practitioners in the room can choose to participate in the play initiated by the child. A child and any adult can always say "no" at any time and choose not to do a particular activity, and this choice will be respected. BEBA facilitators follow the Eight Principles to create a safe container. These principles foster cooperation, connection and healthy nervous system regulation for the child and the family as a whole.

Practitioners pay attention to the toys that are selected and hold an attitude of wonderment and curiosity to assess if the child is trying to communicate some part of a current or past stories by choosing these particular toys. The practitioner sets time aside to have sessions or phone calls with parents to talk about the sessions and inquire into their wonderments and responses. The facilitator offers insights and supports parents to find meaning in what the child might be trying to communicate. During these calls, practitioners coach parents offering parenting tools as well as providing space for one parent or both to explore their

own activations and differentiate their own early history of how they were parented so that they can be fully present and at choice when interacting with their children.

Characteristics of child-centered play:

- ◆ The practitioner establishes a warm, welcoming relationship with the child that invites rapport
- ◆ The child leads the way
- ◆ There is acceptance of what the child has to show and express
- ◆ There is space for an entire range of feelings
- ◆ There is a container (environment) that provides safety
- ◆ The practitioner (or parents when the practitioner is not there) provides healthy boundaries to keep everybody safe
- ◆ The practitioner provides presence and slows down allowing the child to connect with his/her inherent rhythm that is slower than adult rhythms (especially for babies and young children)
- ◆ The Eight Principles are employed
- ◆ The Principle of Choice—nobody has to do anything they don't want to do
- ◆ The practitioner (when appropriate) reflects the feelings and names the actions that happen in the session in a supportive way to help the child develop insight
- ◆ BEBA invites parents to create some time each day for child-centered play at home, even if it is just 20 minutes (or more if possible) during which the child takes the lead. During the rest of the day, parents are encouraged to be the parents. Once children have the opportunity to be seen and heard during child-centered play, they are much more cooperative and joyful.

Support to Parents: Coaching Parents, Communication Skills and Parents' Sessions

Coaching Parents: BEBA includes parents in all sessions with children and babies. At the start of the process, practitioners ask parents for their intentions for coming to BEBA, and what they want for themselves, their children and their family as a whole. Parents are asked to actively participate in sessions allowing their children to take the lead in child-centered play as well as slowing their tempo down and being receptive to what their babies/children want to show and communicate with their movements and expressions. Ideally, both parents are involved to facilitate and expedite the process, but if only one participates, that is also acceptable.

The coaching offered by practitioners at BEBA present new models and tools for parents: how to be and interact with their children based on the Eight Principles (pause, brief and frequent eye contact, choice, etc.) and other practices shared in this section of the report. BEBA's facilitators have observed that babies and children are usually good natured and want to cooperate and belong. Sometimes their behaviors don't match parents' expectations. BEBA's approach suggests that everything a child does has a purpose, therefore, BEBA supports parents in being open to perceiving what the child is trying to communicate underneath what he/she is doing. This is a way to connect to what is really happening for the child. Children want to be seen and be understood. Parents' openness helps them be more cooperative.

BEBA invites parents to connect with the feelings they are having when the child is behaving in any particular way. Often the feelings parents have (frustration, irritation, sadness, or overwhelm, for example) are connected to the feelings the child is having and is trying to convey. Children make others feel like they feel, often, not by naming what they feel, but by conveying it with their actions. This understanding can provide parents with deeper insight and help them get in harmony with their children (since they are most likely feeling something their child is feeling too) and connect with the deeper state of mind that the child is experiencing at any given time.

Other times babies and children will hold back in expressing what is happening to them, compensate and even try to take care of their parents by reducing demands on them. As David Hass (2017), an experienced facilitator trained by Castellino, wrote in a chapter of *An Integrative Approach to Treating Babies and Children: A Multidisciplinary Guide*,

We have found that babies and children organize themselves in relation to how their parents are doing. Remember that the parents are usually the main attachment figures in their child's life. In the infant's perception, her parents are her way of thriving in this world. Amongst other things, they provide food, nurture and safety. Where the parents are not coping well, such as difficulty relating with one another, in an anxious space, or mum suffering with postpartum depression, infants will attempt to compensate in the relationship. They need to stay attuned to get their needs met. Babies and children can compensate. This might be manifested as them being really good or behaving in other ways that reduce the demand of their parents" (p. 156-157).

BEBA practices holding healthy and loving boundaries. Starting with infants and toddlers, BEBA has learned of the importance of offering healthy contact and touch when the child needs to be met physically, as well as offering boundaries that allow the child to safely explore the world. Parents are supported to take charge when necessary and hold the *alpha* position in the family.

Understanding and meeting the developmental needs of the child (Robin Grille, 2019) at any given time is part of the process working at BEBA. The child has the need at different times in their development to belong, to feel welcome, to feel protected and safe, to feel seen and understood, to have support, to explore the world and more. BEBA practices support families to bring awareness to meeting developmental needs to help their children to thrive.

BEBA supports families to build and enhance secure attachment by implementing the principles. Parents are coached with practices that support communication and collaboration, creating space for emotional expression and reflective dialogue, using repair when rupture in communication occurs and helping create a coherent

narrative that connects present, past and future thus fostering integration. BEBA facilitators have found inspiration and insight in the work of contemporary psychiatrist Daniel Siegel (2003) who has specialized in interpersonal neurobiology which emphasizes these practices.

Communication Skills: BEBA uses different tools to support communication between parents: first, check ins. Parents can lose connection with each other after their children are born and the demands on their time and attention, lack of sleep, etc. grow. BEBA supports parents to create time with each other and keep their relationship alive and connected. One simple practice called *check in* invites parents to dedicate sometime every day, even if only five minutes each, to take turns talking about how they are doing, how their day was and what they would like the other to know about themselves. The other parent just listens, without interrupting and trying to fix things. Once one turn is completed parents exchange roles so the other has a turn. This simple practice has been reported to be very supportive for parents. If there are bigger challenges that need to be addressed, sometimes BEBA offers sessions to practice what Castellino called the *Inquiry Method*. In his own words,

Here is a model that encourages and promotes mutual support and cooperation between people, the deepening of relationships, the melting of conflict, greater understanding and intimate connection. The central mechanism of this method is a process of coherent listening, connection between the listener or listeners and the person sharing or speaking. In the simplest of terms this is a method for listening from and through the heart. This is a model that is especially useful for couples whether they are in conflict or are interested in deepening their relationship. Inquiry employs and promotes the principles of mutual support, cooperation, self and co-regulation, integrative tempo, understanding, empathy and compassion (2014, p. 1).

The couple takes turns talking and listening. The listener holds the intention to really hear what the speaker is sharing (even if he doesn't agree with it) and repeats what he is hearing. Sometimes repeating key words is enough, other times the listener is encouraged to repeat sentence by sentence what the speaker is saying at a slow tempo offering the speaker the opportunity to feel seen and heard. When the listener

cannot take in more, they switch roles. In this process, there is often an opening in the quality of the energy in the relationship, an increased heart-felt connection between the partners and a sense of coherence and clarity in the communication.

Sessions with parents: BEBA facilitators frequently sit with parents and go over interactions with their children that were challenging in order to learn the lessons, process their activations, and recognize how their childhood experiences and wounding impact the way they parent their children. Ways can be found that could be used to meet their children in present time while staying centered and resourced. These sessions just for parents (one or both) are done in person or on the phone/internet.

Biodynamic Craniosacral Therapy (BCST)

This form of gentle and non-invasive touch, both physical and energetic, plays an important role in the therapies offered at BEBA. This approach is based on the osteopathic principles founded by William Sutherland, DO, when, at the end of his life, he discovered what he called *The Breath of Life*, the intelligent life force expressed in all of life, including the human body, that arises out of Stillness (Kern, 2001; Sills, 2011, 2012). To restore the health in the body, and in the family system as a whole, practitioners seek to connect with the *Breath of Life* as it distributes and manifests in different rhythms in the body. Craniosacral therapists refer to these rhythms as the three tides and the slowest of them is the *long tide*.

Facilitators at BEBA are taught to generate the *long tide* space that helps slow down the rhythm in the room. The slower rhythm often creates a centered feeling, allowing the nervous system to reorient and the natural health of the body to rise. It is restorative, supportive, and often healing in nature. Babies thrive in the slow rhythm of the long tide as it supports them to stay connected to themselves and show their story.

The craniosacral work at BEBA is done in relationship, including the entire family. It can manifest by practitioners treating parents first, and then coaching parents to give treatments

to children. Other times children are open to receiving craniosacral contact from the practitioner as well. With the support of craniosacral therapy, the family can re-experience the same patterns, movements and positions that happened during the birth of the child, only this time with resources, contact and support using facilitated movement and cranial touch. BCST is very useful as well in processing falls and blows in the current life of the child. This work can be done hands on or with no touch involved and is different depending on the age of the child or baby and the need of the family.

Somatic Integrative Approach Developed at BEBA

A somatic integrative approach takes into consideration the emotions, narrative and somatic experiences of everyone in the family while paying attention to the energy in the relationship itself. This approach includes the use of trauma resolution skills (Castellino, 1996, 2000; Levine, 1997) especially for the processing and integration of early prenatal, birth and perinatal trauma. Castellino emphasized the need to pay attention to resources while working with early imprints and referred to the blueprint as the ordering principle in the universe and in the human being, and as the primary resource when working with imprints from early trauma experiences. Referring to the blueprint invites the natural ordering matrix in the body that is taught in Biodynamic Craniosacral Therapy.

Castellino developed a structure for the flow of the sessions using his somatic integrative approach that he called *The Form*. The Form has 5 phases:

Intention: Intentions are often explicit for parents as they describe on the intake form and in the initial interview what they want for themselves, their children and their families as a whole when they come to BEBA. Intentions for children are often implicit and show up in child-centered play sessions in which children show their needs and play out their feelings and challenges. For babies, these intentions and needs are communicated as they move and express themselves during the session.

Relevant history: Parents share what is important in the current and past history of their family and relationship with their child that seems relevant to fulfill their intentions. They share relevant history on the intake forms and can continue to share it during the sessions. Children play out as well, what is relevant for them.

Movement/somatic process: The session can unfold in many and unique ways. Through play and interactions with toys and others in the room, the child might do some storytelling, engage in symbolic play, process some feelings or challenges, or just delight in play while having the loving attention and presence of his/her parents and the facilitator. Games develop out of the interactions during sessions and some favorites are protection games, monster games, birth games, dynamic creative opposition and other unique practices developed at the BEBA Clinic over the years.

As the session evolves and the eight principles are applied, families often come into a state of flow and attunement with each other that Castellino called *Harmonic Resonance*. Harmonic Resonance occurs between people when there is rhythmic synchrony with each other. Harmonic resonance is necessary to stay connected and to share fun, experience pleasure and be able to process challenging feelings without losing contact with oneself and others.

Completion: Before the session comes to an end, the facilitator appreciates the time together and orients the family to how much time is left for the session allowing enough time for transitioning and for children to complete what they are doing.

Integration: Integration happens after the session and when families return to their daily lives. Occasionally BEBA facilitators invite parents to debrief sessions by phone or zoom call to share insights and support parents in processing their activations and develop new strategies for parenting.

In this section, a summary of principles and practices that characterize the support offered to families at the BEBA clinic has been presented. These practices include: the use of prenatal and perinatal therapy; specific support provided to babies using storytelling, facilitated movement, supported-attachment, and co-regulation; support to children of all ages through child-centered play; and support to parents via coaching, parenting sessions and improving communication skills. The use of biodynamic craniosacral therapy and BEBA's Somatic Integrative approach have been presented as well.

Section VII: Corroborating Resources Support for the Educational & Therapeutic Approaches at BEBA

We are witnessing a confluence of science and practice in human development that now includes the baby's experience from before conception through birth and breastfeeding on levels not previously reached (Center on the Developing Child, 2020; Children's National Hospital, 2019; Monk et al., 2019). Scientific evidence has been slowly mounting over decades, including: the Decade of the Brain (National Research Council, 2000), the Human Genome Project (<https://www.genome.gov/human-genome-project>), awareness of the importance of bonding and attachment (Schore, 1994; Seigel, 1999/2020), the rise in awareness of trauma and the importance of the autonomic nervous system in stress management and threat response (Dana, 2018; Porges, 2011), the Adverse Childhood Experiences Study (Felitti et al., 1998; Harris, 2019; Nakazawa, 2015), the Trauma-Informed Care and Resilience movement (SAMSAH, 2014), research in fetal medicine (Children's National Hospital, 2019) and Developmental Origins of Adult Disease (Monk et al., 2019).

Even though there has been recent acceptance that babies "are smarter than we thought" (Gopnik, 2011), there are groups that have continually supported the importance of the baby's experience in lifelong health since the publication of the *Trauma of Birth* by Otto Rank in 1924. These groups practice prenatal and perinatal psychology, or birth psychology, and somatic processes that include embryology, fetal development, birth, and post childbirth support. The practices range from psychoanalysis to psychoeducation, from somatic trauma resolution to birth and breastfeeding support.

The past two decades have witnessed explosive growth in research that supports how preconception, conception, prenatal life, birth, the first year of life and early childhood all have an impact on neurodevelopment and lifelong health (Monk et al., 2019; Weinberger, 2019). This review of corroborating resources brings together references that support BEBA's work, especially those resources that demonstrate the importance of how babies and children *show their story* (Castellino, 1995/1996a; McCarty, 2004) and the importance of supporting parents to recognize and understand these stories. There are many themes in this research: how adverse experiences impact future generations; the importance of wellness and bonding during pregnancy; the awareness of babies' sentience and how they

communicate about their experiences; the impact of birth, bonding and attachment on human development; and roles that educators, practitioners of all kinds, and parents can play to increase the health and wellness of future generations. The fields of research that elucidate and corroborate the principles and practices of the BEBA Clinic include, but are not limited to: prenatal and perinatal psychology; bonding and attachment; neuroscience and polyvagal theory; interpersonal neurobiology; family dynamics and parenting; infant-parent mental health; trauma-informed care and adverse experiences; developmental trauma; Somatics, especially somatic trauma healing; fetal brain medicine; child-centered and play therapies; Polarity Therapy, Craniosacral Therapy, Osteopathy and other energy modalities.

Prenatal and Perinatal Psychology

While there are many research and historical threads important in prenatal and perinatal psychology, two themes are fundamental to understanding babies' expressions of their stories: consciousness and memory (Blasco, 2006). Babies were considered "blank slates" for many years, without the capacity to remember or even to feel (Chamberlain, 1998, 2013). Researchers in the field of prenatal and perinatal psychology maintain that consciousness exists in the pre-nate even before the brain is fully developed and the senses are operating at greatest capacity (Chamberlain, 1998, 2013; Cheek, 1986; McCarty, 2004).

David Chamberlain (2013), co-founder of the Association for Prenatal and Perinatal Psychology and Health (APPPAH) spent decades of his life documenting the profound capacities of the pre-nate. The autonomic nervous system starts developing as early as three weeks in utero. Neuronal pathways exist throughout the body, not just the brain, and are capable of encoding and storing memories in neurons (Verny, 2021). Prenates are known to connect with their parents through play and other forms of communication (Van de Carr & Lehrer, 1997).

Thomas Verny (1981), also co-founder for the Association of Prenatal and Perinatal Psychology and Health as well as author of *The Secret Life of the Unborn Child*, stated unequivocally, "the unborn child is a *feeling, remembering, aware being*" (p. 15). Janov (1983) described a human being's first level of consciousness as a function present in utero. The

idea that awareness or consciousness, is independent from the brain, and supersedes neurological development, and even more, the notion that consciousness exists before and after the life of the person is becoming more prevalent. There are more and more scientists and doctors (Bohm, 1980; Morse, 1990; Penfield, 1975), therapists (Castellino, 1995/1996a; Cheek, 1986; Emerson, 1996; Luminaire-Rosen, 2000; McCarty, 2002, 2004) and spiritual thinkers from the last century and before (Bailey, 1932; Blavatsky, 1888; Jurriaanse, 1978; Wilber, 1998) who subscribe to this view when it comes to understanding human nature and the nature of the universe. For example, Penfield (1975), widely recognized as the father of neuroscience and neurosurgery, has clearly stated:

For myself, after a professional lifetime spent in trying to discover how the brain accounts for the mind, it comes as a surprise now to discover, during this final examination of the evidence, that the dualist hypothesis (the mind is separate from the brain) seems the more reasonable of explanations. (p. 23)

Wendy Anne McCarty (2002), one of the pioneers of prenatal and perinatal therapy, has written:

I now believe that for us to more fully and accurately understand the experience and development of the growing pre-nate and baby, we must acknowledge and hold a higher truth. We are consciousness prior to and beyond our physical body and brain. (p. 344)

This perspective that considers consciousness as something independent from the physical body and the brain has existed for centuries, and the great sages and ancient philosophers have spoken about it repeatedly:

According to the great sages, there is something in us that is always conscious—that is literally conscious or aware at all times and through all states, waking, dreaming, sleeping. And that ever-present awareness is Spirit in us. That underlying current of constant consciousness (or non-dual awareness) is a direct and unbroken ray of pure Spirit itself. It is our connection with the Goddess, our pipeline straight to God. (Wilber, 1998, p. 44)

When working to help clients see that conscious plays a key role in how birth can be remembered, prenatal and perinatal psychology pioneer Wendy Ann McCarty (2004) says she begins with near death experiences. She explains it is often easier to understand how

consciousness exists outside the human body because of the extraordinary and moving reports of near-death experiences (NDEs). These experiences have offered considerable evidence that consciousness exists even when the brain is considered technically dead, and indeed, how the state of consciousness in an NDE is more expanded and inclusive than our normal waking consciousness. There are thousands of accounts from individuals who have experienced a NDE.

The evidence that supports this paradigm is growing exponentially. The shift sustains the idea that consciousness is independent of the physical body, recognizes supraphenomenal realities, and questions the classical empirical Newtonian concept of life (Chamberlain, 1998; Targ & Puthoff, 2005; Wade, 1996). Medical anatomist and embryologist Jaap van der Wal is emphatic that consciousness exists before conception and after death, and that life happens in between these two events.

Then how is it that babies can remember their prenatal time and birth? Implicit somatic memories are forming while babies are in the womb, imprinting their bodies and minds with recordings that play out over their lives (Levine, 2015; Siegel, 2010). Recent trends in healing trauma (Levine, 2019) describe early memories which get laid down in the nervous system as implicit memories because the neuronal pathways exist throughout the body, not just in the brain. Memories are encoded and stored in the neurons themselves (Verny, 2021). Siegel (1999) states, “neurons that fire together, wire together” (p. 26). Siegel explains that “this is the essence of how the neural net remembers” (p. 26).

Memories are created in the embryo’s nervous system before the heart begins to beat at 18-22 days in utero. Human bodies develop in relationship with the environment and the first environment is mother. Recent fetal brain research (Cozolino, 2014; Wadhwa, 2019; Weinberger, 2019; Weinstein, 2016;) show that the mother’s stress, and her psychoneurobiology impact the developing baby, laying down neurodevelopment markers that often do not express until adulthood. When addressing and healing trauma experiences show up in layers starting before conception. These experiences may cross generations. Events happen along a continuum: preconception, conception, prenatal life, birth, after birth and then around 18-20 months as explicit memories start to be consciously recalled. Until that time, memory is retained in the body’s neural networks. A living history of each individual is present, working and alive, often without conscious awareness. In other words,

a body develops according to an amalgamation of genetic inheritance and environment impacts. From the Clinic's inception BEBA facilitators have recognized the innate consciousness of babies and treated somatic symptoms and behaviors stemming from fetal imprints that have now been identified through evidence-based research.

Bonding and Attachment

The study of bonding and attachment between parent and child (ideally mother and baby) has been studied for decades (Bowlby, 1969; Siegel & Hartzell, 2003; Schore, 1994, 2003a, 2003b, 2019). There are some important trends in attachment theory that support BEBA's growth over time, especially the work of Ray Castellino, Tara Blasco, Mary Jackson and other facilitators who have worked with the families served at the Clinic. Allan Schore, PhD, professor in the Department of Psychiatry and Biobehavioral Sciences at the UCLA David Geffen School of Medicine and at the UCLA Center for Culture, Brain and Development, edited the Norton Series of Interpersonal Neurobiology from 2007-2014 along with founding editor Daniel Siegel, MD, have contributed greatly to our understanding of bonding and attachment as foundational to human development. Originally, the study of bonding and attachment in human relationships began with John Bowlby (1944, 1969/1982), was continued by his collaborator, Mary Ainsworth (Ainsworth et al., 2015; Saltman, 2020) and later expanded by Mary Main and Erik Hesse (Hesse & Main, 2000). These seminal researchers and authors laid the groundwork for our understanding of human relational styles based on the first relationships in life. Schore (2016) and Siegel (2008) further developed the study of bonding and attachment as a co-regulatory function based on the growth of the understanding of the nervous system. Infants and their parents/caregivers co-create human inner and outer experiences of safety and connection through many different but consistent connections during each day and night (Center on the Developing Child, 2020; Schore, 1994, Siegel, 2020; Siegel & Hartzell, 2013). The understanding of human development has grown to encompass neuroscience and the polyvagal theory developed by Stephen Porges (1994).

Castellino respected the findings of attachment researchers while performing his own research with families at the BEBA Clinic. He valued somatic communication, which he

described as rhythmic and right-brained (2020). He emphasized listening to what babies communicate with a bodily-felt sense and with intuition rather than with a left-brain cognitive approach. Babies tell their story with their bodies, voices, and movements (Castellino, 2020). Castellino taught practitioners and parents to recognize what the baby says with a right-brain to right-brain approach.

Indeed, this focus on right-brain to right-brain communication in caregiver-infant dyads is described as a paradigm shift (Foshe et al., 2009), and set the stage for psychotherapeutic practices.

There is currently an increasing awareness, indeed a palpable sense, that a number of clinical disciplines are undergoing a significant transformation, a paradigm shift. A powerful engine for the increased energy and growth in the mental health field is our ongoing dialogue with neighboring disciplines, especially developmental science, biology, and neuroscience. This mutually enriching interdisciplinary communication is centered on a common interest in the primacy of affect in the human condition. (Foshe et al., 2009, p. 112)

BEBA has been practicing child-led, rhythmic, right-brain practices because Castellino and his staff engaged with families at the level of the developing nervous system. Bonding and attachment theory evolved to become a study of affect regulation or how to regulate an emotional and bodily-felt autonomic state through the connection to caregivers.

Essentially, initial relationships become part of adult biology and influence health and wellbeing on many levels. Feeling *felt* is a part of bonding and attachment (Siegel & Hartzell, 2003), or stated in prenatal and perinatal somatic approaches: “When the baby gets it that we get it [what the baby is trying to say], everything settles” (Hertenstein, 2016). Siegel used this principle as the basis for interpersonal neurobiology, a new field of practice that influences therapeutic and educational environments. BEBA policies and practices focus on repair of early right-brain, implicit/somatic memories to enhance the attachment dynamics of children and their families.

Finally, the Circle of Security (2021a), a therapeutic intervention with a family approach, is aimed at the caregiver-child relationship and moves beyond simple behaviorist theories. This whole-family approach mirrors that of the BEBA Clinic which emphasizes work with the entire family as opposed to isolating a child with behavioral issues as a problem. Born in the 1980s through the work of Kent Hoffman, Glen Cooper, and Bert Powell

in their Spokane, Washington clinical practice, the Circle of Security combines object relations, attachment theory and family systems theory (Circle of Security, 2021b; <https://www.familyssystemstheory.org>). The co-creators of the Circle of Security looked to the theories developed by psychiatrist Murray Bowen (1978), who saw family units as complex social systems in which members influence each other's behavior. This approach encourages the view of people as interconnected with their intimate family members, and, therefore, it is appropriate to include the whole family as a system rather than individual elements in therapy (Bowen Center for the Study of the Family, <https://www.thebowencenter.org>). Object relations theory suggests that “humans are primarily motivated by the need for contact with others—the need to form relationships” (goodtherapy.org) or the need for attachment relationships in the development of the self.

After many years of collaborating, Hoffman, Cooper, and Powell developed the Circle of Security, defined as a map of attachment whereby the parents are the secure base/safe haven from which the child goes out and explores the world. The child then returns to the caregiver where they are received and helped to make sense of the world. The Circle of Security became a model for training of professionals and parents alike. The conclusions and basis for the model are:

- Most behavioral and emotional problems in very young children can be traced to problems with attachment to their primary caregivers.
- Those caregivers can be taught to enhance the attachments that facilitate healthy child development and endow children with the capacity to form secure attachments with their own children as adults.
- Children who feel like they have security in relationships can become more robust at exploring their world. (Powell et al., 2014, p. xv)

Working with grants in different populations over decades of time, the researcher practitioners found that attachment health can be defined on a continuum of secure attachment and autonomy (Powell, et al., 2014). *Good enough* parenting (Winnicott, 1953; Circle of Security, 2021), was the goal, not perfect parenting. Their interventions for parents helped decrease insecure attachments significantly and gave therapists new skills in helping gauge the help families needed (Circle of Security, 2021). When someone brings a baby for

therapy into a Circle of Security setting, the therapist attunes to the relationship, not just the individuals because of the importance of the quality of interactions, emotions, bonding and attachment within the dyad. Psychoanalyst D. W. Winnicott, well known for his work regarding the mother-baby dyad and infant mental health said, “There is no such thing as a baby, there is a baby and someone” (1949). Castellino said the same thing: “A baby does not come by themselves” to therapy (personal communication). In terms of bonding and attachment, this notion of *baby plus someone* prevails.

Neuroscience and Polyvagal Theory

The study of the neuroscience of relationships has revolutionized our understanding of human development, and no theory is more central to this revolution than polyvagal theory developed by Stephen Porges (2011, 2017). Porges’ first book, *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation*, describes the essence of human relationships that are also at the core of concepts and practices at BEBA. Briefly, this theory states that human nervous systems have evolved to constantly, but subconsciously, evaluate risk—an essential survival strategy. Porges (2011) found by studying the cranial nerves, focusing on the vagus nerve, the tenth cranial nerve that exits the brain and provides feedback from bodily senses, that the first line of safety is to seek “social engagement” (p. 12), that is, reassurance from a trusted caregiver. Instead of automatically activating the sympathetic and/or parasympathetic nervous systems, thus responding to stress or threat with well-known fight, flight, or freeze reactions, the human nervous system is designed to first come into connection with someone trustworthy.

Polyvagal theory portrays human development of physical and emotional systems of security and safety as phylogenetic, developing in accordance with our species and along the brainstem and brain. The autonomic nervous system can be divided into three distinct branches connected to the vagus nerve: parasympathetic, sympathetic, and social engagement. These three systems work in synchrony and support the actions of a human

being, whether relaxing, mobilizing for action, connecting with others, or responding appropriately to stress and threat (fight, flight, freeze, or connect).

Porges (2011) found that our human nervous system is unique in that it has connection with other human beings as a first line of safety within the context of the developing vagus nerve and the relationship with the caregiver that he called “social engagement,” or in neuroscience terms, the ventral vagus. Like bonding and attachment theory, the polyvagal theory underscores the importance of the caregiver/infant relationship and the many somatic ways that they communicate with each other through face, voice, gesture, and proximity. This reciprocity, or the give and take between the members of the dyad form a biological, psychological, neurological, emotional, and mental experience for both of them. Porges documented the neuroscience of the social engagement system as cranial nerves V, VII, IX, X, and XII, and these nerves inform the function of the face and tongue and many places in the body along the vagus nerve tract. Vagus nerve (cranial nerve X) innervations play a huge role in nervous system autonomic function: inner ear, facial expression, tongue function, pharynx and larynx, and heart (sinoatrial node) all form the ventral vagus system (social engagement). This system is what commands the gaze and orienting features of the human nervous system and is the first layer of defense when sorting out safety in the environment. A person will orient his or her gaze and head turning when alerted to possible danger. The ventral vagus nervous system also is myelinated, or covered by a myelin sheath, that allows nerve conduction to be much faster. This process is not complete at birth, but the vagus nervous system is completely myelinated by six months of age. This makes the co-regulation of the parent-baby dyad in the first six months of life ver. The baby learns to regulate from the caregiver.

What Porges has called the dorsal vagus are the nerve pathways that are unmyelinated and extend to different organs: Lungs, stomach, liver, spleen, pancreas, kidney, and intestines. The dorsal vagus participates in regulating our digestion and relaxation, and the shutdown or freeze aspects of our autonomic nervous system. He also discovered and described how the vagus nerve has four roots in the brainstem, hence, “polyvagal” theory.

Three organizing principles are at play within the polyvagal theory: hierarchy, neuroception (a term coined by Porges), and co-regulation (Dana, 2018). Under hierarchy, polyvagal theory says that humans developed stress and threat responses phylogenetically as a species. *Hierarchically*, a parasympathetic response was developed, often called reptilian or variations of shut down and freeze; these are known as dorsal vagal responses. Then, a more sympathetic response developed, often called mammalian or mobilization for fight/flight. Then the most modern development, social engagement, or ventral vagal responses; this is a unique heart, voice, face system through which individuals connect and interact with each other. Each response is deeply connected to the nervous system anatomy, namely the vagus nerve, other cranial nerves and their innervations to organs and muscles. The body's interoception, "the process by which the nervous system senses, interprets, and integrates signals originating from within the body" (Khalsa et al., 2018), plays a key role in giving information to our brain, particularly to the limbic system and amygdalae about what is experienced. The vagus nerve is 80% afferent, that is, it predominantly sends messages and information *to* the brain. *Neuroception* "describes how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening" (Porges, 2004). It is how the neuroanatomy (namely the amygdalae) scans for danger in the environment, and does this automatically and unconsciously; therefore, it goes about detection without conscious awareness (Dana, 2020). The body's security system is always on, always asking the question, Am I safe or in danger? Part of the journey of healing is to discover the ways one unconsciously responds and make those responses more conscious.

Co-regulation is the physiological basis of relational connection for our species. Humans are hardwired to connect out of the need for survival and safety; it is a biological expectation. Under threat or stress, there is a tendency to first seek out relationships for support. If none are available, the next step is to go into fight or flight, and finally into freeze as a way to feel safe. There are levels of responses in each of the categories from a little to a lot. The body responds automatically to feelings of safety—or not. Interoception informs the brain and shapes experiences. Essentially, the baseline felt sense of safety is developed in relationship with caregivers. This science of human relationships is referred to as "the science of connectivity" (Sanders, 2021).



Image: copyright Deb Dana used with permission

Different practitioners have methods and maps to promote the understanding of polyvagal theory. Deb Dana (2018, 2020) has developed some of the clearest materials for understanding the autonomic nervous system responses. The nervous system responds to context, availability of choice and connection (Dana, 2020). Dana’s model is one of a ladder with dorsal vagal (shutdown, freeze) responses at the bottom of the ladder, sympathetic (mobilization) responses in the middle and ventral vagal (social engagement) responses at the top (2020).

Other practitioners like to use a model of flow, where there are boundaries on either side of a regulated, ventral, safe, social energy that includes positive aspects of the sympathetic and parasympathetic nervous system, with moments of action and rest. Outside the boundaries on either side are nervous system responses to stress and threat but these are not regulated or within the capacity to cope. Castellino used this particular model, heavily influenced by his close relationship with Anna and John Chitty (Chitty with Castellino, 2014).

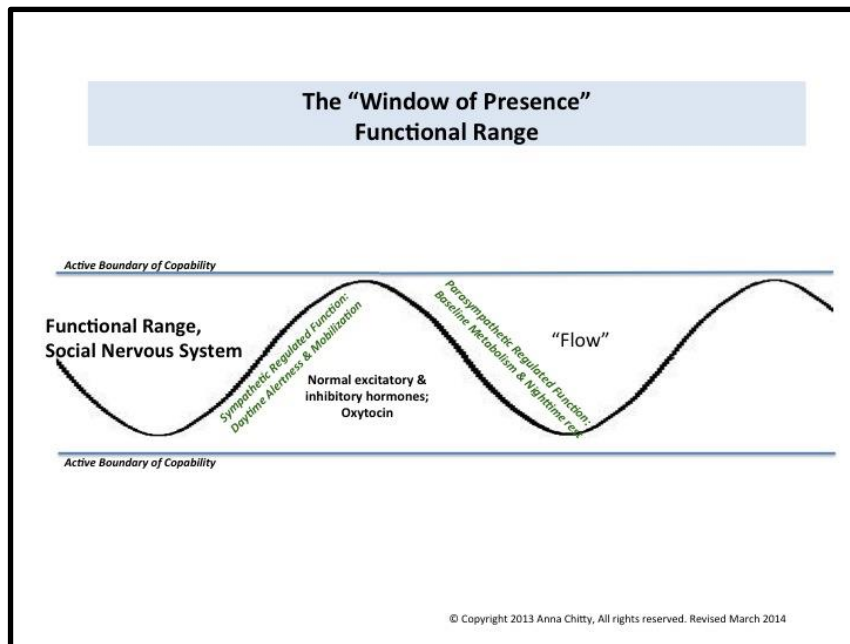
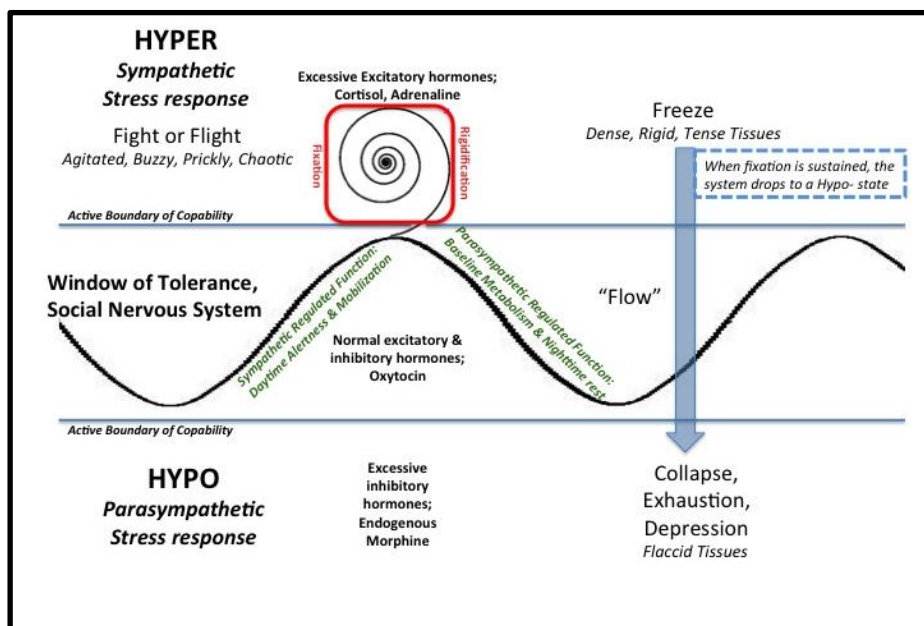


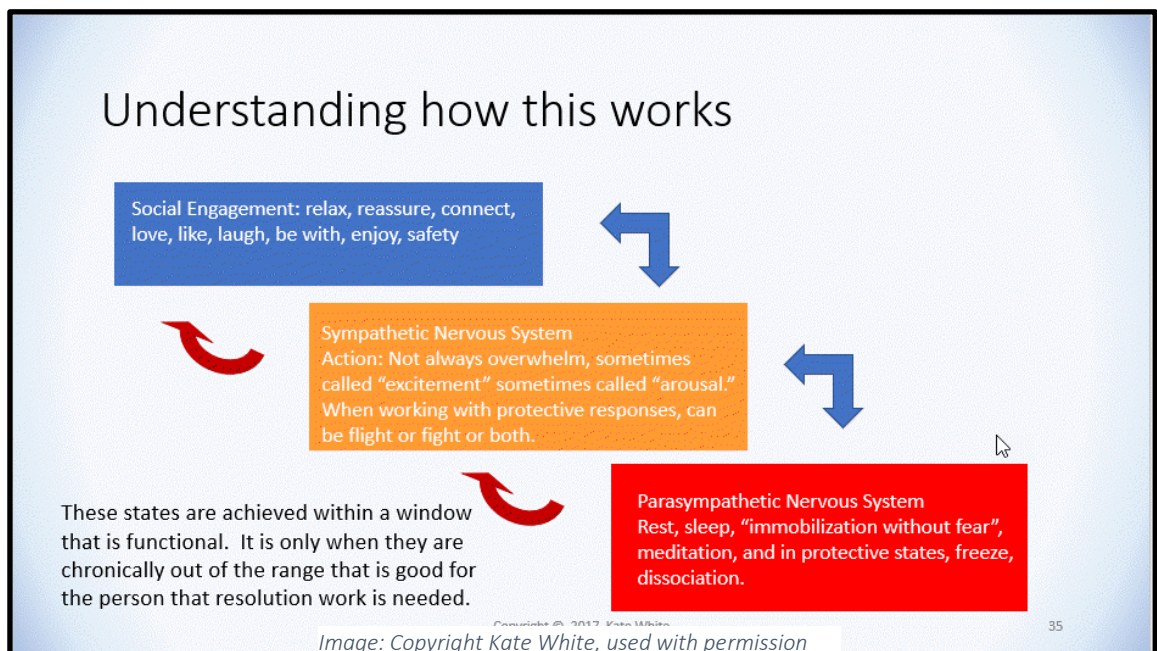
Image: Copyright Anna Chitty, Used with permission

Practitioners use many different terms for understanding this particular window of presence in the nervous system. Dan Siegel (1999, 2020) originated the term Window of Tolerance in reference to autonomic nervous system function. Anna Chitty, John Chitty and Ray Castellino later referenced this window as the Window of Presence, or the Functional Range of the nervous system.



Window of Presence Anna Chitty ©. In the above image, Anna Chitty shows the regulatory system within a certain boundary of capability with normal excitatory and inhibitory hormones. If triggered, the nervous system will speed up (hyper), get agitated, irritated, angry, or chaotic with excessive excitatory hormones, cortisol and adrenaline. The nervous system cannot withstand that, so it will drop beneath the “window of tolerance” nervous system range (hypo) into collapse, exhaustion, and depression.

The Window of Presence image graphically demonstrates how the nervous system is designed to stay within a tolerable range. As the hierarchical model shows as well, the ideal is to seek social engagement as the newest and best strategy for seeking safety. In response to stress or threat, if regulating with another person is not possible, the next step is to descend down the ladder into fight or flight, or move outside the boundary of capability. The final descent is into parasympathetic strategies of survival: collapse, exhaustion, or depression. Seeking protection, safety and defense, humans descend down the steps, and, to regulate the nervous system, ascend up the steps. Attachment figures are tasked with assisting the developing individual shift into regulated states of safety. The chart below, designed by Kate White, illustrates how the system works.



Chitty (2013) was clear that there is a need to acknowledge healthy functional autonomic nervous system responses, as well as survival responses. The idea that sympathetic nervous system responses are simply flight or fight is no longer an accurate perception. There is normal mobilization within the Window of Presence, sometimes referred to as excitement or arousal, and parasympathetic functions as well, such as rest and sleep. The revolution of the polyvagal theory has provided much more understanding of what actually happens within human bodies, minds, reactions, and relationships.

Peter Levine (1997, 2010, 2015, 2019) uses the image of a stream: “The currents of our experiences flow through time with periodic cycles of tranquility, disturbance, and integration. Our bodies are the banks of the stream, containing our life-energy and holding it in bounds while allowing it freely flow within its banks” (1997, p. 197). Trauma, stress, and threat may breach the banks of this stream and create what he called a trauma “vortex” (Levine, 1997, p. 197). His development of Somatic Experiencing® details how practitioners find and build up a counter vortex that is always there, and then use specific skills to integrate the trauma vortex. Other trauma theorists and practitioners have worked with a range of states connected to stress and threat responses on a continuum (Rothschild, 2000, 2017; Kain & Terrell, 2018). There is now sufficient data regarding physiological responses that the nervous system can be mapped in detail.

Other importance neuroscientific theories of relationship add to this discussion of human development (Cozolino, 2014; MacLean, 1990; Perry & Hambrick, 2008; Winfrey & Perry, 2021). Paul MacLean developed the Triune Brain Theory during the 1960’s, recognizing that there are three parts to the human brain: brain stem, mid brain and neocortex. Sometimes referred to as the ice cream cone version of understanding the regions of brain because these three parts are stacked upon one another like scoops of ice cream, these layers are described as linked but have different responsibilities and actions. MacLean's model suggests the human brain is organized according to a hierarchy based on an evolutionary view of brain development. The three regions are as follows:

- Reptilian or Primal Brain (Basal Ganglia)
- Paleomammalian or Emotional Brain (Limbic System)

- Neomammalian or Rational Brain (Neocortex)

MacLean's Triune Brain Theory was the first theory that brought forward the understanding of nervous system responses and the importance of sequential development. Louis Cozolino first published the *Neuroscience of Human Relationships: Attachment and the Developing Social Brain* for the Norton Series on Interpersonal Neurobiology in 2006. His second edition, published in 2014, illuminates how the brain is more complicated and nuanced than MacLean's triune brain model. He states, "the triune model of the brain has given way to an exploration of complex and often overlapping functional and neural networks" (p. 17). The field of neuroscience was soon able to define more complex relationships of brain anatomy and their relationships to each other. The two sides of the brain (left and right hemispheres) and how they interact were also further defined. Specific neurons and other cells of the brain and nervous system were further delineated such as mirror neurons, which "connect the observed and the observer by linking visual and motor experience" (Cozolino, 2006, p. 59). The understanding of how humans are wired for love and relationship was expanded as never before. Cozolino's research delved deeply into parent-child communication, showing how children's social, physical, emotional development are related to the quality of the relationship. Further, the brain and nervous system are malleable based on social connections and interactions starting from infancy.

Other neuroscience and relationship researchers defined the brain and behaviors as neurosequential.

The Neurosequential Model is a developmentally sensitive, neurobiology-informed approach to clinical problem solving. The model, developed by Bruce D. Perry, MD, PhD, is not a specific therapeutic technique or intervention. It is an approach that integrates core principles of neurodevelopment and traumatology to inform work with children, families and the communities in which they live.

(<https://www.neurosequential.com>)

Bruce Perry is the Principal of the Neurosequential Network, Senior Fellow of The ChildTrauma Academy and a Professor (Adjunct) in the Departments of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago and the School of Allied Health, College of Science, Health and Engineering, La Trobe University, Melbourne, Victoria, Australia. He has been a researcher, clinician, and teacher for 30 years

and developed a neurodevelopmental approach that presented a refined vision of influences, especially trauma, on the developing child. His *Neurosequential Model of Therapeutics* defines clinical approaches to help families and foster/adoption system develop ways to understand the impact of trauma on the developing child and ways to address it. His model divided the brain up into four parts: brainstem, diencephalon/cerebellum, limbic and cortex, and his analysis details ways each part connects to the other. Perry's model is particularly good for defining traumatic responses and how to help repair their impact.

Like the polyvagal theory, Perry's Neurosequential Model shows how stress will put the autonomic nervous system into different states. Perry details how the brain and nervous system interpret what is happening across a continuum of responses through bottom-up, state dependent functions. In other words, the body interprets what is happening through sensation, which then is interpreted based on memories. As in other neuroscience models, the brainstem, interoception and input from the outside world received through the senses start the sequence. The autonomic nervous system responds to stress. The limbic brain (the next level) is informed, and finally the cortex receives the information for cognitive integration. The *state* (calm, alert, alarm, fear, terror) informs which area of the brain to function in response to the experience. The overall goal is to Regulate, Relate and Reason in this sequential model; there are a range of activities and approaches within different contexts that will help a child or adult achieve that goal (<https://beaconhouse.org.uk/resources/>).

Perry's latest book, *What Happened To You? Conversations on Trauma, Resilience and Healing* written with Oprah Winfrey (2021) is especially supportive of the vision of Ray Castellino and the work he promoted at BEBA. While the book itself is a conversation between Winfrey and Perry, the information within each section clearly supports the need for and impact of programs that support bonding, attachment, nervous system regulation and healing for the whole family. Particularly supportive of the foundations at BEBA are Perry's summaries of findings about the impact of trauma on children, and most especially babies:

The basic finding is that the experiences of the first two months of life have a disproportionately important impact on your long-term health and development. This has to do with the remarkably rapid growth of the brain early in life, and the organization of those all-important core regulatory networks. If, in the first two

months of life, a child experienced high adversity with minimal relational buffering but was then put into a healthier environment for the next twelve years, their outcomes *were worse* [emphasis added] than the outcomes of children who had low adversity and health relational connection in the first two months but then spent the next twelve years with high adversity. (Winfrey & Perry, 2021, p. 109)

Perry advocates for greater sensitivity and care for families with babies and young children, especially by providing ways for the family to connect and communicate through rhythm, all within the purview of BEBA. He states, “Connectedness has the power to counterbalance adversity” (Winfrey & Perry, 2021, p. 108). He goes into detail about the importance of creating relational buffering protection for young children and babies because the earlier the trauma, the greater the impact on long term health. Perry calls for more developmentally informed, trauma-aware systems, which is exactly what the BEBA Clinic provides.

Toward the end of *What Happened to You?* Perry (Winfrey & Perry, 2021) discusses the kind of system that we need for families that will help heal trauma and create resilience. He describes the story of Timothy (pp. 250-253) and his single mother. He and his mother were physically abused by a live-in male partner. When his mother left this relationship, they struggled with poverty, moving from place to place. Timothy had many trauma symptoms, diagnosed with ADHD, sleep issues, exhaustion, angry outbursts, learning and relational challenges, and an overactive stress response. He had the social skills of someone much younger, so finding peer relationships was hard. Within the context of clinical treatment by Perry, this family was treated with a variety of approaches that included the mother *and* Timothy. Perry states, “As surprising as it sounds, few clinics for children also serve adults. Consider the frequency of transgenerational and intra-family trauma, this is a powerful example of the destructive fragmentation of our “siloes’ systems” (p. 253). This whole family treatment approach is the foundation for BEBA and Castellino’s work with families. In Timothy’s story, the clinicians found a variety of personal, family and community resources for the boy and his mother. Six months later, Timothy was thriving.

The science of brain architecture is acutely detailed at the Center on the Developing Child at Harvard University (<https://developingchild.harvard.edu>). Lives are shaped over time from the bottom-up, starting from time spent in the womb. The most active period of neuronal development takes place during the middle of the second trimester, when 250,000

neurons are created every minute. A child is born with 100 billion neurons—as many as the stars in our galaxy—and a trillion synapses or interconnections (Verny, 2021). Just reviewing the reports and scientific papers at Harvard tells the story of corroborating resources for the BEBA clinic. Study after study and paper after paper substantiate the need for whole family, relational, co-regulatory experiences for human development and health throughout the lifespan.

Interpersonal Neurobiology

Interpersonal Neurobiology (IPNB) is a term coined by Daniel Siegel, MD, in the 1990s as he worked to define his model of the mind. It is based on the theories of bonding and attachment that evolved to include co-regulation and nervous system function formed by our earliest relationships. Essentially, we are who we are because of our relationships. Sometimes referred to as relational neurobiology, IPNB is a particular subset of neuroscience that corroborates the core work done at BEBA. It is an interdisciplinary framework that brings together disciplines that demonstrate how the mind, brain and relationships integrate and impact one another. In his book *Mind: A Journey to the Heart of Being Human*, Siegel (2017) defines the mind saying,

By mind, I mean all that relates to our subjective felt experience of being alive, from feelings to thoughts, from intellectual ideas to inner sensory immersions before and beneath words, to our felt connections to other people and our planet. And mind also refers to our consciousness, the experience we have of being aware of this felt sense of life, the experience of knowing within awareness. Mind is the essence of our fundamental nature, our deepest sense of being alive, here, right now, in this moment. (p. 1)

In 2012 Siegel said, “The mind is an emergent, self-organizing process that shapes how energy and information move across time” (p. 1/6). This suggests that humans are a living matrix of information that is constantly being shaped by experiences, especially those experienced early in life. Siegel documented the interplay between the mind, brain and relationships, and called this the “**triangle of well-being**” (p. 4/1). An individual’s earliest relationships lay the foundation for the triangle of well-being.

A complete description of IPNB is beyond the scope of this review of resources, however, it is important enough within the context of neuroscience to have a section of its

own. It greatly impacted the training of psychotherapeutic professionals, creating scaffolding for educational and clinical approaches. There are now a number of textbooks published in the Norton Series on Interpersonal Neurobiology written by different authors. One contributor, Bonnie Badenoch (2008, 2011, 2017) is worthy of mention. She is the director of the nonprofit Nurturing the Heart with the Brain in Mind in Vancouver, Washington, offering support to those in the healthcare professions through year-long immersion trainings in interpersonal neurobiology. Her work helped sculpt IPNB into a craft for therapists, particularly her first book: *Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology* (2008). She is a family therapist, so her work is particularly helpful for therapists like those who adapt the BEBA model to follow. She offers a training program called Nurturing-the-Heart with the Brain in Mind; Siegel offers a number of courses online through his Mindsight Institute.

Family Dynamics and Parenting

Many families enter therapy because of the behavior of their children. Castellino taught that the child exhibits symptoms of something amiss in the family system, as do other approaches to family therapy (Bowen, 1978; Satir, 1964). “Family Systems Theory encourages people to think of issues (e.g., marital conflict, depression, addiction, acting-out teenagers, difficult relationships, loneliness, etc.) in terms of a multi-generational family or a ‘system.’ This approach encourages people to move away from blaming others and towards individual responsibility” (<https://www.familyssystemstheory.org>). Murray Bowen pioneered a form of family therapy that is the basis for Circle of Security as well as others like The Center for Family Systems Theory of Western New York. When identifying family therapy, especially within the United States, the field of psychotherapy considers marriage and family counseling, couples counseling and child play therapy all under this rubric. Therapists may engage in different tracks within family therapy. Often, children are separated from their parents for therapy, as Bruce Perry (Winfrey & Perry, 2021) pointed out in *What Happened To You?* It is typical for therapeutic approaches to be separated into specialties in which experts trained in a particular methodology can analyze and treat each

part of the whole. Practitioners at BEBA treat the whole family. BEBA practitioners support parents to be a part of the play sessions with their children, and then they are supported after the play to make sense of their experiences. They are sometimes coached by BEBA practitioners to connect with their children to help repair relationship ruptures or to help the whole family understand on a left-brain intellectual something that has happened to them.

ChildParent Psychotherapy (CPP) is an excellent resource whose mission is “to provide services and resources that help young children and families recover and heal after stressful and traumatic events” (<https://childparentpsychotherapy.com/>). According to the ChildParent Psychotherapy website, this therapeutic approach was developed at the Child Trauma Research Program at the University of California San Francisco Zuckerberg San Francisco General Hospital. The organization was to build on the pioneering work of Infant-Parent Psychotherapy and Selma Fraiberg (1980) whose treatment “involves parents and young children and uses the metaphor of “ghosts in the nursery” to understand and prevent the intergenerational transmission of negative relationship patterns during the first three years of life” (https://childparentpsychotherapy.com). The first manual for CPP was developed in 1998 and was published in 2005. The manual included data from randomized clinical trials that showed how a form a family therapy that included the parent *and* the child could reduce trauma symptoms. The model is strength and relationship-based, and respects family cultures and values. It recognizes that caregivers are central to the lives of children, and that stress will impact the relationship. Young children and babies seek safety in this relationship, so supporting it to strengthen and deepen is central to CPP.

The work of CPP is very similar to the work of BEBA. Practitioners explain principles and practices to parent. Sessions are often weekly, and are child-led, using toys so that children can express feelings and thoughts. Play is the language of the child and is a good way to work with activating material. CPP practitioners meet with adults alone to help answer their questions and help them make sense of their experiences. They also help parents understand each other, learn to communicate better about their feelings and experiences, and create family story that leads to healing.

Alicia F. Lieberman, PhD, is a co-developer of CPP. She is the Irving B. Harris Endowed Chair in Infant Mental Health, Vice Chair for Academic Affairs the University of California San

Francisco Department of Psychiatry, and Director of the Child Trauma Research Program. Lieberman (Lieberman et al., 2020; <https://childtrauma.ucsf.edu/child-trauma-research-program>) conducted randomized controlled clinical trials using CPP with teams of colleagues to improve the lives and children and families, and these results endorse this child-parent approach that is similar to the work done at BEBA. She and her colleagues describe this wholistic approach to helping parents together with their infants/children:

We propose that the child's attachment, defined as the primary emotional relationship between the parents, should be a unifying theme and should be given a prominent role across different disciplines in assessing and treating early mental health problems. Loving parental care has unmatched transformational powers in restoring the child's developmental momentum in risk situations. The parents constitute the primary agents of the young child's emotional well-being even in the presence of environmental stresses and constitutional child vulnerabilities. (Lieberman & Van Horn, 2008, p. 5)

According to Lieberman and co-author Van Horn (2008), the Components of ChildParent Psychotherapy include:

1. Joint child-parent sessions that are centered on the child's free play and spontaneous family interactions. Toys provided are connected to ways that children may express the trauma story so that it can be seen and felt by therapist and parent.
2. The therapist translates for the parent the developmental and emotional meaning of the child's behavior so that parents can more fully grasp the communication from the child.
3. Cultural and age-appropriate parent coaching is a part of treatment.
4. Parent-child activities are actively encouraged to foster a sense of well-being, listening, resonance and trust in the family.
5. Sessions (referred to as interventions) are tailored for the conditions being presented on a case-by-case basis.
6. The work starts with simple and direct strategies and grow more complex if the simpler approaches don't have an impact.

Coaching that improves parenting skills is another evidenced-based approach that supports the work done at BEBA. Hand in Hand Parenting is a well-known example of an organization

dedicated to “helping families grow closer” (<https://handinhandparenting.org>). The Hand in Hand website states:

Recent research shows that regardless of background, a close parent-child connection throughout childhood and beyond is the strongest factor in preventing a variety of health and social problems, including young people’s involvement in drugs, violence, and unintended pregnancies.

Hand in Hand Parenting supports parents and primary caregivers of children between one month and six years, although their tools are effective for children of all ages, to learn how children’s emotions work and how to be present with anger, tantrums, fears, sadness, crying, rage, grief, indignation and other emotions. Once children feel heard and understood in their upsets and challenges, they are eager to cooperate and organically show their loving nature. The organization has developed several tools to be with children: Special Time, Staylistening, Playlistening and Setting Limits, as well as other tools, support parents called Listening Partnerships (<https://www.handinhandparenting.org/>).

Special Time invites parents to offer daily some dedicated uninterrupted time to their children as an active form of listening in which the child play is received as the vehicle for communicating his or her experiences. Parents are invited to set a timer and stay focused and present for their children. During this time the parent follows the lead of the child and shows affection, interest and care. Using this tool regularly, the connection and trust grows deeper between parent and child.

Staylistening invites parents to stay close while their children are crying or having a tantrum and allowing them to express their emotions fully. Parents stay connected and show affection without trying to distract their children or having an agenda to fix things. Once the child has released their upset feelings, they come back to state of regulation and cooperation.

In Playlistening parents look for what makes their children laugh while feeling powerful and strong, and repeat those activities (except tickling). This kind of play helps children release tension and builds cooperation. It can involve roughhousing.

Setting Limits encourages parents to set limits in a gentle, connected way listening to children’s feelings with empathy and warmth.

Listening Partnership puts parents together to provide parent-to-parent listening exchanges as parents share time talking and listening about their parenting experiences.

Parents and primary caregivers can have access to classes, booklets, free parenting calls, community talks and podcasts to learn the parenting-by-connection tools as well as participate in one-on-one consultations and parent support groups. Hand in Hand Parenting also trains professionals that become certified instructors to support parents in their communities to raise healthy, cooperative and compassionate children. BEBA finds a lot of similarities with the Hand in Hand parenting program in the way it coaches parents and supports children to express their emotions and to deepen their relationship and trust with each other. BEBA has an emphasis on prenatal and perinatal storytelling, processing of early trauma as well as other tools like biodynamic craniosacral therapy that to our awareness are not used in the Hand in Hand parenting program.

Infant-Parent Mental Health

Infant-Parent Mental Health, more often referred to as Infant Mental Health, is defined as an “interdisciplinary and international field that focuses on the dynamic, social, emotional, and cultural forces that shape an infant’s development” (Fitzgerald et al., 2011, p. 178). Early stages of the field depended on theoretical models of infant mental described as ways the baby would regulate, express emotion, develop relationships, explore the environment, and learn (Fitzgerald et al., 2011). Early pioneers in infant mental health included professionals in the fields of psychoanalysis, systems theory, evolution, and cognitive development (Fitzgerald & Barton, 2000; Freud, 1953; von Bertalanffy, 1968; Weatherston, 2002). The field has evolved into a framework that focuses on early attachment relationships and early childhood (Erikson, 1950; Fraiberg, 1980; Piaget, 1952). It was Selma Fraiberg who coined the phrase “infant mental health” as shorthand for her service model that integrated systems theory, psychoanalysis, and her own methods into a practice for treating infants and very young children (Fitzgerald et al., 2011; Fraiberg, 1980). Her practice and approach are considered legendary among her students and followers. The development of the Infant Mental Health field included a World Association and many state chapters in the United States. It is a worldwide practice, with international gatherings of many kinds of professionals that work with parents, babies, and children. Fraiberg helped found Zero to Three (<https://www.zerotothree.org>), a well-known non-profit organization

based in the United States with an extensive interdisciplinary reach that includes medical professionals, social workers, researchers, mental health professionals, early childhood specialists and more.

Infant and Parent Psychotherapy is part of the Child and Parent Psychotherapy (CPP) model. Like CPP, infant mental health includes the parents. These two organizations exemplify the BEBA philosophy which includes the whole family in their treatment model and supports parents to improve connections and communication to create a more coherent environment for the development of their children. This model of care welcomes children starting before conception within the infant mental health community, the CPP and the BEBA Clinic. Family care now includes recognition of transgenerational and intergenerational issues, particularly trauma. Alicia Lieberman and her team of colleagues and researchers have expertly defined the qualities of professional services starting during pregnancy and continuing the parenting of babies and young children (Lieberman & Van Horn, 2008; Lieberman et al., 2020). Again, the focus is on bonding, attachment, and making repair in relational ruptures within the family. Lieberman and her associates also conduct extensive training in the recognition of early trauma and how to heal the effects of trauma in a way that includes everyone in the family when possible.

Additional new models of care include Minding the Baby®, a home visiting intervention model developed by Arietta Slade, PhD and Lois S. Sadler, PhD, RN, FAAN at Yale Medical School in Princeton, New Jersey. Like the infant mental health model developed by Fraiberg, Minding the Baby® (Slade et al., 2005) is an interdisciplinary model for nurses and social workers that promotes a whole family approach to decreasing stress, enhancing physical and mental health, and emotional well-being (Yale Medicine, 2021a). This website states their vision: “all families will receive the support they need to promote optimal health and emotional well-being, and all children will feel safe, secure, and connected in their relationships” (Yale Medicine, 2021a). Reflective Functioning is central to this model, so that parents can slow down and really comprehend what the baby is communicating. Professionals promote secure attachment and facilitate reflective parenting by providing strategies to:

- Give voice to the baby’s experience (both physical and emotional)
- Give voice to parental experiences of themselves as parents
- Bring alive parents’ positive feelings for their children
- Develop parent’s capacities to reflect and contemplate, especially in the face of difficult emotions (Yale Medicine, 2021b)

Yale Medicine and the Minding the Baby® program received a five-year grant from the National Institutes of Health to study the impact of its intervention on young parents to help them make sense of their babies’ experiences. Outcomes show that the intervention increased secure attachment, decreased disrupted parent-infant interactions, lowered rates of disruptive behaviors in school for the children, lowered rates of obesity, increased rates of maternal reflectiveness, and lowered rates of child behavior disorders; all these positive outcomes contribute to regulated and connected behaviors, key ingredients for school and relational success and future wellness (Ordway et al., 2018; Sadler et al., 2013; Slade, et al., 2019).

Like the sessions offered to families at BEBA, the Minding the Baby® model, infant mental health and infant-parent psychotherapy all have a way to mitigate the impact of early trauma and promote secure attachment and nervous system regulation for the whole family that translates into lifelong health and stability.

Trauma-Informed Care and Adverse Experiences

The Trauma-Informed Care model became prevalent with the publication of the Adverse Childhood Experiences (ACEs) study by physicians Robert Anda and Vincent Felitti (1998). The basis for this model of care asks the question, *What happened to you?* rather than a more pejorative question, *What is wrong with you?*

The Adverse Childhood Experiences study arose from research completed by Felitti and Anda on weight loss and obesity. Quite by accident, Felitti discovered that many people who suffer from obesity also had experienced childhood sexual abuse. He partnered with Anda to explore the health records of 17,000 patients within the Kaiser Permanente health care system. They found that they could correlate ten categories of childhood trauma with

health conditions later in life as well as early death. These categories included three broad areas: household dysfunction, abuse, and neglect. The ten common ACEs include: substance abuse, parental separation or divorce, mental illness, battered mother, criminal behavior, psychological abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Analysis of thousands of records found that 87% of the obesity patients had more than one adverse childhood experience. If participants had four or more ACEs, they often had some form of chronic illness later in life (<https://acestoohigh.com>). The study had limitations because it analyzed the records of predominantly white, middle-class Americans in San Diego, California. Nonetheless, it was a breakthrough in the recognition of trauma's impact on health and wellness across the life span. These illnesses include heart disease, lung cancer, diabetes and many autoimmune diseases, depression, violence, and suicide (ACES Too High, 2021). Learning and social challenges were also tied to ACEs, as well as abuse of substances and additive behaviors.

Because it is now assumed that most people have some level of traumatic experience, trauma and resilience programs are being incorporated into business management, organizational development, and educational systems planning and practices. The trauma experience is subjective, an individual response to something overwhelming. Resilience is the capacity to cope or bounce back after overwhelming events occur in life. Research is revealing that everybody has varying levels of trauma and resilience. Large movements in healthcare and education include trauma-informed approaches, best described by the Substance Abuse and Mental Health Services Administration (SAMHSA). Trauma-informed care seeks to:

- Realize the widespread impact of trauma and understand paths for recovery
- Recognize the signs and symptoms of trauma in patients, families, and staff
- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatization. (SAMHSA, 2014; Center for Healthcare Strategies, 2021)

Trauma-informed care is a systematic way to make sense of the evidence of trauma in the lives of people, especially children and parents. If trauma is assumed, then care methods can be designed that will inquire about a person's experience rather than label and

analyze. It is a paradigm shift in the study of people and behaviors and creates a more compassionate approach to understanding why they do the things they do. More is known about human development now than during any other time in history. A continuum of experience starting before conception is being explored with the study of transgenerational and intergenerational trauma (Hurley, 2013; Weaver et al., 2004; Yehuda, 2015; Yehuda & Lehrner, 2018). These experiences include traumatic events such as famines and war (Hurley, 2013; Nathanielsz, 1999). They also include deleterious parenting behaviors (Hurley, 2013; Weaver et al., 2004) which can have long lasting consequences.

Early progenitors of adverse baby experiences include epidemiologist David Barker (1990), originator of the Barker Hypothesis that was the basis for Fetal Origins of Adult Disease or FOAD (Nathanielsz, 1999). His research sparked a revolution in the understanding of chronic illness and adult disease and opened the way for research in early programming often called The First 1000 Days (Nesbitt, 2019). Barker's creation of FOAD has shifted to Developmental Origins of Adult Disease or DOHaD (DOHaD, 2021; Monk, 2020). Babies develop in relationship with their families while still in utero: mothers, fathers/other parents, siblings, and the family environment. The nervous system also develops in relationship to the culture and society into which a child is born. Individuals are biological, psychological, emotional, bio-chemical, and experiential co-creations of the first relationships in life, and the earliest experiences create the template for expression of lifelong health.

There is a growing body of research that explores adverse experiences that occur during in (BEBA, 2021; Castellino, 1995/1996b; Mead, 2020; Prenatal and Perinatal Healing Online) which corroborate the work done in the BEBA Clinic. The Adverse Childhood Experiences study opened the door to systematically studying and categorizing trauma experiences and exploring their impact on human lives, especially how adverse early experiences contribute directly to chronic disease (Harris, 2018, 2020; Mead, 2020, 2021; Winfrey & Perry, 2021). Traumatic earliest life experiences can now be listed along with how these events impact human development and lifelong health (Prenatal and Perinatal Healing Online, n.d.). Physician Veronique Mead (2020, 2021) has finely detailed what she calls Adverse Babyhood Experiences and their impact on lifelong health. She relates her own adverse experiences, which occurred during her infancy, as the root of her adult chronic

illness in her online blog, *Chronic Illness Trauma Studies* (Mead, 2021). Mead was a participant in the online conference, *The Impacts of Adverse Prenatal and Birth Events: A Transdisciplinary Approach* organized by the Prenatal and Perinatal Healing Online organization (2021). The professionals gathered for this conference all listed preconception, prenatal, birth and after birth traumatic events as having lifelong consequences if not mitigated by care. Society is on the cusp of developing new obstetric, pediatric, and maternity care approaches that have the potential to deepen fundamental levels of health on every level. The ABEs list developed by Mead (2019, March 29) includes the following categories:

- Maternal loss or trauma
- Lack or loss of support for Mother
- Maternal physical stressors
- Maternal emotional stressors
- Maternal complications
- Baby complications
- Baby separation: Incubator, NICU, Hospital Stay, Adoption, Foster Care
- High or low birth weight
- Baby Did Not or Could Not Breastfeed
- Symptoms in Parents or Baby After Discharge

The BEBA website (<https://beba.org>) also has a list of early trauma signs and symptoms. Castellino (1995/1996a) published a list of symptoms of how a traumatized baby appears in his seminal paper, *Being with Newborns: An Introduction for Somatotropic Therapy, Attention to the Newborn, Healing Betrayal, New Hope for the Prevention of Violence*. In addition, fetal brain science now categorizes traumatic prenatal and birth events, and how they can translate into adult mental and physical illnesses (Children's National Hospital, 2019). In short, this research points out that trauma before, during and after birth greatly impacts human development. Trauma-informed and resilience models of care can now grow to include the baby's experience, something that BEBA has done for over 25 years.

Developmental Trauma

In 2014, Bessel van der Kolk, founder and medical director of the Trauma Center in Brookline, Massachusetts as well professor of Psychiatry at Boston University, published the groundbreaking book, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. He plays active leadership roles in several trauma networks in the country including the Complex Trauma Treatment Network and the National Child Traumatic Stress Network. Even though other well-known authorities had written about the impact of trauma in early life (Levine, 1997, 2010; Rothschild, 2000; Scaer, 2001, 2005; Schore, 1994, 2003a, 2003b; Siegel, 1999, 2008, 2010), van der Kolk became a flagbearer for developmental or complex trauma. Defined as trauma that occurs in childhood, including abuse, neglect, and toxic stress, developmental or complex trauma was also given a boost in recognition because of the Adverse Childhood Experiences study. Van der Kolk called the prevalence of trauma in society a hidden epidemic (Hutchinson, 2019). Van der Kolk states:

Research has shown that traumatic childhood experiences not only are extremely common, but all have a profound impact on many areas of functioning. For example, children exposed to alcoholic parents or domestic violence rarely have secure childhoods; their symptomology tends to be pervasive and multifaceted and is likely to include depression, various medical illnesses, and a variety of impulsive and self-destructive behaviors. (2005, p. 401)

Van der Kolk mounted a controversial effort to add developmental trauma as a formal disorder to the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. While the category was not formally adopted, the discussion and process of developing a formal category for disorders connected to early trauma is noteworthy. The Center on the Developing Child at Harvard University (<https://developingchild.harvard.edu>) encourages research and programs that can be scaled up for large populations. Their continued efforts to define the impacts of toxic stress on the developing child illuminate the need for efforts to mitigate early trauma, educate parents and create systemic change in public health systems.

Developmental trauma includes parenting as a trauma vector and a potential avenue for healing. For example, sensitive caregiving after traumatic pregnancies and birth could mitigate the expression of mental illness later in life (Monk, 2020; Ursini, 2021). Parenting starts even before the baby is born (Lieberman, et al, 2020; Zero to Three); that awareness could increase birth and longer term health outcomes. The health of children may also be

impacted by interventions with parents (Mead, 2021; Slade et. al, 2019) which is revealing that the family system itself is an instrument of healing. Developmental trauma is most often described as chronic abuse and neglect of children (van der Kolk, 2014). The dissociative and other behavior disorders described by van der Kolk (2005, 2014) and Perry (Perry & Hambrick, 2008) are adaptive strategies for having experienced overwhelming events as a child. The programs, projects, and efforts supported by the Center on the Developing Child is scientifically based on the building blocks of the neural circuitry of brain architecture (<https://developingchild.harvard.edu/guide/what-is-early-childhood-development-a-guide-to-the-science/>). The *From Neurons to Neighbors* (<https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>) online learning center has many articles, descriptions, videos, and referrals to other programs as validating resources for improving the lives of babies and children. Primary scientific areas of interest and keys to creating a better human develop revolve around brain architecture; the ways parents connect and communicate with children and each other (<https://www.albertafamilywellness.org/what-we-know/serve-and-return>); recognition and relief of toxic stress in childhood; increasing executive brain function and self-regulation especially in adults that care for babies and children; and resilience, or ways that caregivers, teachers and others can help children heal so they can bounce back from traumatic events (<https://developingchild.harvard.edu>).

The previous sections on bonding and attachment, descriptions of the developing nervous system within the contexts of neuroscience and polyvagal theory are all resources for the kinds of interventions provided at BEBA. Practitioners trained by Castellino recognize the baby's experience starting preconception. Their expertise is based on knowing the developing baby's developmental needs and how to repair relational ruptures, shocks and developmental traumas associated with this early time in life. Developmental trauma healing happens along a spectrum and a continuum of care starting with welcoming a baby in the womb, consciously carrying a baby during pregnancy, and connecting with babies in utero so that they feel seen, heard and that they matter, then preparing as intentionally as possible for a gentle birth experience. We know that if there are difficulties, we can repair them with communication and connection with babies after birth, and these resources will be described in the section, Working with Babies.

Other healing modalities are described in books, articles and programs that address developmental trauma along with attachment therapy (Heller, 2019) include: the NeuroAffective Relational Model (NARM) developed by Laurence Heller and Aline LaPierre (Heller & LaPierre, 2012); Somatic Resilience and Regulation models developed by Kathy Kain and Stephen Terrell (Kain & Terrell, 2018); Child-Parent Psychotherapy (Lieberman & Van Horn, 2008); Infant Mental Health approaches (Sadler et al., 2013; Trout, 2021); Theraplay and Child Psychotherapy (<https://theraplay.org/the-theraplay-institute>). The field of healing childhood trauma is varied and developing rapidly, buoyed, and driven by the Adverse Childhood Experiences study and ongoing exploration.

Somatics & Somatic Trauma Healing

Prenatal and perinatal experiences are necessarily somatic; they are felt in the body and not experienced on a cognitive level because they happen before most of the cognitive functions of the brain develop. They are also implicit, or unconscious, and usually felt-sense experiences that happens automatically without thought. Somatics is a therapeutic study and practice that includes a mind-body awareness and has many branches. Life's earliest experiences are necessarily somatic and operate on an unconscious level that become ingrained as world views, perceptions, or bodily felt memories called imprints. The scientific world has taken its time accepting the concept that babies have experiences which have consequences that reverberate throughout life. Previously, babies were thought to be more like blank slates, or even unfeeling beings. The opposite is true (Blasco, 2006; Chamberlain, 2013; Cozolino, 2014; Mead, 2021; Monk, 2020; Paul, 2010; Prenatal and Perinatal Healing Online, 2021).

In 2015, Peter Levine, developer of Somatic Experiencing® (SE), a form of trauma healing that utilizes a bottom-up, body-based, somatic approach, published *Trauma and Memory: Brain and Body in a Search for The Living Past, a Practical Guide for Understanding and Working with Traumatic Memory*. As in his other publications (1997, 2010), Levine describes how memories are laid down in the nervous system. Implicit memories are procedural, or learned motor actions like riding a bike, dancing, skiing, hardwired emergency responses that call upon our basic instincts to survive. These include

avoidant/approach responses, “bracing, contracting, retracting, fighting, fleeing and freezing, as well as the setting and maintenance of territorial boundaries” (2015 p. 25-26). Unlike explicit memories which are connected to data or memories from important days and times, implicit memories are “‘hot’ and powerfully compelling,” (p. 21). Levine declares, these memories “cannot be called up deliberately or accessed as ‘dreamy’ reminiscences. Instead, they arise as a collage of sensations, emotions, and behaviors. Implicit memories appear and disappear surreptitiously, usually far outside the bounds of our conscious awareness” (p. 21).

Levine (1997, 2010, 2015) takes meticulous care to describe his model of healing which involves a deep understanding of mammalian nervous system responses to threat and stress. Much of the science is connected to the understanding of the polyvagal theory. Humans are hardwired to seek safety in others. When a safe caregiver is not available, fight, flee, freeze or variations of these autonomic nervous system responses become the remaining options. Levine’s somatic trauma healing approach involves skills in slowing the process, recognizing the sensations of trauma experiences, and expertly using the awareness and presence of both the practitioner and client to integrate the overwhelming experience. Trauma experts are saying emphatically, the body remembers (Levine, 2015; Rothschild, 2000; Scaer, 2001, 2005; van der Kolk, 2014). Levine states:

It is assumed that we have extremely limited memory of early preverbal events. However, “hidden” memory traces do exist (in the form of procedural memories) as early as the second trimester in utero and clearly around the period of birth. These imprints can have a potent effect on our later reactions, behaviors, and emotional feeling states. However, these perinatal engrams become visible only if we know here and how to look for them. (2015, p. 94)

Levine’s inclusion of prenatal and perinatal trauma is part of his three-year training program, Somatic Experiencing®, that has now trained over 10,000 practitioners worldwide. What Levine (2015) calls *engrams* are what prenatal and perinatal somatic practitioners call *imprints*,” or impressions made in the brain, nervous system, and bodily tissues of preverbal children (babies) starting before birth.

Preverbal memories lay the foundation for lifelong nervous system responses. Prenatal and perinatal psychology has long acknowledged the baby’s experiences start before birth (Blasco, 2006; Chamberlain, 2013; Kandel, 2009; McCarty, 2002, 2004; Verny,

2021; Verny & Kelly, 1981; Verny & Weintraub, 2002). However, what makes Somatics a valuable concurrent resource is the inclusion of the baby's experience within the global education of trauma resolution therapy training programs such as Somatic Experiencing®.

At its essence, the SE clinical work is similar to the work at BEBA in that it includes a somatic pattern language—an interplay between gesture, posture, voice, rhythm, pace, tempo, movement, autonomic nervous system functioning and relationships that are connected to prenatal, birth, and after birth implicit preverbal memories. Further evidence is available in the history and application of Somatic Psychology that includes the body in the practice of psychotherapy (Marlock et al., 2015)

Fetal Brain Medicine

In 2019, the Children's National Hospital Fetal Medicine Institute (<https://childrensnational.org/news-and-events/childrens-newsroom/2014/new-childrens-fetal-medicine-institute-offers-advanced-diagnostics-and-patient-care>) held their fourth annual Symposium on Pregnancy, Stress and Depression: Impact on the Developing Brain. This gathering supported some of the best researchers in the field of the impacts of adversity on the developing baby. The room was filled with researchers, students, and practitioners whose specialty was to support the parent-baby dyad bringing increased awareness to the need to support women and pregnancy so that there is less stress for the developing brain of the baby in utero. Data show that stress, anxiety, and depression during pregnancy, as well as obstetric complications, collide with the fast-developing embryo and fetus so that major mental health illnesses develop later in life. These maladies include schizophrenia, depression, bipolar disorder, attention deficit and hyperactive disorder, Tourette's syndrome, borderline personality disorder, and autism (Bale, 2019; Conradt, 2019; Epperson, 2019; Monk et al., 2019; Rubinow, 2019; Wadhwa, 2019; Weinberger, 2019; Welch, 2019).

A short summary of the Symposium includes:

- One in four women will have a perinatal mood disorder, the most common complication in pregnancy and postpartum (vastly underestimated). Only 3-5% with postpartum depression achieve remission.

- Neurodevelopmental risks for the fetus start before conception with the parents' stress and traumas.
- Obstetrical complications impact the baby and cause genetic and neurodevelopmental issues that may translate into difficult health conditions like schizophrenia, autism, ADHD, bipolar disorder and more.
- Neuroplasticity is important, meaning interventions can play a key role in the lifelong health of parent/mother, baby, father/partner, and family.

Many kinds of adverse prenatal and perinatal events may impact the developing brain and nervous system of the baby, extending far beyond anxiety, stress, and depression in the mother. Below is a list of the more salient obstetrical complications that may influence the genes of human bodies, brains, and nervous system:

List of Adverse Prenatal and Birth Events

- Advanced or really early maternal and paternal age
- Many births by the mother (parity)
- Maternal or paternal psychopathology (mental illness in the parent)
- Lack of antenatal care
- Viral infections during pregnancy (herpes, COVID)
- Maternal stress
- Maternal hypertension
- Pre-eclampsia
- Premature Rupture of Membranes
- Obstetric complications
- Being born in winter
- Famine or nutritional deficit
- Hypoxia at birth
- Asphyxic state
- Prematurity
- Low birth weight
- Congenital malformation
- Abdominal trauma
- Abortion attempt
- Substance abuse
- Smoking during pregnancy
- Several illness during pregnancy
- Bleeding during pregnancy
- Threatened abortion
- Amniotic fluid infection
- Twin loss
- Abnormal presentation at birth
- Breech birth
- Large baby
- C Section
- Forceps delivery
- Vacuum extraction
- Umbilical complications
- Placental issues
- Anesthesia during pregnancy or birth
- Fast labor
- Long labor
- Twin or Triplet
- Postdates
- Low Apgar Score
- Neonatal distress
- NICU stay
- Jaundice
- Neonatal brain damage
- Newborn anomalies

From Dr. Gianluca Ursini, MD, PhD
Impacts of Adverse Birth and Prenatal Events Panel, 2021

In a presentation titled *The Seeds of Mental Health May Be Planted in Early Life, but Good Gardeners Will Make the Difference*, Ursini (2021) stated, "Epigenetic plasticity creates lots of room for postnatal strategies of prevention in at-risk infants with a history of adverse prenatal and birth events, but *the sooner the better.*" Experts have firmly recommended

interventions for couples/women wanting to conceive, and for those who are pregnant, birthing, or postpartum. Every gene in the body is impacted by birth (Weinberger, 2019). Even if a genetic profile says that there might be a risk for a mental health disorder later in life, sensitive caregiving creates the possibility for change because of the brain's neuroplasticity and the effects of epigenetics. Therefore, clinical approaches that recognize how babies are having an experience in utero, during birth and after birth, together with the provision of support for parents to decrease levels of stress, depression, and anxiety are the best practices toward insuring lifelong human health. With mood disorders now being the number one leading obstetrical complication, these kinds of data are a call to action. Improving health by working with pregnant, birthing, and postpartum families is doable, and is exactly what BEBA does. BEBA practitioners have a deep, working knowledge of the baby's and child's experience. They can interpret a baby's behaviors for parents, creating opportunities for repair of relational ruptures. The BEBA Clinic practices a variety of approaches to heal birth trauma, having made it unique among family interventions for more than a quarter of a century.

Working with Babies and their Families

The Castellino Prenatal and Birth Foundation Training was developed by Ray Castellino over the last 27 years and is focused on building the skills to facilitate the resolution of prenatal and birth stress and trauma from a somatic perspective. It recognizes the way prenatal and birth imprinting affects family dynamics and trains participants to know how to work with infants and children within their family systems. In order to become a BEBA facilitator candidates have to be graduates of the Castellino Foundation Training (<http://www.castellinotraining.com>). The unique education provided delves deeply into conception, prenatal life, birth and after birth experiences from a somatic perspective. Clinical practices from BEBA and Castellino Foundation Training help families with prenatal and birth trauma, as well as bonding, attachment, and relationship issues.

Several researchers and practitioners perform clinical research, infant and pregnancy laboratory studies, and further recommend practices to ensure lifelong health when there are prenatal and/or birth trauma or attachment issues: Heidi Als, PhD (NIDCAP, 2021), who

founded the Newborn Individualized Development Care and Assessment Program (<https://nidcap.org/about-us/>), Martha Welch, MD, (2019) who directs Columbia University's Nurture Science Program (<https://nurturescienceprogram.org>), and Catherine Monk, PhD, (2020) who leads Columbia University's Perinatal Pathways Program (<https://www.perinatalpathways.org>).

Attachment, relationship dynamics and dyadic intersubjectivity researchers and specialists have greatly contributed to the understanding of babies, particularly Colwyn Trevarthen (David, 2005; Trevarthen & Aitken, 2001), Beatrice Beebe (2016), Ed Tronick (2007), T. Berry Brazelton (1992), and Daniel Stern (2000). Passionate baby researchers like Suzanne Zeedyk (2020; Zeedyk & Robertson, 2011) have created films and popular programs to educate the public, professionals, and, most especially, parents about the sentient and even prescient nature of babies.

The study of intersubjectivity was originally developed as "the interchange of thoughts and feelings, both conscious and unconscious, between two persons . . . as facilitated by empathy" (Cooper-White, 2014, p. 17). This approach is applied to parent-baby dyadic interactions and is an important cornerstone in infant research literature. Other baby practitioners have collected practices over time that contribute notably to a body of work that substantiates the baby's experience, including John Chitty (2013) and Matthew Appleton (2017).

Als (1999) is a giant in expanding the understanding of the baby's experience. Her early work decoded what babies are saying through the discernment of baby cues and communication which is based on her decades of working with babies and their families in the neonatal intensive care unit (NICU). Her illumination of the sensitivity and sentience of premature babies revolutionized NICU care in the United States. Als and professionals trained by her see babies as sensitive and participatory in the care they provide. NIDCAP recognizes that babies' communication is linked to their autonomic nervous system, their perceptions of and actual experiences in the environment, whether it be the womb, the NICU or in the arms of the parent. Als advocates watching and listening to the baby and is quoted as saying. "The baby is a partner in everything you do" (Raeburn, 2005).

Like Als, Martha Welch, MD is another pioneer who works with premature babies. Over many years of research and practice, Welch created the Nurture Science Program (NSP)

at the University of Columbia Medical Center in New York City. Working originally with premature babies, Welch and her research team created a practice that supports parents and babies to co-regulate. Her intervention is based on the autonomic nervous system of a mutually regulating dyad. Professionals trained in this method facilitate an emotional connection between the parent and baby. Parents are taught skills within what Welch and researchers called Emotion Connection and Calming Cycle, working primarily with the senses, especially the voice, the face, and the reciprocal interactions of the parent-baby dyad (Nurture Science Program, 2021a, 2021b). Emotional Connection begins during pregnancy, and promotes wellness through dyadic, autonomic, emotional, and physical connection. Welch completed randomized controlled clinical trials showing the efficacy of this method in autonomic regulation in mothers and children. The first clinical trial of Family Nurture Intervention (FNI) was conducted in the NICU of New York-Presbyterian's Morgan Stanley Children's Hospital between 2008 and 2014, with 150 preterm infants and their mothers randomly assigned to either Family Nurture Intervention or standard care. Findings showed increased brain development in premature infants, decreased attention problems, reduced risk for autism, improved caregiving behaviors, and lowered levels of anxiety and depression. The Nurture Science Intervention is validated as a tool to help families with infants and children and is effective in repairing ruptures and healing early trauma (NSP, 2021c).

Catherine Monk, PhD is also a professional at Columbia University, however, at the Irving Medical Center. She developed research that looked at the impact of stress on the developing baby in utero (Monk, 2020). Her research found that babies of stressed women were more sensitive to novelty as babies, and, therefore, they are more susceptible to psychiatric illness later in life. Monk and her research team saw that a pregnant mother's experiences influenced her baby's genetic expression as a possible pathway for risk for psychiatric disorders. Their research measures the impact of interventions during the perinatal period to improve a mother's well-being, and ultimately impact her prenat and future generations (<https://www.perinatalpathways.org>). Als, Welch and Monk are dedicated researchers who have explored the impact of parent-infant relationships in a clinical setting that are scientifically verifying many of the principles and practices of BEBA.

Matthew Appleton is a psychologist and craniosacral therapist who lives in Bristol, England. He has developed a training program called the Integrative Baby Therapy Training that supports families with babies to heal from difficult prenatal and birth experiences. His paper, *Birth Trauma: A Cultural Blind Spot*, is downloadable from his website, Conscious Embodiment (<https://conscious-embodiment.co.uk>). Appleton states:

My concern is to advocate for the babies whose voices are not heard and to draw attention to the cultural blind spot that exists around the ways in which birth and our womb experience shape our sense of who we are and the kind of world we live in. (2011, p. 1)

Originally trained by Karlton Terry, another pioneer in prenatal and perinatal psychology, Appleton developed a program that recognized the impact that birth trauma had on babies and created playful and tender ways to help babies, children, and adults heal. He writes:

It became clear to me that babies were also expressing experience through body language and crying that was obviously not related to present moment needs. In essence babies were telling me their story and although I could follow some of it there were certainly things I was missing. (2011, p. 2).

Appleton was able to clearly define and present *baby body language*, or ways that a baby will tell their story with body posture. He also differentiated different kinds of crying: a baby may cry because they have a need, or they may cry because they are having a memory of an overwhelming event in their life. His approach is to help parents listen to the baby, and to recognize the patterns in the body, gestures, and movements that the baby is showing to the parents (and the practitioner) about what happened to them (Appleton, 2017). This is also what Castellino and the staff at BEBA are trained to do.

Like Appleton and Castellino, John Chitty, RPP, RCST® developed a practice to help babies and their families heal from birth trauma. His five-part therapy included (2016):

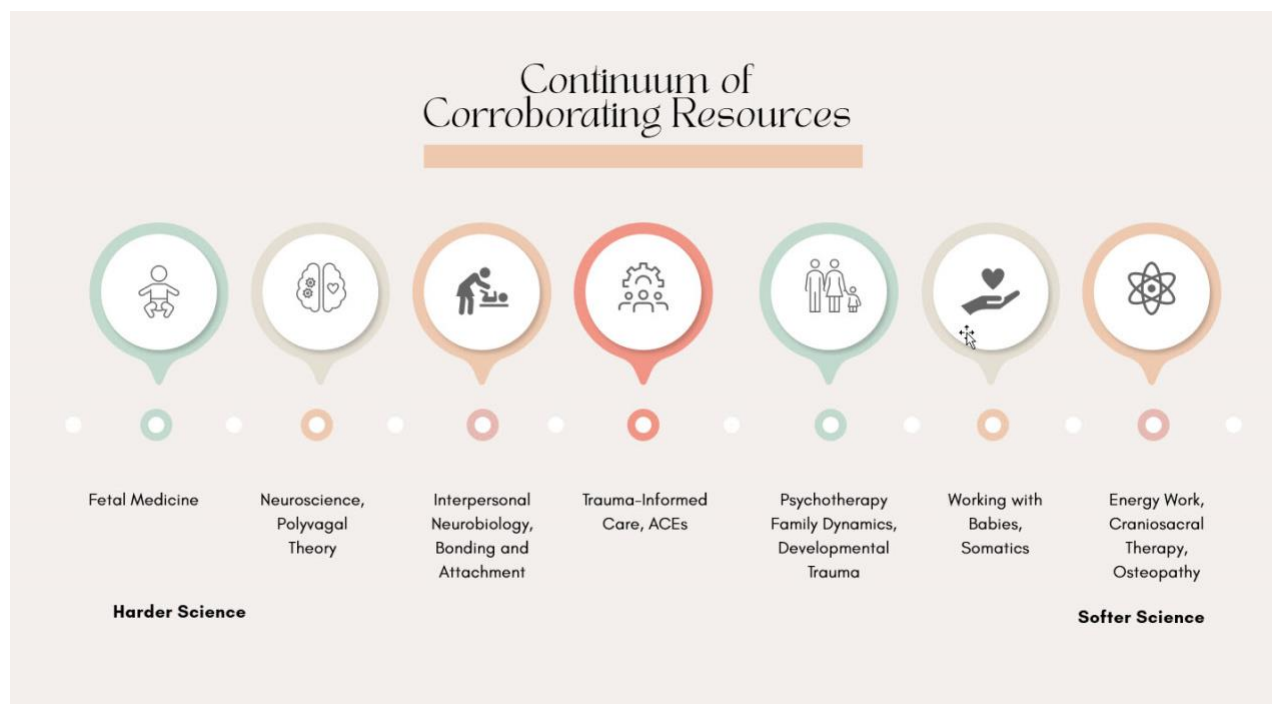
1. Recognition that the baby is a sentient being, and a deeply spiritual one, a newly arrived being from the spiritual place that all beings come from. For Chitty, babies are the royalty of humanity, and he trained practitioners to greet babies with a great deal of warmth, humor, and humility.
2. Encouragement of embodiment through craniosacral therapy.

3. Bodywork that relieved the most common areas in a baby's body that might be impacted by birth, specifically the cranial base.
4. Listening to the baby's story of early life complications or overwhelming events.
5. Helping parents to listen to the baby and each other.

Chitty trained practitioners, encouraging most of the students that came through his school, the Colorado School of Energy Studies, to work with babies because it could change the trajectory of the life of that baby and family. Chitty famously said, "As the twig is bent so grows the tree; [and] A stitch in time saves nine," (personal communication) all as sayings to mean that practitioners could make a substantial difference in human development if they could intervene with babies when the birth and early life were hard.

Energy Work: Polarity Therapy, Craniosacral Therapy, Osteopathy

The study of energy therapies, especially Polarity and Biodynamic Craniosacral Therapy, played a significant role in Castellino's development of his unique model of care. It is the most subtle resource when it comes to science, although it has centuries of practice that can be seen in Chinese and Ayurvedic medicine. When it comes to understanding the baby's story, energy medicine is on one end of a continuum, with harder sciences like fetal medicine, the study of birth trauma, and bonding and attachment on the other. Psychotherapeutic and developmental studies occupy the center section of the continuum.



Castellino trained with Dr. Randolph Stone (Stone, 1986), founder of Polarity Therapy, a holistic therapy that blended diverse concepts from chiropractic, traditional Chinese medicine, Ayurveda, yoga, reflexology, herbalism, and more (<http://digitaldrstone.org/>). Polarity Therapy tracks how energy steps down into matter through three principles (yin, yang and neutral), and five elements: ether, air, fire, water, and earth (Chitty, 2013). Stone described disease as an imbalance found in the combination of these principles and elements. Castellino integrated his knowledge of this approach with Biodynamic Craniosacral Therapy, which he studied with Franklyn Sills (1989/2002; 2011/2016; 2012/2016) who was also a student of Stone. Together with prenatal and perinatal psychology pioneer William Emerson (1983, 2002), Castellino and Sills collaborated to create an in-depth understanding of the baby's experience of birth. Sills later published this understanding in his books on Biodynamic Craniosacral Therapy (2011/2016, 2012/2016).

Castellino integrated principles of Biodynamic Craniosacral Therapy and energy studies into his work with babies, adults, and families. He expanded his understanding of the Field, or Field Theory (McTaggart, 2002/2008) and its connection to prenatal and perinatal

somatic work through another fruitful collaboration with the founders of the Colorado School of Energy Studies, Anna and John Chitty.

Franklyn Sills came to the United States from England in the 1990s to offer trainings in Biodynamic Craniosacral Therapy, a form of physical medicine created by William Garner Sutherland (1990). Sutherland developed a subtle form of Osteopathy, originally developed by its Founder A.T. Still, that documented different levels of rhythms in the body. These subtle but powerful rhythms are connected to a form inner health that Sutherland called the Intelligence, or the Health in the System. The slower rhythms, that he called Tides, are the underlying forces for Sutherland's methods. Practitioners are trained to feel the rhythms, and through a series of holds and approaches, the practitioner helps the patient/client restore health in the body and mind. Castellino and Chitty are two practitioner/teachers who instructed students to feel *the Field* or the energy of the space they were working in. Biodynamic Craniosacral Therapy also teaches about fields, especially how bodies and all living things are enveloped in interconnecting fields in life (Sills, 2011/2016, 2012/2016).

Castellino supported Sills' courses in the United States, and in Colorado met Anna and John Chitty to form a relationship that would grow and subsequently impact prenatal and perinatal somatics and the understanding of the baby's experience. Anna Chitty has taught Polarity Therapy and Biodynamic craniosacral therapy since 1981 (Chitty, 2013). She and Castellino collaborated over years to teach students to understand early formative forces in development: Principles (yin, yang, neutral); elements; the embryonic period; prenatal and perinatal impacts especially birth, bonding and attachment; and family dynamics. Chitty went on to study spiritual aspects of life with The Diamond Approach® (<https://www.diamondapproach.org>), and further integrates meaning and growth in human development into her curriculum for students. Castellino had a profound level of body empathy, or a way of feeling in his body what was happening in clients. He fostered this skill in his students. Over time, Castellino developed ways to track the energy he was feeling in the room when working with small groups, what he called Womb Surround™ Birth Process Workshops, and with families who came to the BEBA Clinic. Castellino had an exceptional understanding of how the deeper tidal rhythms felt in individuals could also be felt in families and small groups. Anna Chitty and Ray Castellino developed a series of skills to connect to the original Blueprint in people so that they could more easily integrate the

wounds of early trauma. These skills are vital for practitioners and can be taught to families as well.

Together with Anna Chitty, Castellino integrated the autonomic nervous system states into a way of tracking families, clients and groups. By observing and feeling the rhythms of health in the body, Chitty and Castellino blended Polarity Therapy, Biodynamics, and quantum physics to identify the slower rhythms as taught in Biodynamic Craniosacral Therapy. The Castellino-Chitty partnership further developed techniques to help integrate early trauma through presence, touch, relationship, observation, recognition of patterns and verbal skills.

Resources that support Castellino's *energy* approach include the HeartMath Institute which "researches heart-brain communication and its relationship to managing stress, increasing coherence and deepening our connection to self and others" (<https://www.heartmath.org>). HeartMath is known for its recognition of the wisdom of the human heart, the energy field that radiates from every heart, and the importance of maintaining or restoring coherence in disturbed heart rhythms. Energy medicine research also includes the work of Jim Oschman (2015) who proved the existence of pulsing, magnetic bio-energy fields. Finally, Rupert Sheldrake (2011, 2013) published numerous studies, articles and books explored field phenomena, and explained how humans can sense each other's field).

The resources presented in this section of the report are all laudable for their contributions to expanding the understanding of trauma experienced by children, parents, and families. Each is exemplary for fostering a shift in the paradigm of what constitutes human health and wellbeing. BEBA is proud to utilize research and treatment methods that are also being used by other respected individuals and organizations. The future looks promising as these principles and practices are shared.

Section VIII: Discussion and Recommendations

The BEBA Retrospective Study was planned in 2019 and conducted during 2020 with the guidance and supervision of Dr. Raymond Castellino and Dr. Tara Blasco. It is the illumination of the principles and practices at the BEBA Clinic, the organization that has served families for more than a quarter century, that the report is able to now share as it honors the life and work of its beloved founder and co-director Ray Castellino.

In essence, the study revealed that many individuals and families served by the Clinic were satisfied with the results they obtained. Overall, most of the participants had their intentions met for seeking the services of the Clinic; most experienced changes that enriched the quality of their relationships and parenting abilities, as well as heightened their appreciation for the inherent wisdom of their children; and most received benefits that endured for years beyond their initial sessions. Personal stories shared during interviews disclosed deeply meaningful transitions from distress and disharmony to resolved traumas, increased awareness and understanding, and improved communication skills.

It could be deduced that those who chose to complete the survey and agreed to be interviewed were predisposed to view their BEBA experiences as favorable. The few who participated in this study that disclosed dissatisfaction are acknowledged with appreciation as BEBA practices are modified and improved. What was confirmed is that the evolving nature of the services offered continued to be more effective over time. The description of the Principles and Practices included in this report provides a template for other practitioners in family healthcare to draw upon as a way to design or to augment programs of their own. Members of the public can implement practices as they read the descriptions and testimonies of their effectiveness.

It is most important at this time that practitioners who are serving children and families prevent the trauma and distress so many are experiencing. In helping those already affected, it is essential to find resources to integrate the impact of any traumatic experiences. It is vital to envision a better future for our children. Of course, a first step can be to conduct more research, which is already being carried out by many dedicated specialists and prestigious institutions.

Families can be served by the growing number of internet accessible programs as well as in-person programs being developed around the globe. Success stories, like many reported here, can be shared to enlighten and inspire others to shift the paradigm in childbirth, family care systems, and institutional policies. It is with pride and gratitude that Dr. Castellino's words expressing his recommendations for a new paradigm, what he called *The Polarity Paradigm*, are shared here:

A call for new research is made. The conclusion [for recommending a new paradigm] suggests that: 1. A global paradigm shift from technological and biochemically dominant practices to energy medicine that focuses on human understanding, compassion, contact and love is already in progress; 2. Support be given to parents to prepare for conception; 3. Support be given to pregnant parents and unborn babies to reach their full human potential during pregnancy, labor and birth; 4. Support be given to babies and families with therapy for unresolved prenatal and birth trauma shortly after birth. (1995/1996, p. 1)

Sessions conducted with families at the BEBA Clinic are devoted to coaching parents to observe their children in ways that presume their children's behaviors, emotions, movements, facial expressions, and verbalizations are all meaningful. Recognizing that a child has an inner wisdom that guides those expressions can be a profound realization for many parents. Yet, this premise initiates the paradigm shift that Castellino envisioned. His ability to envision this universal change for the better was grounded in his own personal experience of empathy. From that sense of feeling what others, especially babies and children, were feeling and acknowledging their primary wounding, that is, not being perceived for their innate wisdom, he was able to underscore the inherent blueprint in each individual. From that awareness, he was able to experience the field effects of the energy in groups. Not only was Castellino gifted in this regard, he was able to facilitate experiences for his staff at the Clinic in how to tune into these individual and collective energies, and to support students in group settings to connect energetically with each other and the blueprint of the unified field of consciousness.

The sum of the work embodied by Castellino and BEBA can be held in the understanding of the sensitive nature of prenatals, babies and children. Humans are sensing beings with energetic patterns that are expressed through physical actions, emotions, thoughts, behaviors, beliefs, relationships, and perceptions—indeed, through every aspect of life. The BEBA approach is a holistic means to help families heal that includes the baby's

experience, so that early traumatic experiences are addressed and resolved, and the potential for further trauma is significantly reduced.

In his call for a new paradigm, Castellino stated that, at the BEBA Clinic, “we endeavor to provide research that will enable babies to have treatment for unresolved prenatal and birth trauma as the norm” (1995/1996, p. 38). Further, he said:

We look forward to a time when competent prenatal and infant [and children] centered family clinics like BEBA are commonplace. It is important that this type of care be available to all families. The consequences of making this type of support the norm are far-reaching for individual growth and positive cultural change. (1997/2001, p. 35)

In conclusion, the BEBA Study researchers recommend that healing centers and clinics around the world continue to be developed. Even as we hold a higher vision for every child to be “wanted and joyously welcomed with love” (Castellino, 1995/1996, p. 1), services still need to be provided to those children and adults who need support in the resolution of trauma, the improvement of communication skills, and the enhancement of parenting knowledge and skills. Providers of these services need to have support themselves, as well as training that encompasses opportunities to explore and integrate their own birth and early life experiences. The dissemination of all the data gathered to date that substantiate the sentience of prenatals and babies needs to continue at a greater pace. The growing awareness of conscious babies and the ability to connect energetically with children, families, and all others will shift the paradigm in childbirth, family care systems, and institutional policies to one that welcomes life and creates layers of support for babies, children and family members to thrive.

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Glossary of Terms

Attachment: The physical, emotional and psychological energetics of love which bind babies to their mothers/primary caregivers in order to receive care. Bowlby defined attachment as “the behavior activated in the child to keep in close proximity to the mother and to restore if it is impaired.”

Being held: A positive side effect of the implementation of all eight BEBA Principles and the establishment of harmonic resonance and co-regulation; a felt sense of being safe. We can access the energy of this unified field of consciousness (blueprint) in the here and now.

Blueprint: The original design that is present all the time regardless of any imprints; everyone is born with a blueprint. We can access the energy of this unified field of consciousness (blueprint) in the here and now.

Bonding: The physical, emotional and psychological energetics of love which bind mothers and/or primary caregivers to their babies; what parents need to do to connect with their children.

Co-regulation: The ability to regulate or stay in rhythmic resonance with each other in a relationship that is mutually supportive.

Early Imprint: Preverbal memories that create a pattern in our psychophysiological body, which influence how we relate to ourselves and others from then on.

Family Field: The energetic field created in a family that combines the energetic field of each individual.

Field: The unseen energy that surrounds a person, place or situation.

Following the wisdom of the child: Adults intentionally connecting with and following the tempo and rhythm of the child allowing the child to show their inner knowing.

Generational Patterns/Ancestral Imprints: Patterns of being and thinking that biological and non-biological parents and ancestors have or had, which influence our current life.

Harmonic Resonance: This occurs between people when they are in rhythmic resonance with each other. It can be felt as peace, expansion, grounding or settling experienced in relationship to self and others.

Holding an Intention: Getting clear about what we want as we move toward achieving a goal.

Layers of Support: A concept developed by midwife Mary Jackson; *layers of support* recognizes that each person needs at least two layers of support in order to relax, settle and

feel safe. Every additional layer deepens the felt sense of being held, which amplifies harmonic resonance and creates space for secure attachment.

Making Space: Unstacking constricted imprinted layers, like opening an accordion on the path toward integration.

Presence/Being Present: A state of physically being in the now, in this present moment; being engaged and focused in the here and now.

Repair: The action of fixing or mending a situation that is required to return to connection after a rupture in a relationship.

Self-Regulation: The ability to manage one's own emotions, thoughts, and impulses; to be able to settle.

Sentience of Babies: The inherent wisdom of babies; the ability of babies to sense their environment, even while in the womb, and to stay connected to the blueprint. The awareness of babies' sentience encourages adults to communicate with them in a way that acknowledges their Presence and awareness during the prenatal and perinatal period.

Appendix A

The Ojai BEBA Clinic- BEBA ~ Building and Enhancing Bonding & Attachment

945 Oso Road, Ojai, CA 93023
(213) 465-9333

Date:

Dear _____ :

We trust this letter finds you and your family well. BEBA, now in its third decade, continues to offer family support in bonding and attachment, as well as healing prenatal and birth issues through its unique approach. It has always been our intention to conduct a research study to track effectiveness and share impact with the world by educating the professional and public sectors about our findings, and now our time has come! We would love you to be part of it. We are very curious to find out how you and your families are doing, how your children are doing, and if and how BEBA affected your parenting?

We know these are unprecedented times and that people are being impacted in many different ways. Thank you for considering our request.

There are several possible tiers of participation:

1. Filling out a short (5 min) anonymous questionnaire.
2. In addition to the questionnaire, participating in a video interview (approximately from 20 to 45 minutes) either in person or online describing the value you received (or not) from your sessions at BEBA. To select a time for an interview use the scheduling application Acuity: <https://bebaresearch.as.me/schedule.php>
3. If you are not interested in participating in the study, simply helping us update our database.

Our goal is to compile the information gathered from the questionnaire into a written report for publication in respected journals, as well as other potential books and manuals. With your permission, our intention for the video interviews is to produce content that can be shared with families and professionals.

To show our gratitude we are offering a number of gifts to those who choose to participate in the questionnaire and/or interview process: 2 gifts of your choice when you participate in the questionnaire and all 4 gifts when you participate by completing the questionnaire in addition to the interview.

- 1: a free copy of the report of our findings
- 2: free online access to the unique and exceptional BEBA parenting classes
- 3: a copy of Tara Blasco's booklet *How to make a difference for your baby if birth was traumatic* (hard copy or pdf)
- 4: a copy of Ray Castellino's *Two Layers of Support* video (DVD or streaming)

Our work has been pioneering the development of strategies and interventions to help families grow through all phases of development, from conception through adolescence. Your participation will help us share the BEBA philosophy with the world community.

Please fill out the questionnaire online at:

https://survey.sjc1.qualtrics.com/jfe/form/SV_82ZVRF1rhxD2Jpz

If you prefer to receive a hard copy of the questionnaire to fill in and send back, please let us know and we will mail it to you. We will also be contacting you shortly by phone to see if you would like to participate in our study and facilitate your access to the questionnaire and interview.

Thank you for participating in BEBA in the past and we trust that you will choose to contribute to this new and exciting retrospective study!

With sincere appreciation,

Ray Castellino and Tara Blasco
Co-directors BEBA clinic

BEBA contact info: email4beba@gmail.com Phone: (213) 465-9333

Appendix B

INFORMED CONSENT FORM Building & Enhancing Bonding & Attachment (BEBA)

We at the BEBA Family Clinic, are conducting a retrospective study which will assemble the reports of families that have attended the Clinic over the past 26 years. BEBA has always been on the leading edge of supporting families to heal prenatal and birth related issues while strengthening family bonds and effective parenting. Now it is time to review the support provided to hundreds of families to analyze their assessments of how their experiences at the BEBA Clinic impacted their lives and how any benefits were sustained over the years. This longitudinal research will be the amalgamation of decades of groundbreaking support work with parents and their children. It is our intention to share the results of the study in both written and visual formats to help other families and the professionals who serve them.

Co-Founder Ray Castellino and the BEBA team are dedicated to the improvement of family relationships. First and foremost, this study is intended to benefit parents and their children by means of demonstrating that there is a parenting model that proves beneficial to family connections and growth. Other family-oriented professionals may be able to strengthen their practices as they learn about the BEBA model of effective parenting and healing prenatal and birth related issues.

In accordance with customary procedures, participants are informed of the intent of a study, offered a description of the process(es) involved, and told how their interests, comfort and safety will be considered. This form is designed to both inform you and to gain your consent should you choose to take part in the interviews for the BEBA study.

To gather qualitative data, we invite you to be interviewed either in person or remotely using Zoom. Questions asked by a member of the BEBA Study team will be open ended to support ease in sharing your experience with BEBA. All observations, conclusions and comments will be welcomed.

Interviews of approximately 20 to 45 minutes in length will be video recorded and transcripts of verbal dialogue will be made. With your permission we want to edit the recordings and assemble them into a video which could be viewed by audiences in educational and therapeutic environments. The information gained would be distilled into journal articles, book chapters, manuals, or other publications that promote new and effective treatment modalities for parents and their children.

Open-ended interview questions are intended to leave you in charge of what you wish to share. You may choose *not* to answer any question you are asked and you may stop the interview at any time. You have the right to withdraw from this study at any time without penalty.

There are no known physical risks associated with participating in this research. If the interview process elicits strong concerns or feelings and you would like to talk to either a BEBA facilitator or be referred to a licensed therapist, please feel free to contact Tara Blasco at the BEBA clinic.

In honor of your participation in this study, BEBA will provide you with a free copy of your video interview and a finished copy of any video produced for distribution. We are grateful for your willingness to take part in this study.

Agreement to Participate

Having been asked by Ray Castellino and Tara Blasco co-directors of the BEBA clinic to participate in a BEBA research project, I _____ have read the procedures specified in this document. (Please print your name)

I understand the procedures used in the project and that the results of this study may bring some benefits to families with children experiencing prenatal and/or birth issues. I understand that some of the results may be published in journals and publications (printed and video) to serve families seeking solutions to disruptions in their relationships and I consent to that.

I understand that participation in this study does put me at risk of experiencing mental or emotional discomfort.

I understand that I may withdraw my participation in part or in full from this study at any time.

I understand that any notes taken by the researcher, transcripts, audio recordings, and video tapes will be kept in a secure location.

I understand that I will receive a copy of this study or video format when it is complete.

I understand that my identity will be shared visually and, potentially, in writing. I understand that I can request partial anonymity by having a pseudonym provided in written reports published in any articles, books, or other printed materials.

I also understand that I may contact Tara Blasco, BEBA Co-Director of the BEBA clinic at (805) 646-1269, with questions or queries about the project

(Please initial here)

I agree to participate in this study, which consists of participating in a video recorded interview as described above.

Name (print) _____

Address _____

Phone Number _____

I request that a pseudonym be substituted for my name in any printed publications.

Yes ___ No ___

I request that my interview be used only for research purposes but not for educational purposes so that I can keep my participation anonymous.

Yes ___ No ___

Signature _____ Date _____

Signature of Researcher _____ Date _____

Appendix C

BEBA SURVEY:

Please circle the rating that best fits your experience from the following sentences.

-1: "We feel closer together as a family as a result of coming to BEBA."

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 2: "The intentions that brought us to BEBA were fulfilled."

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 3: "Coming to BEBA helped strengthen the relationships in our family."

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 4: "Coming to BEBA improved our problem-solving capacity as a family."

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 5: "Coming to BEBA improved my capacity to listen to other members of my nuclear family".

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 6: "Coming to BEBA improved my capacity to feel connected with other members of my nuclear family."

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 7: "Coming to BEBA improved my ability to parent."

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 8: "I learned tools that I am able to use with my nuclear family."

Strongly Agree Somewhat Agree No Change Somewhat Disagree Strongly Disagree

- 9: Please rate each of the following items on a scale of 0-10 by circling the appropriate number, where 0 signifies no benefit and 10 signifies the greatest possible benefit. How much benefit did you get from coming to BEBA on the following?

- | | |
|------------------------------------------------------------------|------------------------|
| 1- Slowing down | 0 1 2 3 4 5 6 7 8 9 10 |
| 2- Increased my capacity to connect in the family | 0 1 2 3 4 5 6 7 8 9 10 |
| 3- Increased mutual support and cooperation in the family | 0 1 2 3 4 5 6 7 8 9 10 |
| 4- Improved communication in the family | 0 1 2 3 4 5 6 7 8 9 10 |
| 5- Practicing child-centered play | 0 1 2 3 4 5 6 7 8 9 10 |
| 6- Finding more layers of support for my family | 0 1 2 3 4 5 6 7 8 9 10 |
| 7- Having more frequent eye contact with my partner | 0 1 2 3 4 5 6 7 8 9 10 |
| 8- Paying more attention to self-care | 0 1 2 3 4 5 6 7 8 9 10 |
| 9- Making "I" statements | 0 1 2 3 4 5 6 7 8 9 10 |
| 10- Becoming more self-reflective | 0 1 2 3 4 5 6 7 8 9 10 |
| 11- Becoming a better listener to my partner and/or kids | 0 1 2 3 4 5 6 7 8 9 10 |
| 12- Allowing my child(ren) to have choice when possible | 0 1 2 3 4 5 6 7 8 9 10 |
| 13- Ask for permission | 0 1 2 3 4 5 6 7 8 9 10 |
| 14- Doing repair | 0 1 2 3 4 5 6 7 8 9 10 |
| 15- Holding safe and clear boundaries | 0 1 2 3 4 5 6 7 8 9 10 |
| 16- Having more connection | 0 1 2 3 4 5 6 7 8 9 10 |
| 17- Enjoying more of my family life | 0 1 2 3 4 5 6 7 8 9 10 |
| 18- Having more harmony in the family | 0 1 2 3 4 5 6 7 8 9 10 |
| 19- Improve the depth of my connection with other family members | 0 1 2 3 4 5 6 7 8 9 10 |
| 20- Improve my ability to really understand my children | 0 1 2 3 4 5 6 7 8 9 10 |

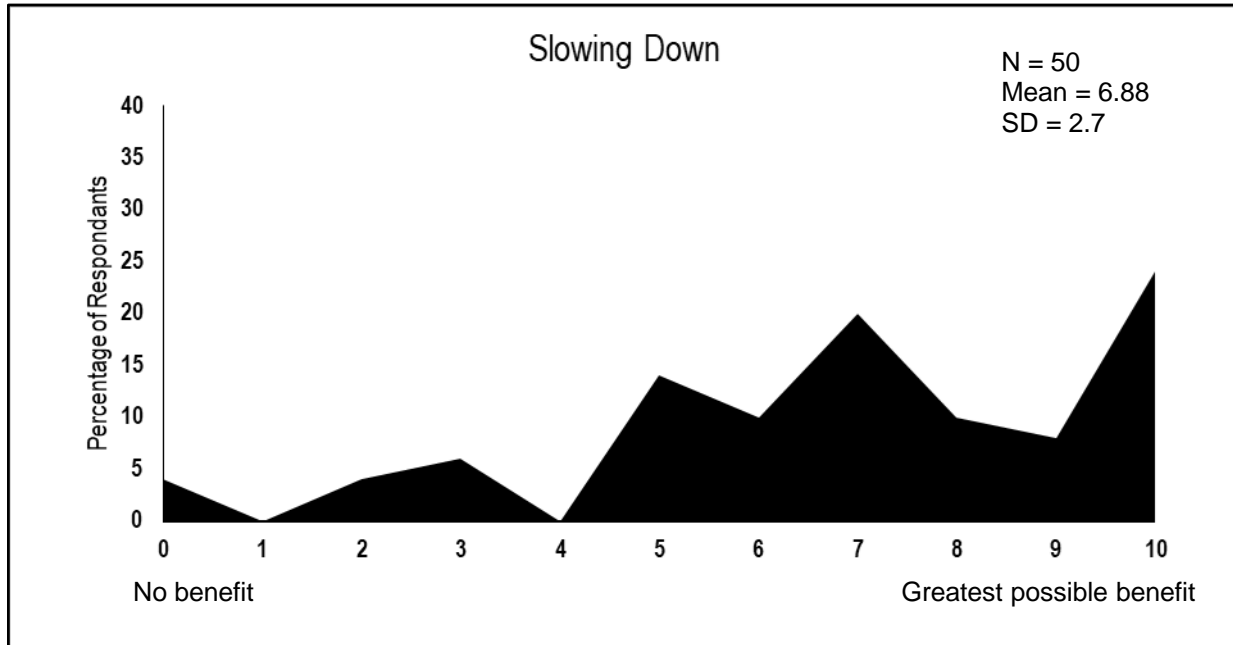
OPEN ENDED QUESTIONS:

- Is there something else you would like us to know about your unique experience as a parent/family coming to BEBA?
- Is there anything you would like to tell us about how your children are doing nowadays that has been influenced by your family experience at BEBA?

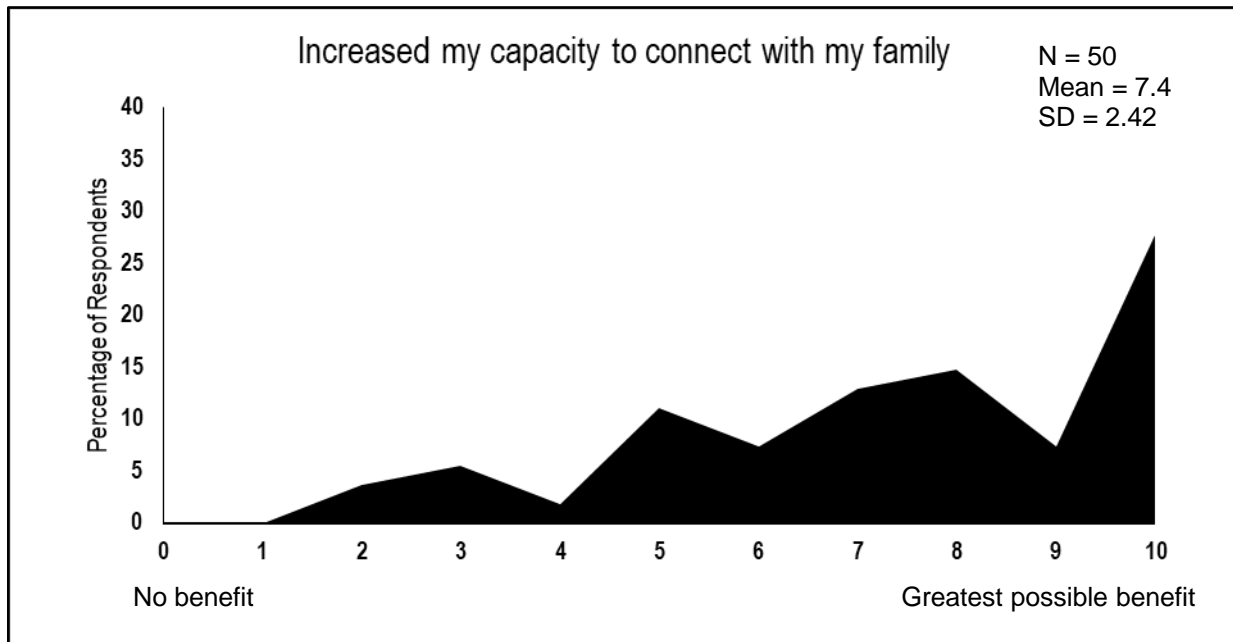
Appendix D

Graphs reflecting responses of participants to 20 questions rated on a scale of 1 – 10

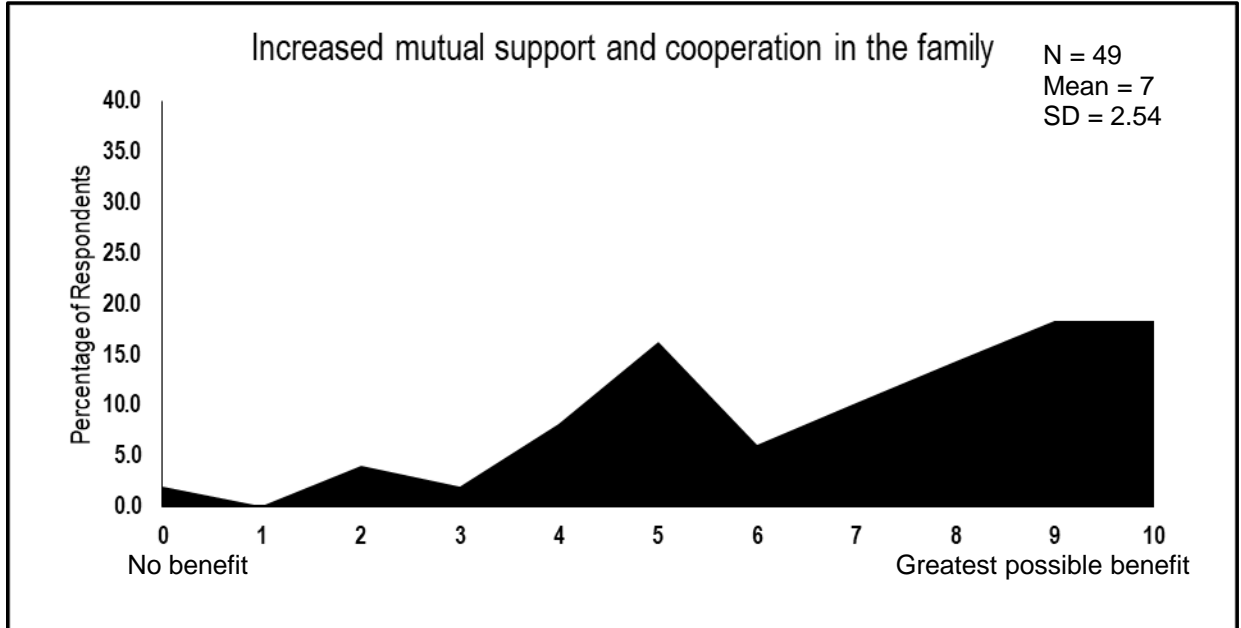
Question #1



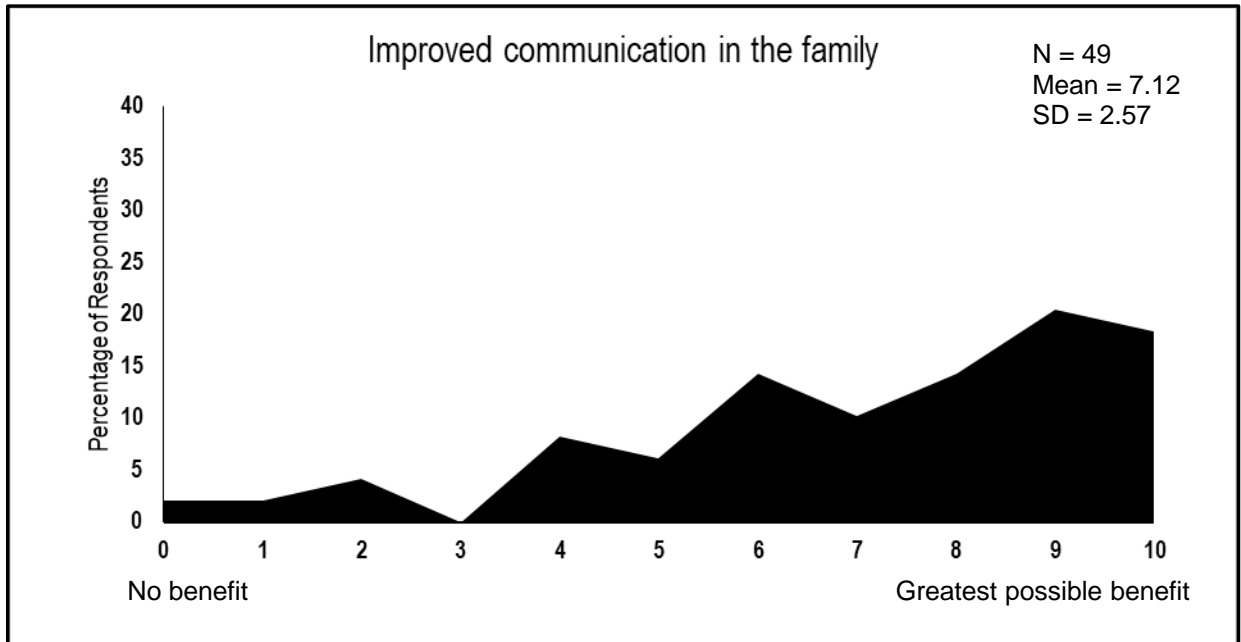
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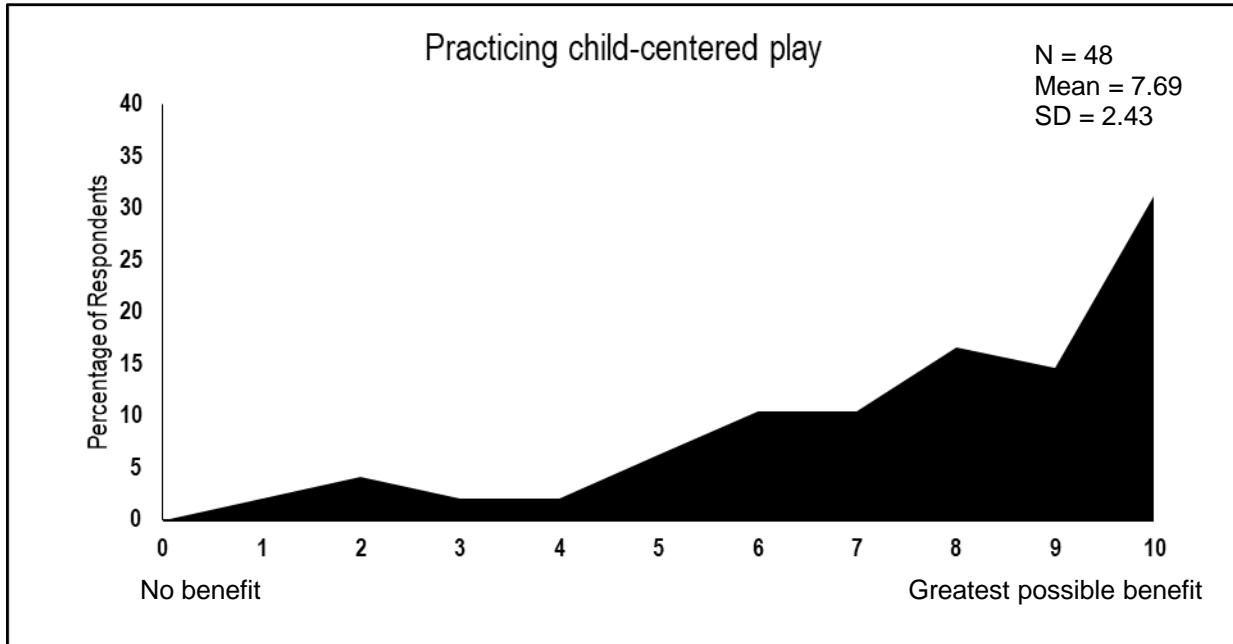
#3



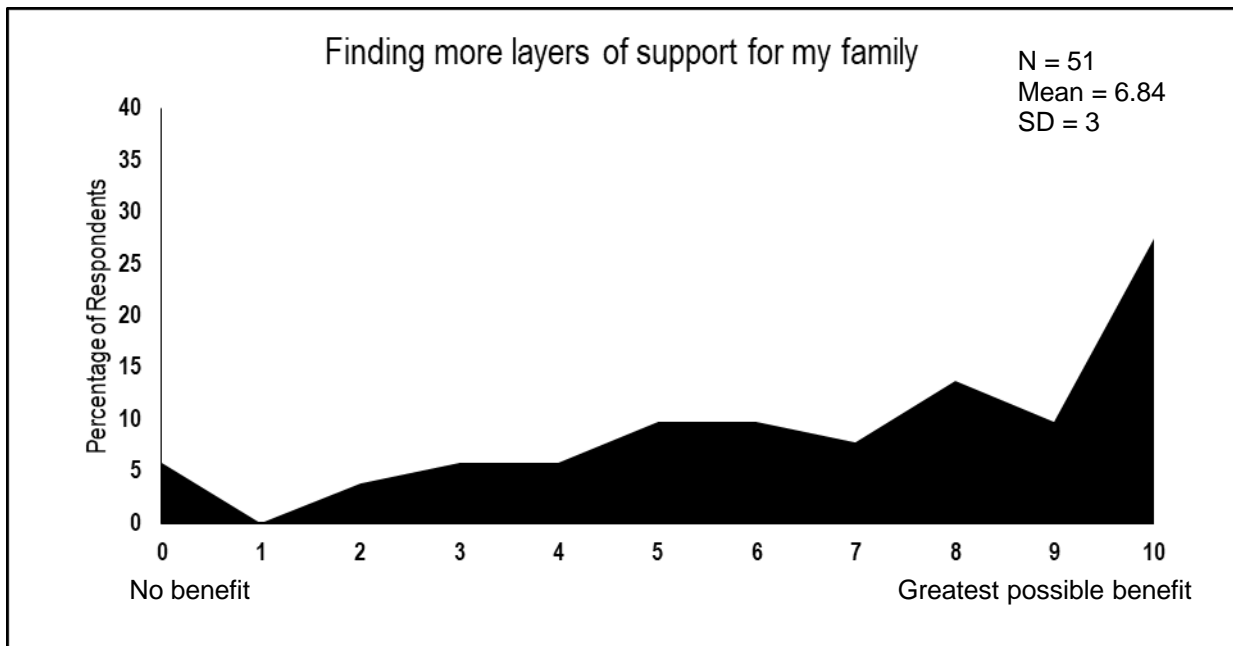
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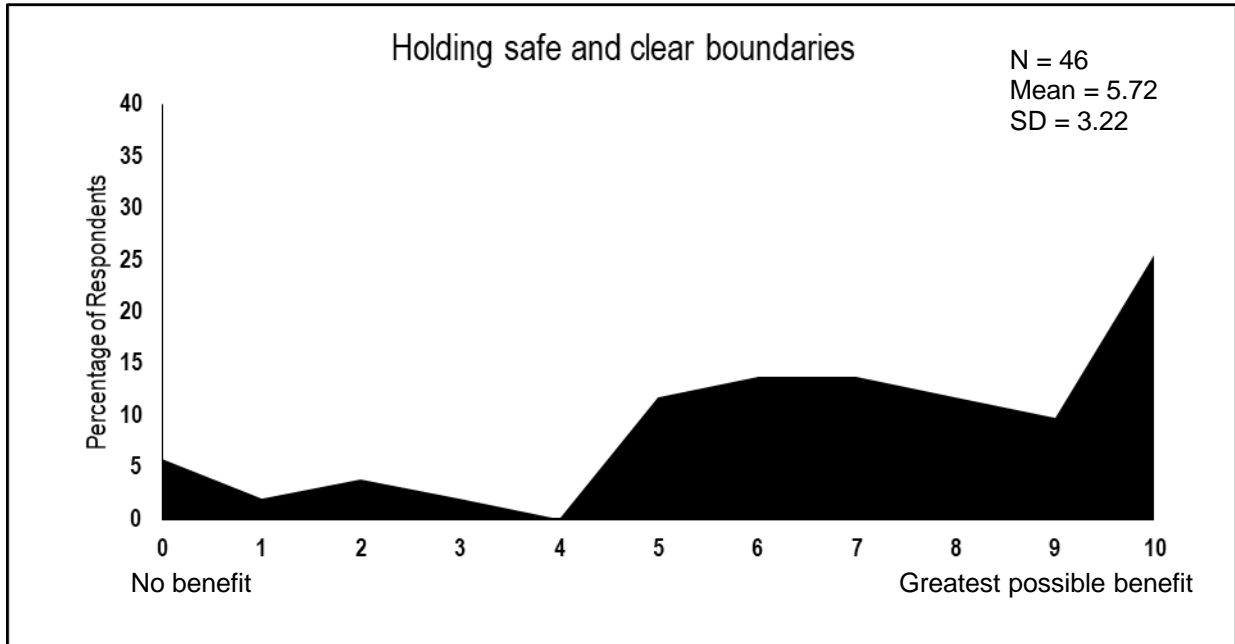
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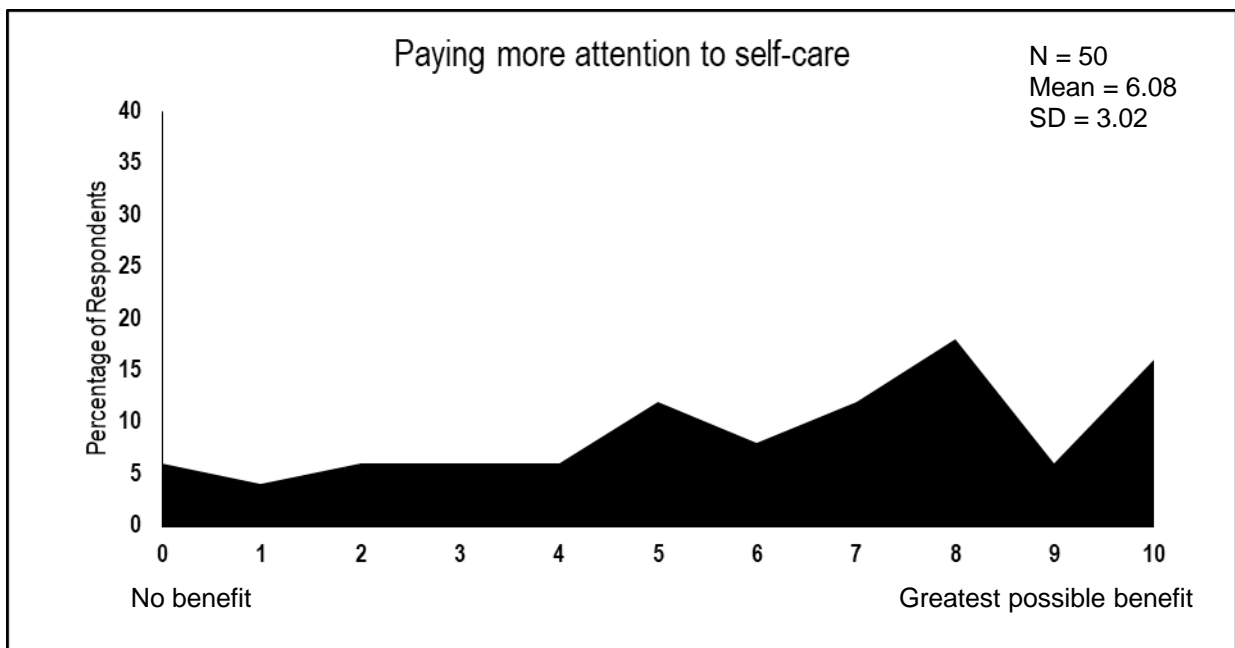
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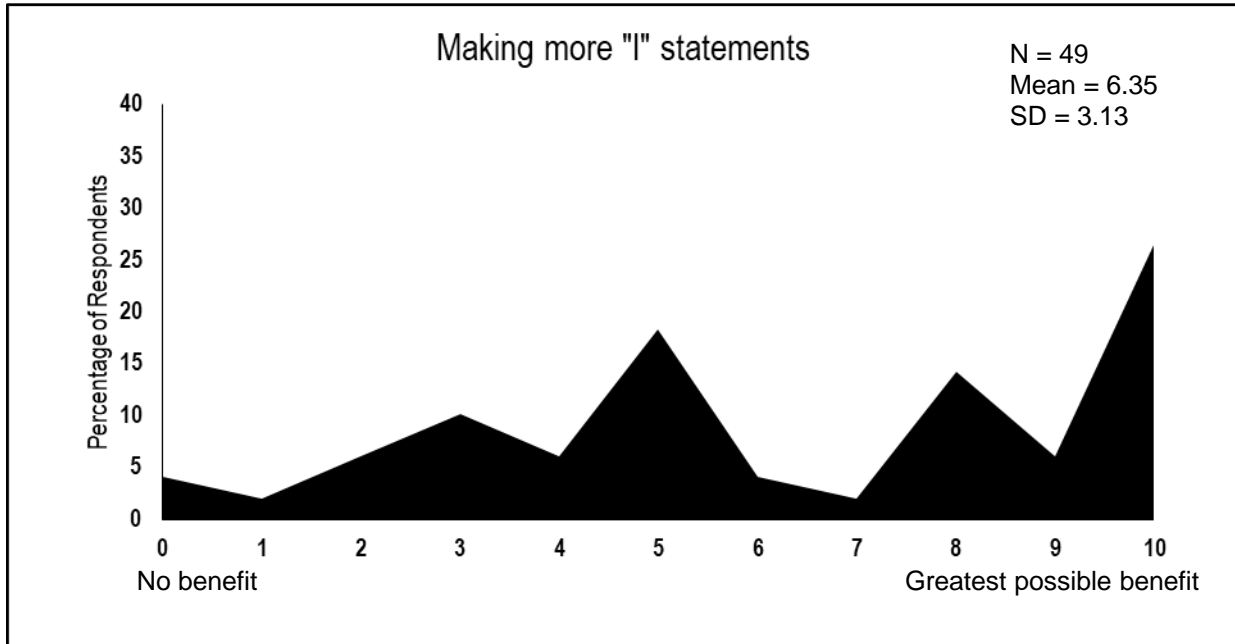
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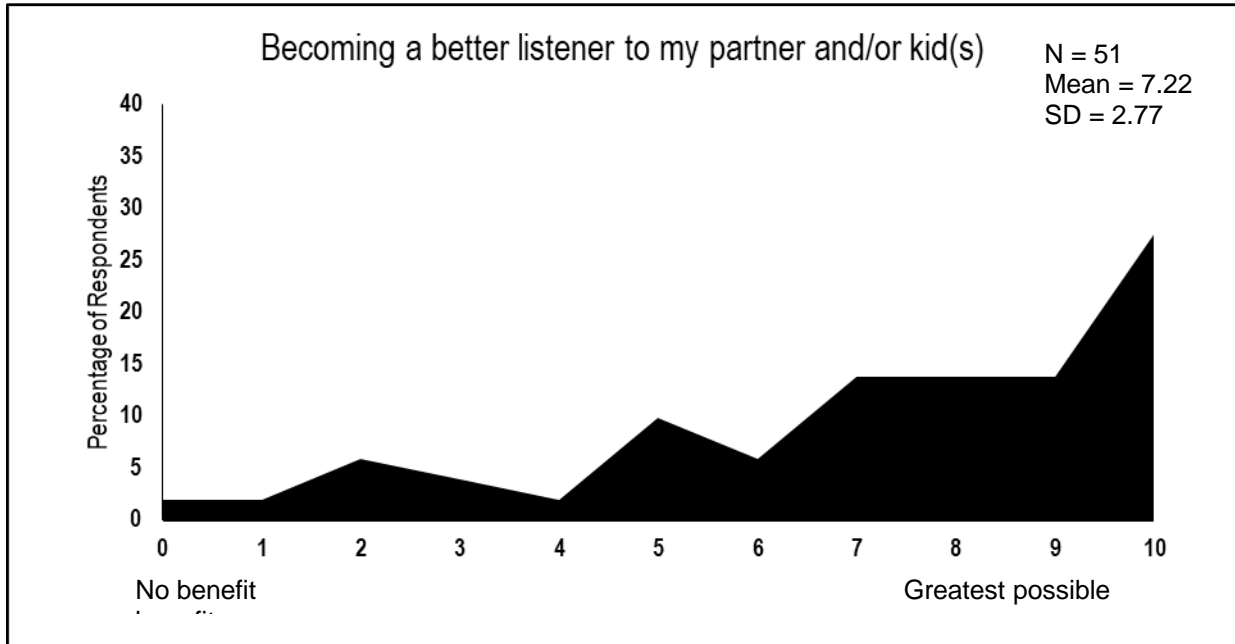
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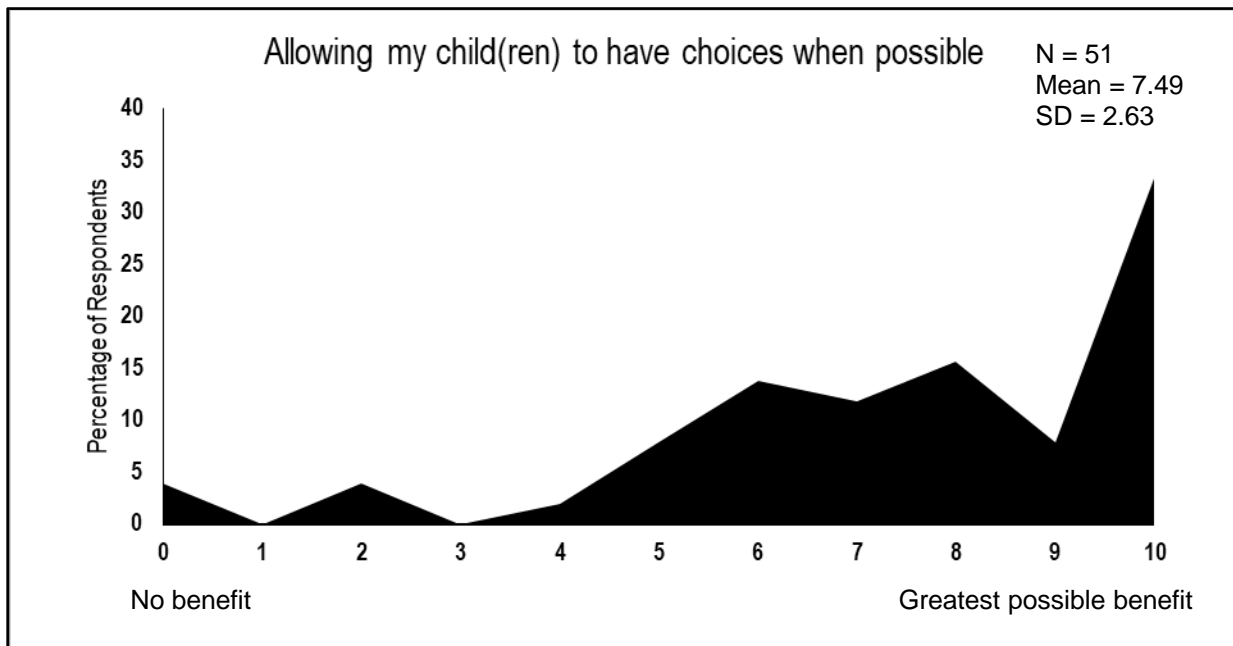
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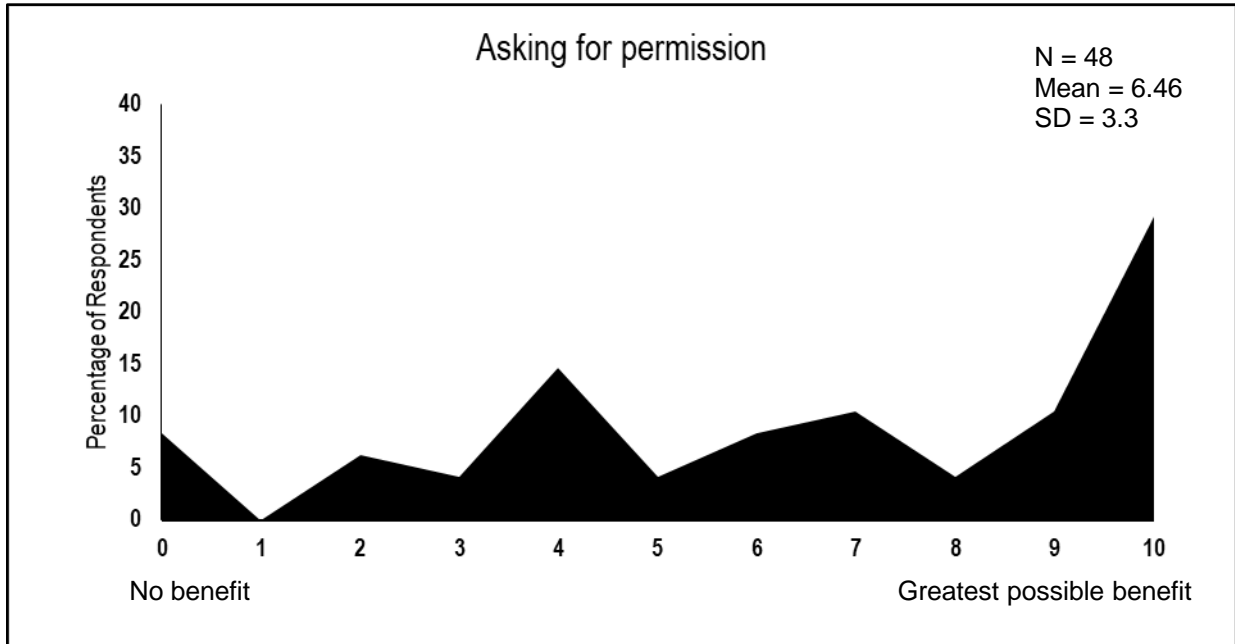
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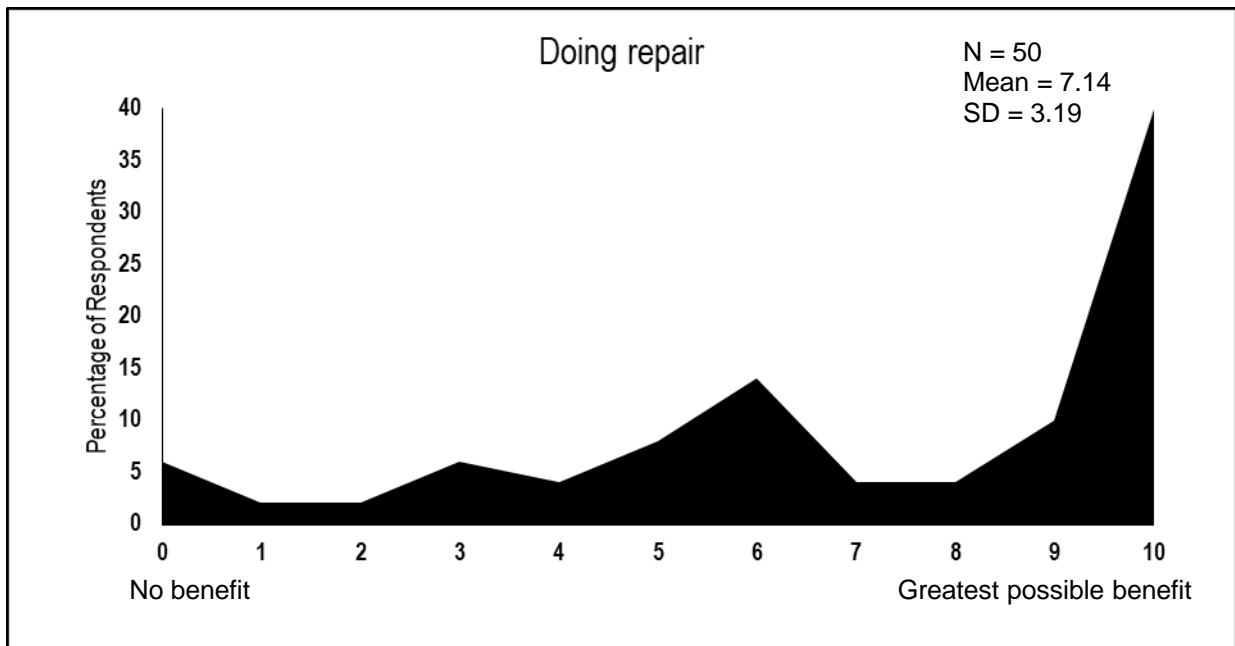
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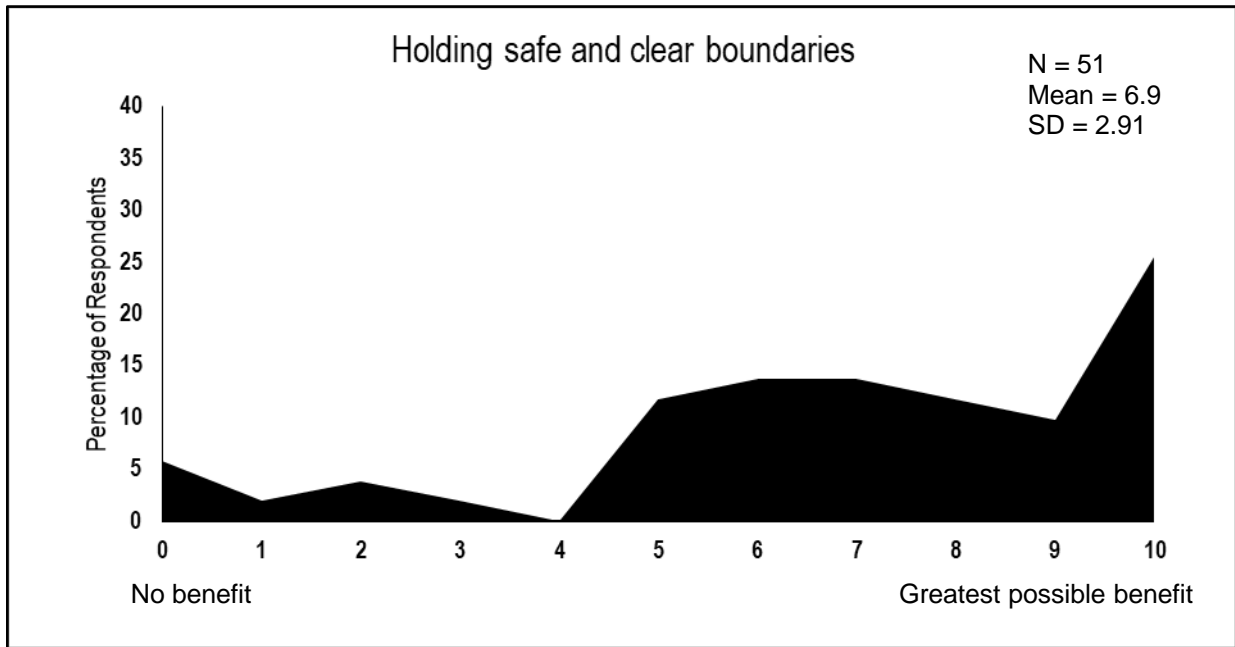
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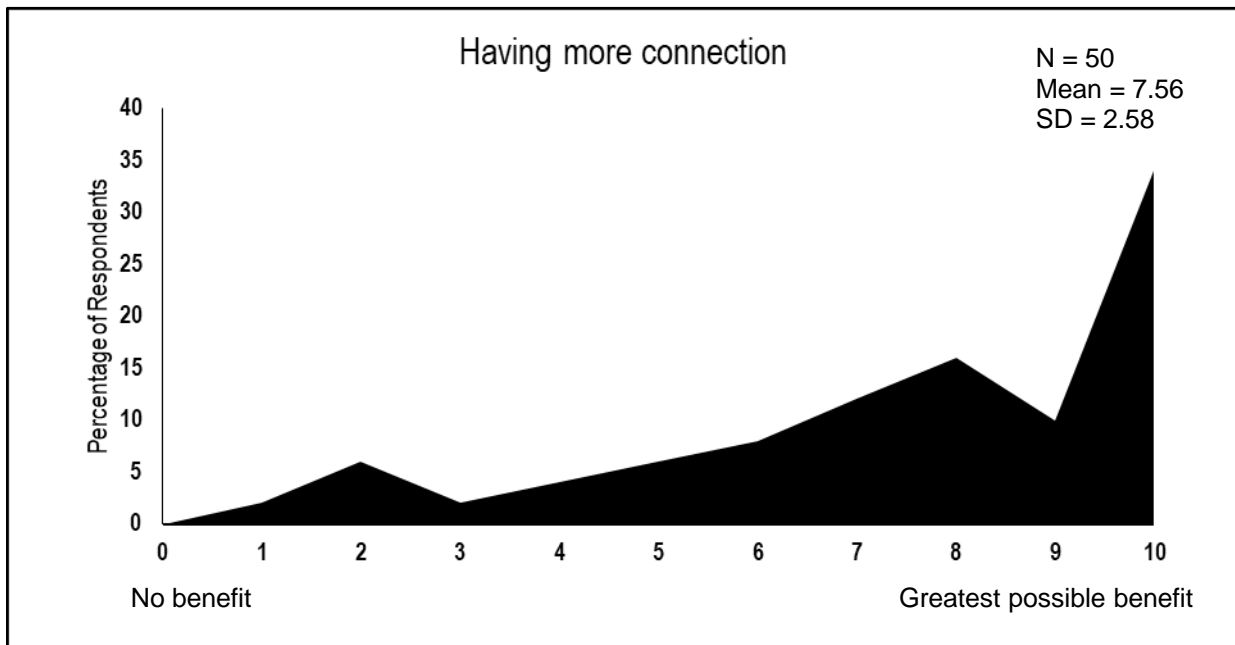
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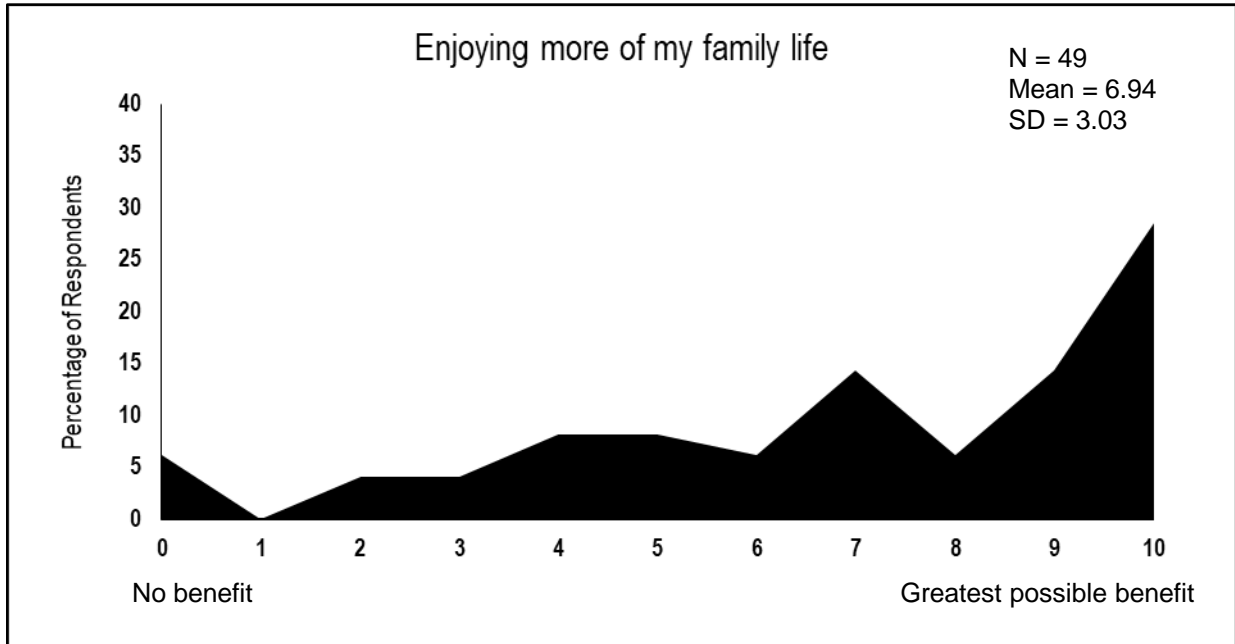
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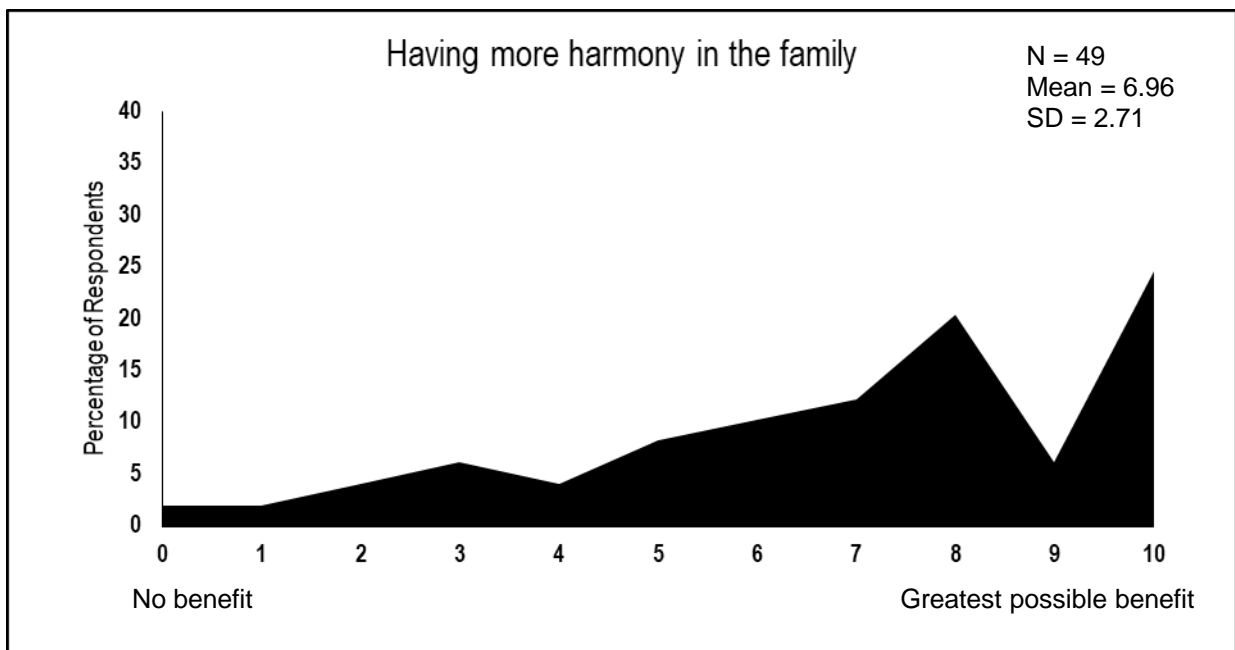
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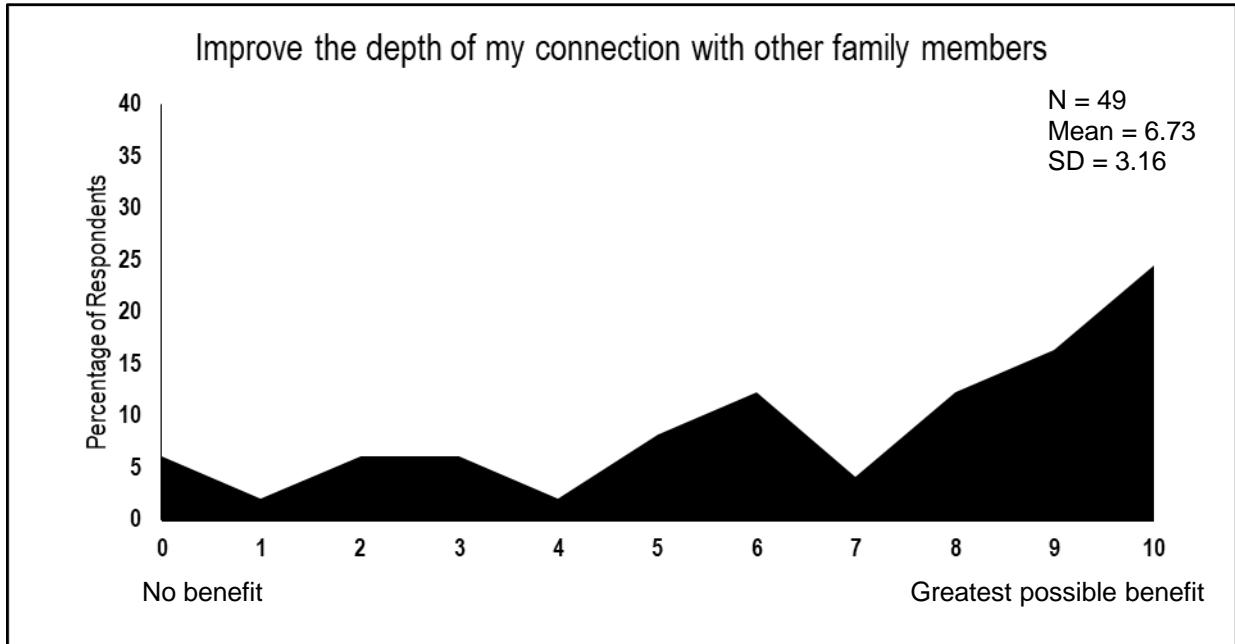
#17



#18



#19



#20

