

Interview with Ray Castellino, DC, RPP, RCST® “The Principles”

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My study of pre and perinatal psychology began 1999 when a client remembered her birth during a craniosacral session. I had just been to a conference where I met William Emerson, one of the pioneers in the field. His compelling story of remembering his premature birth and death of his twin sister was riveting. After listening to his talk, it was as if someone opened the bars to my cage and set me free. Since then, I have been insatiably seeking experiences, training, books, tapes, lectures, and articles on pre and perinatal psychology.

This search has included workshops and articles by Ray Castellino, DC, RPP, RCST®. Originally trained in music education, polarity therapy, craniosacral therapy, and chiropractic medicine, Castellino has a life-long interest in consciousness, sentience, and being. He is especially interested in how our earliest experiences shape who we become. In the late 1980s and early 1990s, he studied with William Emerson. During that time, Emerson, Castellino, and Franklyn Sills (a leader in the Biodynamic Craniosacral movement) collaborated closely and, following Emerson's lead, they explored the baby's experience in gestation and birth.

Ray Castellino and his colleagues have created trainings and the BEBA clinic, improving practice and pedagogy for therapists since 1993. To date, he has completed over 400 small group process workshops and ten full-length eight-module trainings in pre and perinatal patterns. In the early 2000s, Castellino began working with home birth midwife, Mary Jackson. Together they have created About Connections, a teamwork approach that functions not only as a guide to families preparing for birth but also as a revolutionary support of midwives and other birth-related professionals. More information is available on his website: castellinotraining.com.

Known for his pioneering work with families, adults, children, babies and small groups, Castellino has developed a unique approach to healing through the creation of a set of notions that he calls "Principles." Their development happened while he was running a clinic called BEBA (Building and Enhancing Bonding and Attachment) that he started in 1993 with Wendy Ann McCarty. Simultaneously he explored a group therapeutic experience called Womb Surround Process Workshops.

Participants in his Womb Surround Workshops often say that they have never felt so safe to explore very difficult experiences. In these workshops, seven people come together, each taking a turn to explore patterns or issues in their lives that are difficult or challenging. The facilitator weaves in experiences with the other six people who form a community around the turn person in such a way as to create safety, connection, and mutual support. Reports of the effects of these deep therapeutic experiences include freedom from painful physical and emotional patterns, ease at making difficult decisions that previously seemed impossible, a new outlook on life, and more. In the mid 1990s, Castellino created a curriculum for training professionals so they could learn to run Womb Surround Process Workshops and facilitate families with babies and young children, the Castellino Pre and Peri Natal Birth Therapy Training.

I have seen the Principles Castellino uses in action in many forms: Workshops, trainings, in small businesses, families, and in my own treatment room. Just naming them and talking about them is an intervention in itself.

When utilized properly, the Principles create a safe container that supports the discovery, repair and integration of early trauma patterns in people of all ages. According to Castellino, the Principles are operative in all truly healthy families and small groups. He consistently observes how the Principles foster cooperation, connection, and healthy nervous system regulation in individuals and within social groups. For his development of the Principles, Castellino also acknowledges the influence of Randolph Stone, who developed polarity therapy; Henry Stein, a psychologist trained in the Alfred Adler school of thought; and Peter Levine, known for his trauma resolution work. Castellino has also learned from his own children and the many babies with whom he has worked; they have all "shown and told" their stories in their own unique ways. He delights in pointing out how babies consistently express their sentience.

In this interview with Castellino, we explore the seven Principles by tracing their development and application to therapeutic work with babies, families, and groups. Castellino's process is born out of need and creative genius. Having sat in Womb Surround Workshops, at board meetings and in my own private practice and named these Principles, there is no doubt that they are powerful and support change. The Principles are:

1. Mutual Support and Cooperation
2. Choice
3. Self Regulation - the Pause
4. Self Care - Eat/Hydrate, Sleep/Rest, Elimination, Movement, Recreation
5. Brief Frequent Eye Contact
6. Touch/Attention - Coming into touch contact
7. Sacred Confidence – Confidentiality

How did you start to develop these Principles?

When I started working with babies and families in my private practice and in BEBA, my identification with and empathy for babies and children was so strong that it was challenging for me to communicate with the parents and to actually articulate our work with adults. My own counter transferences used to be so strong that after sessions with babies and their parents, it could take me an hour or two and sometimes into the next day to settle down. I quickly noted that if I continued to work that way, I could easily succumb to secondary post-traumatic stress syndrome. Working in the old bodywork and psychological models that are primarily a one-on-one or therapist and client dyad models did not work for the pre and perinatal period. Working with babies necessarily means that we work with families because babies never came to sessions by themselves. They always came with the primary people who cared for them, namely their parents.

The Womb Surround workshops provided a fast track to understanding what was happening in these sessions with babies. None of the 20 years of training before that time, including polarity therapy, craniosacral therapy, Gestalt work, cognitive and other kinds of psychological work, different kinds of bodywork trainings and chiropractic had prepared me for working within the pre and perinatal realm. These small group workshops were ideal because we could talk about the experience, integrating

the felt sense and the cognitive experiences of a time before language comes on-line in human development. I reasoned that it would probably take the same set of skills to do the Womb Surround workshops with adults as it would to work with a family.

Another influence in the development of the Principles was what I was doing with my attention. In a one-on-one dyad practice, I focused on my clients or patients individually, one at a time. As I attended to the small group of adults in the Womb Surround workshops like the babies and families in my private practice, I had to shift my attention from the individual to the energy between the people to the quality of the energy in the relationships. When I facilitated the Womb Surround workshop with a circle of adults and shifted my attention from the individual to the energy in the relationships and what was going on in the circle, I was able to see the circle of people and experience the energy of the group as a whole. In essence, I was discovering what is now referred to as a social nervous system or group resonance.

The energy in the relationships of the primary people in the baby's life profoundly affects the new zygote, embryo, and fetus. The more stress in the relationships, the more the baby has to accommodate to the stress. If the mother is engaged in, relatively at ease with her life and coherent with her own history, then the energy of her primary relationships supports the baby to grow and function optimally.

How about we go over the development of the Principles one by one?

I am going to start with the most recent principle. Since 2005 every time I begin a Womb Surround Workshop, or the beginning of every intake I do with a new family, I start with the Principle of Mutual Support and Cooperation.

Mutual support and cooperation is not a new thing. According to fundamental psychological human development, a primary measure of health in an individual is their capacity to cooperate, and that does not mean the capacity to cooperate at the expense of themselves. It is the capacity to cooperate with the full measure of their being, a win-win approach, cooperating for themselves and for the other person at the same time. It is mutual, that is why I call this Principle: *Mutual support and cooperation*. It's not someone trying to do some behaviors to get someone else to do

something or to get someone else to behave in a particular way. The principle of mutual support and cooperation means that from the core of ourselves we have a way of coming into connection that mutually respects and encourages each other's wellbeing. The way prenatates, babies, and children get that is by the adult world resonating with the prenatate's and the baby's world. This Principle's primary aspect is acknowledgement of presence: We know you are here; we receive you. It is also about tempo and rhythm.

In BEBA and in our private work with families, we found that when there is coherent cooperation, perception of sentience, and rhythmic attunement going on the family system, then we see all the Principles operating. We don't have to state these principles to those families. Unfortunately, not a lot of families show up like that.

Could you tell me how you use these Principles?

We repeat them over and over again. We have classes that we do at BEBA based on the Principles. We repeat them at the beginning every family intake. Then as these Principles start to show up and become operable, we reflect them back to the family. "Wow look at the cooperation you have got going on in the family here." The Principles themselves become a measure of their progress.

The family is a social nervous system. I like to think of it in terms of "harmonic resonance" or coherence in the family system. If there is stress in the family system, there is high likelihood for the people in that family to feel overwhelmed. If the stress is high, more people in that family are in survival. If the parents are functioning in survival, they are in "overwhelm" and that affects the children. The more in survival the parents are, the more overwhelmed the parents feel, the more the babies have to work to compensate. If you look at the polyvagal work of Stephen Porges, you can see that the more in survival the family system is, the more in the brainstem you have to work; you are dealing with dorsal vagal static and stress. Those nervous systems of the family members are more in fight, flight, or freeze.

Yes, I have seen the Principles at work.

The next Principle is the Principle of Choice. It is about the ability to track ourselves moment to moment and realize that we

have the ability to make a choice of what we are doing. If we are going too fast we realize that we don't have any choice at all. That is why tempo is so important. In relationship to prenatals and babies, it is important to note that babies are making choices and showing preference all along the way. In part we know this because when we work with adults who revisit their early life there appears to be points along the way where a being could have died or stayed. The destiny was that they stayed but there was a choice to move forward and actually live. You know that is an uncanny thing. Not that the consciousness is saying "live" but there is an internal will, and internal knowing that says "live." Not everybody has that will. Not everyone has the momentum and the impetus within them to live.

Can you say a little bit more about that?

I know for myself, there was a choice to come into the Creation. There is a myth out there that babies choose their parents. Well, in my line of work, with the thousands of people I have sat with, it seems not everybody chooses their parents. Some people know they do, but not everybody does. I was one of those beings. In my memory I did not choose the family I was born into. It felt as if I was sent to that family.

I can divide people's experiences up into categories based on the thousands of people I have facilitated in Womb Surrounds. When these people go into their memories, their conception and preconception memories, some people report that they want to come into the Creation and choose their parents, choose the family they are going into. Some people report that they don't want to come in, and they come in under duress and that they are sent. Some souls have a pre-perception of their family and they do not want to go into that family and get sent into it. If you look at karma theory, which assumes that our consciousness has been somewhere before, as it comes in, conditions have to manifest based on the soul's past experience. When the soul gets into prenatal life, there are all kinds of obstacles to overcome. For example, in the 1980's when I was studying embryology in chiropractic school, we were taught that 50% of all zygotes don't make it to implantation. The journeys of conception and birth can be treacherous. So, from that perspective, the Principle of Choice is a big thing.

In very practical terms, in the Womb Surround workshops and in the family work, if I have some brilliant suggestion that might

be therapeutic in nature, no one is obligated to take it. In relationship to the Principle of Choice, my most favorite word is NO—no matter what language you speak it in.

And in order to be able to say yes or no, it really takes having enough time for our nervous system to fire a couple of complete rounds of direction, both sensory and motor, in order to feel in our Self, in our complete being whether or not we are behind something. So, a simple thing like, may I touch your shoulder? or May I offer a suggestion? I do not assume that whomever I am working with has to say yes to these questions. My perception does not count. What counts is their right, their conception right to say yes or no whatever the reason. And so the Principle of Choice is about me discovering with them the direction that they want and need to go in.

With prenatates and infants, if we are going faster than the baby, the baby's nervous system ability to regulate is affected. In order for the baby's system to regulate, they have to go at their own tempo. If the adult is centered and relaxed in connection with the baby, in rhythm with the baby—diaper changing, feeding—that baby will be in the conversation, in the act of doing it together rather than somebody doing it to them.

And, so whatever we are doing with our babies, the babies actually have to choose to participate. And if we are in coherence and rhythm with them, in harmonic resonance with them, that choice is implicit; the baby chooses, of course I am going to do that.

How do you talk about the Principle of Choice with parents? They sometimes need to say “no” to their children.

First of all, how we give children choices is really important. One of the biggest problems that we have is that parents are giving children too many choices. Too many choices overwhelm a child. Second of all, it is the parent's job that whatever situation they are in with their children are safe. If something is not safe, it is the parent's job to make to insure there is safety. The parent intervenes. There is no choice in that. Then, sit with the child and simply let them know that it is the parent's job to keep them safe.

Prenatates have been seen with ultrasound to show fetal reactions to habits that parents have, like the use of alcohol. These reactions can be viewed as a way of showing preference or choosing. Changes in amniotic respiratory rates, the

way babies breathe amniotic fluid, if the parents use alcohol, it changes that respiratory rate in the womb. The use of ultrasound shows that babies do everything they need to do outside the womb: Eat, move their legs, practice the suck; everything they need to do to latch and suck, they use their diaphragm and intercostal muscles. In utero, their heart rate responds to toxic substances their parents ingest; they will take fewer amniotic respirations, which, when they are born, they will have weaker respiratory muscles. Prenates can show preference for higher levels of health.

Can you tell us about the Principle of Self-Regulation or the Principle of the Pause? I would love to know how you developed that. What did you see?

It wasn't anything I saw, it was what I experienced! I experienced quite a bit of difficulty growing up. I had stigmatism in my eyes so learning was challenging and I probably would have been diagnosed ADD. I had a difficult birth and was separated from my mom, and I was circumcised. Needless to say, my nervous system was pretty unregulated. So when I started doing these Womb Surrounds and started working in healthcare, first as a body-worker and later as a chiropractor, I became aware that I wasn't able to keep up with what people were saying. I couldn't put the pieces together and stay coherent in myself. This was part of the problem, I was so identified with the babies, that my system would go into "overwhelm" and recapitulate my traumatic history.

I figured out on my own that I needed to integrate my experience moment to moment. I wasn't integrating my experience and that was problematic because I wanted to be a competent professional. What I had to get over was the shame I felt by actually needing to take the time to integrate my experience.

How did that come about? Did someone help you do that?

It was the byproduct of the therapy I was in at the time, in the early 70's. It was also a byproduct of the bodywork, the polarity therapy, and the experimenting I was doing. But it didn't start to make sense until I started looking at the pre and perinatal influences.

When I started working with families, I still didn't know what do to with my counter transference. I found myself saying I need to slow down here. Not only did slowing down help me be more present with them, but they started slowing down themselves and I observed the parents and the kids change.

So, just to give a little bit of an historical context, from 1992-1993 you started doing BEBA and that is when you also started doing Womb Surrounds. Where in the line-up did the Principle of the Pause emerge?

That came in soon afterwards. I couldn't show up for work unless I was more regulated in myself, and the single most regulating factor was me taking the time to do it. My sister, Julianne Parrett, had an influence here. She is an occupational therapist. I would watch her with my son when he was young. She and I would talk about it. She has had to overcome a number of learning challenges herself, and she is a brilliant OT. I would watch her work with her own nervous system and slow down. In the mid 1970s, she lived with me when I first became a single parent. Watching her with herself and my son, I learned I had to slow down to connect.

So that started happening. When I had to articulate to parents in BEBA it resurfaced, not just in relationship to me with my son, but also in relationship to myself as a practitioner, and in relationship with the people I was working with, it is a whole different sphere. I said: "I have to 'pause.'" I used that word.

The Pause Principle is really about self-regulating. Children learn to self-regulate by the way the adult world is self-regulating, and the problem with what is going on in our culture is that we have identified the kids as the problem. It is important for the adult world to regulate themselves and come into resonance with their children and not try to make them slow down.

What about the Principle of Self Care?

Self-care is a natural outgrowth of self-regulation. In fact, self-care is part of self-regulation. Self-care really came from sitting with young mothers and pregnant moms. Grantly Dick-Reed said if you support the mother you support the baby. What does the mother need? She needs the space to eat, pee, poop, drink fluids/water, feel support. She has grown up in an era, generations prior to me and afterward, where the definition of a

mother is someone who does it all. Certainly when I was a single dad, the single most difficult belief I had to overcome was that I had to do it all by myself, and if I wasn't able to, then there was something wrong with me. Parents sit with that mistaken belief, that they have to do it all by themselves. We are supposed to self-soothe for self-regulation and we are supposed to figure it out and get it done by ourselves when we have a job that takes a village.

When all the layers of support are there for a family, the family hums. Support the mother, support the baby. Have two layers of support for the mother, and two layers of support for the baby, and make room for mom to get her needs met.

I work with mothers who don't like asking for help. Can you comment?

Where does that statement come from in the mothers? What happened to me when I asked for help when I needed it? In my history, I had an anxious mother who was trying to get me to do something different than settle into myself. And what I experienced was someone trying to get me *to do* something rather than *doing it with* me. What many parents experienced when they were little was somebody actually being unkind to them. When the child says, she needs help and the mom thinks she has to do it on her own, and the words that come out of the mother's mouth are: "Go to your room until you figure it out." That sets up a classic double bind in the child's nervous system. So, the mother says I don't like to ask for help. Well, somebody did something with her that caused her pain when she was little and asked for help, and they probably did it over and over and over again, and they probably called her names and said things to her that shamed her or punished her.

So she would conclude that she has to do it on her own.

Is there a story behind the next Principle, the Principle of Brief Frequent Eye Contact?

Yes! One day in 2001, a friend called me up when I was in England doing my foundation training there. She and her husband had adopted a little girl from China, and six months after they adopted her, the father said, "I am losing connection with my wife. I don't know where she is." They were losing relationship with each other and they were naturally giving a lot of attention to their beautiful new daughter. They asked to do a

session. So I did that. I just sat there and watched them play with for a while their daughter for a half hour. I saw a really cool mom and dad, playing with their daughter with all their attention going to their new daughter and none to each other. So then, I paused. I said, "You are perfect individually with your daughter, but you all are not referencing each other." I suggested they look at each other every 2.5 minutes. This is the long tide cycle when there is a family system. With the practitioner and client, what the osteopath's measure is 50 seconds. I suggested they do that.

If two people look at each other with mutual support and cooperation and they look into each other's eyes briefly, something happens that feels good. They mutually receive a little oxytocin surge.

In the next four years at BEBA, we started looking at families focusing brief frequent eye contact as a marker. More often than not, when moms and dads look at each other in stress they are not in a mutually supportive and cooperative state, so what transfers are catecholamines (stress hormones), not the love feelings that accompanies the hormone, oxytocin. So we started giving people that instruction.

That is how I learned that one, and as soon as I got it in the BEBA family system work, I started using brief and frequent eye contact in the Womb Surround.

Yes, I love being a part of the Surround, it makes it really unique, being with the group.

The sixth Principle is The Principle of Touch and Attention. It is a way of coming into touch contact with mindfulness where every step along the way the person receiving the touch can have a choice of whether or not they are touched and for how much. It is done at a tempo so that is integrated each step along the way. The important part is that the act of touching is coupled with what we are doing with our attention. When I break touch contact I keep my attention with them. Most people move their attention when they remove their touch. I tell the person I am going to break touch contact, as a practitioner or as a parent or as a grandparent, I keep my attention with the person; I keep my attention with the child. So, before I move my hand away I say, "I am going to move my hand away," but I keep my attention with them, and then I say, "I am going to move my attention now."

So moving my hand and moving my attention doesn't happen simultaneously. What most parents do, for example, is they are changing a diaper and the phone rings, and the baby is on the changing table. They let go of their baby and pick up their phone, the baby has a startle response. Their eyes will flare, they startle and appear to disorient. If the parent says, "Okay, I am moving my hand now," and then they say, "I am moving my attention now," what we observe is that the child often moves her attention away first. And if the child doesn't, that means that the child is not ready to.

The way this Principle came about was that after my son was born in the hospital we visited my grandmother. I watched my Grandmother Rose come over to my son who was in one of these bouncy chairs. This was 1969. And she puts her face down to his face and goes "cuchee cuchee cuchee coo" Sean turned his head away and started to cry. At which point my grandmother lifts her head and says, "I guess he doesn't like me." My heart really sank. I thought, "Oh my God, what can I do here?" I was really invested in my grandmother who took me on camping trips when I was a boy. I realized how misattuned she was. It caused me to go back and look at my own history with her and discover how misattuned she was with me and certainly her own children.

When we started doing Womb Surround workshops, in order to foster safety when someone was in a tender place, it was really apparent the turn person has to have choice every step along the way when coming into touch contact.

Also, this Principle can help when people have their new babies and children and are working with sleep issues. It is so apparent that if I am out of "phase" with how I break the contact with the baby, it startles the baby. I would like to see every grandparent, every single aunt and uncle, every single NICU nurse, anybody who has anything to do with pediatrics, use this Principle.

Please tell us about the last Principle, the Principle of Confidentiality.

There are two parts, for adults in the Womb Surround, if you want to talk about yourself, you can talk about yourself as much as you want, but if you start talking about another person, then you need to have that person's expressed permission.

In relationship to babies and children, confidentiality is broken all the time. For example, if you just go to the grocery

store and you see someone standing in line with a new baby, someone will go up to them and say, “oh wow, new baby, where were you born?” And the mom will start into the birth story and the baby will start to agitate or the baby will go into non-REM sleep really fast which appears to me to be a way for the baby to withdraw is a dissociated state.

So, it is really important to include the babies in the conversation and it is not okay to take that information and say this happened and that happened. That is a sacred story and it belongs to the baby as much as it belongs to the mom.

Many thanks, Ray, for sharing with us how you developed the Principles.