

## Supporting Babies' Wholeness in the 21st Century: An Integrated Model of Early Development

**Author:** McCarty, Wendy Anne, PhD RN

**Publication info:** Journal of Prenatal & Perinatal Psychology & Health 20. 3 (Spring 2006): 187-220.

[ProQuest document link](#)

**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: A holonomic holographic integrated model of early development is introduced reflecting clinical findings from prenatal and perinatal psychology as well as current western early development thought. The Integrated Model and discussion address: Wilber's Integral Approach, modes of empiricism, quantum physics, morphogenic fields, memory, Noetic science, fundamental sentient nature and continuity of self, transcendental and human levels of awareness, prenatal and birth therapy with babies and children, needs theory, integrated being/knowing: perception/senses, early experience and the adaptive unconscious, and the holonomic model imperative. Portions of this paper were originally published in Welcoming Consciousness: Supporting Babies' Wholeness from the Beginning of Life. KEY WORDS: Human development, consciousness, prenatal development, prenatal and perinatal psychology, infant development, imprinting, early trauma, birth trauma, primary knowing, and infant. INTRODUCTION During the recent Association for Prenatal and Perinatal Psychology and Health (APPPAH) 2005 Congress, Dr. Thomas Verny, the founder of APPPAH, called on participants to become more active advocates in order to bring more of the prenatal and perinatal psychology (PPN) findings, implications, and recommended changes into prenatal and birth practices and how we support babies during this early period. One of my areas of advocacy lies in gathering the essences of what we have learned in PPN clinical work over the last thirty years and to develop new 21st century integrated models of early development which incorporate both traditional early development knowledge and that gained through PPN clinical work. This article represents a compilation of selected portions of my plenary presentation at the 12th International APPPAH Congress, highlights extrapolated from Welcoming Consciousness: Supporting Babies' Wholeness from the Beginning of Life-An Integrated Model of Early Development, further ideas of key concepts, and personal and family stories that illustrate key points. I situate this discussion in a narrative of my own journey in this exploration and then articulate elements I believe are essential to build more accurate descriptions and models of early development. My intention is to inspire new thought and further systematic study as well as spur new levels of collaboration between traditions to evolve our early development theories, models, research, and practice. MY EVOLVING BELIEFS, CONCEPTIONS, AND PERCEPTIONS As I look back over the last twenty-five years of my clinical practice, a core theme emerges that revolves around the power of my beliefs in determining what I (a) conceive to be possible or true and (b) perceive when I observe and interact with a baby. I have come to appreciate how my beliefs profoundly shape me as a practitioner working with babies, as a researcher, and as an educator. In the following section, I share aspects of my own journey moving from a traditional western view of early development and babies into the world of PPN's perspective and return to integrate them in a new model that holds the integrity of each. Obstetrical Nurse, Infant Specialist, and Psychotherapist in 20th Century Western Traditions When I graduated from college in 1973, I worked as a nurse at the University of Kentucky Medical Center's "labor and delivery unit." I learned and participated in high-tech, high-intervention western birth methods at this teaching hospital. I thought that was "the way to deliver babies." In my next job, I headed up a team of nurses and social workers in a high-risk maternity home visitation program. In 1976, I participated in a new research NCAST project through a live-satellite learning program focusing on the new mother-infant assessments during feeding time and teaching sequences and infant states. It was a very exciting time in infant research and in intervention programs, with new research on parent-infant reciprocity and attunement and infant stimulation programs blossoming. In 1977, I returned to school and received a master's degree in Child Development and Family Studies, focusing my

studies on infant development. For my master's thesis, I carried out a longitudinal study of couples having their first babies and examined certain aspects of the transition to parenthood (Wong, 1979). I was most drawn to the counseling side of working with families and went on to get my doctorate from the University of Southern California in Counseling Psychology. My research again focused on the transition to parenthood (McCarty-Wong, 1986). My counseling orientation was primarily humanistic-existential, with five years of training in Gestalt therapy. I opened my private marriage and family therapy practice in 1986. As I established my psychotherapy practice with adults, I took a hiatus from working with families having babies. Prenatal and Perinatal Psychology In 1988, I received a flier for a conference held by the Prenatal and Perinatal Psychology Association of North America, which later became the Association of Prenatal and Perinatal Psychology and Health. I had never heard of prenatal and perinatal psychology (PPN) before that time, my previous work with birth and my therapy practice had each been separate focuses. Now there was a field that brought both together. It was intriguing, but unfamiliar sounding to me with topics such as the cellular consciousness of the sperm and the egg. I attended the conference and my rather neatly packaged understanding of the world and babies was graciously turned upside down! During the conference, Dr. William Emerson presented his groundbreaking psychotherapy work with infants that focused on healing prenatal and birth trauma. I could not even imagine what that meant before I attended the session. What is birth trauma? Psychotherapy with a three-month-old? Dr. Emerson showed a video of a treatment session he had with a young baby. The baby was portraying movement patterns and emotional expressions associated with a difficult portion of his birth. It appeared that he and the baby were having a very intimate mutual communication about it. In that moment, I experienced the baby's depth of presence, his capacity to communicate with and understand Dr. Emerson's communication with him. Dr. Emerson quietly acknowledged to the baby how similar the baby's present experience felt to a particularly difficult time in his birth, empathizing with the baby's experience. At one point the baby was in a deep and quiet stillness as he looked into Dr. Emerson's eyes and I was filled with the sense that the baby's expression was one of gratitude. His expression appeared to be conveying his appreciation of Dr. Emerson's "being with him in this place," and communicating in this way with him. I saw something in this interchange and in the baby's expression that I had never seen in babies before and it changed me. I believe I was receptive to seeing this because I was in the presence of someone who held it to be possible. Dr. Emerson not only held it as possible, but also had been unraveling for over twenty years the meaning of what babies have been expressing for so long about their prenatal and birth experiences and sentient nature. He had been treating adults with PPN-related issues for years and was inspired to work with children's PPN-oriented issues. His work subsequently progressed to working with infants to resolve their early trauma (Emerson, 1998a, 1998b, 1999, 2001a, 2001a). In a moment while watching the video, when I perceived that depth of understanding and presence in the baby and sensed a moment of communion between them, it opened something within me—a knowing or a truth, yet it also unnerved me. I was very disturbed as I realized that in all the previous years of loving and caring for babies and families I had never perceived that level of consciousness or capacity for mutual communication. The conference was a watershed experience for me and at the same time shook my fundamental beliefs and assumptions of not only babies, but of reality itself—like being told the world is round, not flat. As I sat with all of it, I realized my understandings and what I learned growing up and during my education and professional training came from what we knew of babies primarily from the outside in. At the APPPAH conference, the prenatal and perinatal perspective viewed early development from the baby's point of view—from inside out. They had been gathering clinical experience from working with adults and children about the subjective experience of the baby and linking this with observable behavioral and somatic patterns. It was revelatory and added a new dimension that expanded our understandings of early development, but also seemingly contradictory to what the predominant western view of babies was. Recently, I was in a class and had an experience that brings this point home. Dr. Rollin McCraty, the Director of Research at the HeartMath Institute and lead researcher in the extensive research on heart intelligence, gave a class at Santa Barbara

Graduate Institute that I attended. He introduced an exercise in which we were to watch a video of a basketball game with two teams, one with white shirts, the other with black shirts. The goal was to successfully count the number of times the white shirt team bounce-passed the basketball to each other. Afterwards he asked us how many bounce-passes did we see? In the class of 15-20 people, we gave responses from zero to seven! I was relieved when he said four was the correct number, for I had counted four and I valued my honed observational skills! Then he asked, "Did anyone see anything else?" One person in the room was confident that she had seen something else. Another person thought perhaps she had seen something. He asked her what she had seen? She said, "I saw a gorilla walk across the basketball court." One person out of the entire group saw the gorilla walk across the court! After this revelation, we watched the video and at that point, we all saw the gorilla. It was an effective exercise to demonstrate the notion of selective perception. Rollin had effectively oriented our attention to the basketball players and that is what we consciously focused on, allowing the other significant gorilla image be unattended to and therefore unrealized. Yet, as soon as the gorilla's presence was brought to our attention consciously, we perceived it. This simple exercise illustrates an important point in looking at our understanding of babies and early development. How we are taught to see babies, our morphogenic fields and our culture, how we are treated as babies-all of these contribute to where we place our attention, to select what we make real and what meaning we give to those perceptions. I felt like I had spent my life, my education and professional career observing the basketball game and now William Emerson and others in PPN were asking, "Did you see the gorilla walking across the court?" I turned my attention to learn all I could about the gorilla. My Prenatal and Perinatal Experiences Revisited I began training with Dr. Emerson. During each training module, we did a piece of our own early work. We were learning the PPN territory through our own direct subjective experiences as well as by what we were taught and observed in others. My first birth regression taught me that the family stories of our birth (outside-in versions) don't always match up with our own experience of birth. We had divided up into pairs to facilitate each other's work. I told my partner that mine was going to be "quick and easy" and that we'd probably be able to break for lunch early. After all, that had been the story of my birth told to me by my mother. "You were two weeks early and even though I thought I wasn't very far along, when I went to the hospital, they informed me I was ready for the delivery room. Shortly thereafter you were born-quick and easy." During the regression, as I began to go inward, I was stunned by my almost immediate visceral experience of pure terror. I found myself feeling asphyxiated and compressed. I was in an absolute panic to get out. I worked with all my might to move through and I quickly emerged. I experienced visceral memories and sensed a cold, rough hand yanking on my neck and shoulders. I felt very disoriented and groggy. Then I experienced the most existential howl of despair I could imagine. I couldn't get to my mother. They had taken me away. I kept feeling, "what a waste." I felt I had so much love to give her and she wasn't there for me to show her. My heart ached in the timeless period away from her. I remembered feeling so utterly alone and unseen. No one saw ME. It was devastating. After the experience, I kept saying over and over to myself, "I had no idea." All those years I was a nurse and I had been the one who had participated in these practices, such as immediately taking the baby to the central nursery for "processing." I never got what it was like from the baby's point of view. I never expected to experience what I re-connected with within myself. During the next five years, I experienced forty to fifty sessions of my pre-conception through infancy experiences through a variety of methods and settings: primal regression, guided imagery, hypnosis, craniosacral session, meditation, sand tray work, movement and art therapy, and through spontaneous activations during training and sessions with my clients. Underlying all of my experiences, I found I had a clear sense of myself. Often I was in the midst of a viscerally intense experience, yet I also had a witness self that was experiencing it from a much broader perspective. Depending on the type of orientation or method of work, sometimes I tended to have more somatic, visceral, and even cellular experiences, other times my awareness came from my expanded consciousness perspective. During my own work, I never experienced an interruption of my sense of self and I had an intense yearning for my parents and others to see ME and include ME. I experienced my sentient nature repeatedly. I

understood from the inside out what so many others had reported in the PPN literature. After many of my personal sessions, I would call my mom and ask her to recollect specific aspects of my birth and infancy. I found my experiences repeatedly validated by additional pieces of information she would remember. For example, in one session, I was in a sequence of extension movements, seemingly during my birth when my head was crowning. I was proactively working to be born and then felt myself lose my body energy and float into an unpleasant, groggy, disconnected fog. From that point on, things seemed more to happen to me rather than under my own volition and as I was birthed, I felt disoriented and ineffectual. Afterwards, I called my mom and she remembered they had given her "a whiff of ether at the end there." So there was an external validation of a felt sense of the ether entering my system just before birth. In these experiences I came to trust the realness, the intensity, and the depth of influence my prenatal and birth experiences had and were continuing to have in my life. I could see the correlating life patterns with every aspect of my adult life. It was compelling and it was incredibly healing to do the work. My direct experience during my own work was an integral part of building my new beliefs about babies and my ability to conceive, perceive, and empathize with the PPN patterns portrayed by people I worked with. Learning from Children and Babies I began seeing young toddlers and children in my practice in 1989, utilizing the PPN framework and what I was learning with Dr. Emerson. I set my office up with over 300-400 sand tray objects-everything that could be a symbol of eggs, sperm, tubes, embryos, fetuses, wombs, cords, placenta, in-out games, hospital scenes, babies, family life, and everyday symbols. I had props to make tunnels and caves, large and small. I held a mindset that everything they showed me had meaning and my role was to hold their stories sacred and to be with the mystery of it as it unfolded until I understood what their stories were about. I allowed myself to suspend my earlier training and beliefs about babies and young children and to be open to more of my direct experience of what they were showing me. Almost every previous belief I had was challenged by what these young children were showing me. For the first year or so, I videotaped and transcribed my sessions, recording verbal and non-verbal aspects of their communication, movement patterns, symbolic play, parent-child interactions, and sequencing in order to develop my ability to perceive what they were showing me and what interventions appeared to be effective or not. In Welcoming Consciousness, I include several clinical stories from that period that were representative of many others. I include one of those stories here. Beau was a thirteen-month-old adopted boy who showed no preference for his adoptive parents. When he was under distress, he would stop himself from coming to them and distract himself with objects. Within a short time after entering my office, Beau had picked up an object from my open shelves of 300 or more objects and dropped one to the floor. It was a plastic figurine of an actress. I had two figurines of this actress, one in a yellow evening gown and one in a black gown. He chose the one wearing the black gown. The next object was a parent bunny pushing a baby bunny in a carriage. What did these mean? I had no clue. The parents shared that the adoption had been an open adoption with the birth parents living close by the last month of pregnancy. The four parents decided to all four decorate the baby's room together and the birth couple spent time with their newborn during his first two weeks of life. At two weeks the birth parents signed the paperwork and left on the plane to return home. I asked the mother if Beau had seen photos of his birth mom. She said no, that she was saving them until he was older. I asked if she would bring them to the next session. Two weeks later, I found out what the actress doll meant. When I opened the photo book, there was a photo of Beau's birth mom. The actress doll could have been a replica of the woman in the photo it was so similar. I was stunned. The hair, the dress color, shape, collar, and even the pose she was in with her hands on her hips, was just like the birth mom's photo. Beau had picked a replica of his birth mom out of over 300 objects within minutes of entering our therapeutic space. He had chosen the replica of his birth mother from the day he last saw her, from that day when he was two weeks old. Beau portrayed many stories and patterns and taught me a great deal about prenatal and neonatal memory, traumatic imprints, and the expressions of them. For example, he repeated a particular sequence over and over again. He would ask for a doll and then throw it on the floor. When his mother would say, "I want this baby" and try to pick it up, he would become agitated, reach

for the baby and try to throw it away saying, "No, you don't want that baby." This appeared to be a belief he carried about himself and his sense of being thrown away and being unwanted based on his earlier experience. During one period, Beau would choke a baby against the wall repeatedly. Later, the birth mom confirmed that when she told the birth father she was pregnant, he was so angry, he had pushed her against the wall and choked her. Often young children showed me experiences from prenatal life, even conception. The perspective varied in the stories. In the choking incident portrayal, Beau had taken the biological father's perspective as the choker. Other times, children would act out something that happened to the mother as they identified with her. But children also portrayed their own perspective in relationship to events and parent's perspectives of events and dynamics. During those years, I had direct experience of young children's portraying and communicating PPN memories and ensuing patterns and life issues that included physical, emotional, mental, and relational components. Not only did they have memories that included a perspective from inside the womb, but also from outside the womb regardless of the time-line of brain development. Some portrayals conveyed a complex sequence of events from a perspective of outside the womb, with accompanying emotional responses to the event, beliefs formed, and adaptive strategies forged from their earliest experiences in womb and during birth and bonding. Thus for those first five years of PPN exploration, through my own experience and my direct observation and interaction with young children, I found my experiences congruent with what others had articulated from a PPN perspective. In 1993, I turned my attention to work with babies and co-founded BEBA, a non-profit research clinic to provide, develop and study PPN-oriented work with babies and their families with Dr. Ray Castellino. We began to work with families as students videotaped our sessions. We would de-brief the sessions and review the videotapes to better understand what these very young babies were showing us. Many of the constrictive patterns and communications appeared to be associated with stressful or traumatic prenatal and birth experiences. These patterns appeared to be implicit belief patterns that were holistic in nature, having somatic, energetic, emotional, mental, and relational elements. Working with the babies was situated in working with the whole family. Most often each member had some unresolved material from birth or earlier. The intricate dance between the babies' and their parents' patterns and state of being became an essential aspect of the work. During this period, I experienced more of babies' apparent abilities to comprehend complex verbal communication and enter into mutual interactions that went significantly beyond those traditionally portrayed. This level of mutual communication with babies was a hallmark of the work. During this time, I distilled principles we had learned in two booklets, *Being with Babies: What Babies are Teaching Us* (1996, 1997) for families and caretakers' benefit. Further professional discussion and four clinical examples from these years of BEBA collaboration are included in my earlier *Journal of Prenatal and Perinatal Psychology and Health* (JOPPPH) article, "The Power of Beliefs: What Babies are Teaching Us" (2002). By 1999, I had been immersed in PPN for over a decade when Dr. Marti Glenn approached me to collaborate and join a core team to open Santa Barbara Graduate Institute with the first master's and doctoral degrees in PPN. Marti and I co-authored the PPN degree programs and I became the founding chair the PPN program. It was a very exciting endeavor that brought me full circle. For three decades the field of PPN had been like a baby, growing and developing in its own womb, as it explored the baby's point of view of early experience. Now this field was being birthed into the outer world and was forming relationships with the other blossoming developments in infant psychology, neuroscience, attachment, parent-infant psychotherapy, and infant development. With these new developments, my dilemma reemerged. After allowing myself to let go of my previous notions of infant development and theory and exploring the PPN perspective for a decade, I was surfacing to reconnect with current infant theory, research, and practice. As I did so, I felt the strain of these two perspectives. In some ways our findings appear to be bringing us closer and closer together, while on the other hand, deep paradoxes and differences remain. For example, one fundamental tenet of traditional early development theory has been that the human infant's experience is merged (fused) with that of the mother and the physical environment. This perspective rests on the prevalent view of the human being as a biologically based entity and as viewed behaviorally. Babies in the

womb, at birth, and during the early weeks and months of life are seen as incapable of reflection, sense of self, meaningful understanding of language, or of conscious communication. Within this perspective, a primary developmental task of infants during the first two years of life is to develop a sense of self, separate from their environment and mother and to establish that sense of object permanence. Within this model, consciousness and a conscious sense of self is perceived to emerge out of the developing human brain over a period of months and years. Yet, from the PPN perspective developing out of the subjective experiences from the baby's point of view, gives rise to a very different perspective and view of self during life in the womb and early infancy. PPN findings suggest we are conscious, aware, communicative sentient beings from the beginning of life and clinical findings throughout the 30 years of exploration and documented extensively in this journal, portray adults and children conveying complex memories that include a continuity of Self and other from the beginning of life and before human existence. The following family story illustrates several of the PPN findings of early memory, sentience, separate sense of self, emotional response, and a newborn's unmet need's influencing responses in his present life as expressed by three-year-old Ian. After hearing a PPN talk about the consciousness babies have, Jenny decided to talk to her son about his birth and their separation after birth and why that had occurred. As she began telling him about the separation, he chimed in, "Teah, I didn't like that. I didn't think you were going to come back. I didn't know if you were going to come back." Current traditional early development models suggest the sense of constancy other is developed over the first 18 months after birth, and yet this three-year old child's comments demonstrated he had known his mother was gone, that they were separated, he expressed the emotional tones associated of missing her, AND wondered if she were coming back in the future-all as a newborn! As a side note, at the time of this conversation, Ian had been having very uncharacteristically intense "meltdowns" when his mother began leaving him at preschool, his first experience of being separated from her and left in a group situation. What were the words he would say to her in the midst of this? "But, I'll never see you again. You may never come back." After this conversation, his present separation anxiety responses dissipated without further intervention. Returning to the dilemma then of how to make sense of early development research and clinical findings from these very different understandings became a renewed focus of mine. At the core of the disparity between our current western models and the findings from PPN clinical work, appeared to be the question of our basic nature. Are we human beings who develop consciousness and sense of self as our biology supports it? Or are we sentient consciousness, having a sense of self as we enter form? Could both be true when threaded together in a new way? In 2003, with the help of a grant from the New Earth Foundation, I examined these issues in-depth, reviewing current traditional western and PPN research, clinical findings, and articulations of early development. I also threw out my net of inquiry to include the Noetic sciences, philosophy, and several aspects of the emerging new physics that explored our basic nature and the nature of reality itself. I sat with these along side my own personal PPN experiences, my direct experience with my clients and what I had gained from my colleagues and mentors from written sources and as well verbal presentations and workshops. In this process, I hoped to begin to create a more accurate and coherent narrative of early development that begins with the conception of a new human being and to open up a new level of dialogue and exploration. The expanded version of this exploration and the resulting model are articulated in the text, Welcoming Consciousness, along with a thirtypage appendix bibliography from the expanded arenas of exploration. In the following portion of this article, I want to share selected highlights that form the foundation of the Integrated Model approach. Let us begin with the broader context in which to situate the model and the spectrum of early development research and knowledge.

### MOVING TOWARD INTEGRATION: THE BROADER CONTEXT

An integrated model of early development appears in synchrony with larger movements in physics, worldviews, psychology, and health in which a general progression towards holistic, interconnected, and integrative theories and perspectives has gained considerable momentum in the past twenty years. From field, holographic, and dynamic systems theories that speak to interconnectedness, to integrative medicine and holistic healing approaches that bring bodymind-spirit together, or to the emerging

momentum in qualitative research methodologies, a collective pulse appears to be drawing us into more integrative perspectives and approaches. In psychology, the field of somatic psychology reminds us of the mind-body connection. Transpersonal psychology and Noetic sciences expand our definition and study of human nature and human abilities; and integral psychology brings our mind-body-spirit together once again. Ken Wilber's Integral Approach At the forefront of this movement is Ken Wilber, identified by some as the most comprehensive philosophical thinker of our time. Over the last twenty-five years Wilber has articulated possibly the most comprehensive science of consciousness and spectrum of human experience to date. In his book, *Integral Psychology: Consciousness, Spirit and Psychology, Therapy* (2000) and other volumes, he gathers eastern and western foundations for consciousness studies, human development models, and more, and weaves a story of a multifaceted, integrated reality and self that includes consciousness and our core spiritual nature. His Integral Approach and Model is intricate, extensive, and inclusive, providing a foundation for viewing the full spectrum of human nature, experience, and inquiry. I believe his Integral Approach provides us with an effective framework of elements and concepts to build an integrated early development model that embraces: (1) our sentient spiritual nature, (2) our prenatal and perinatal experiences, as well as (3) contemporary early developmental theories and research. In building his Integral Approach, Wilber (1998) draws on the virtually universal belief of the Great Chain of Being from the major premodern religious traditions. According to this nearly universal view, reality is a rich tapestry of interwoven levels, reaching from matter to body to mind to soul to spirit. Each senior level "envelops" or "enfolds" its junior dimensions-a series of nests within nests within nests of Being-so that everything and event in the world is interwoven with every other, and all are ultimately enveloped and enfolded by Spirit, by God, by Goddess, by Tao, by Brahman, by the Absolute Self. (p. 6) In the Great Chain each level is a holon-both a whole in and of itself as well as a part of the next level's holon. Thus, for example, the body is both its own level of reality and a part of the higher, more encompassing level, the mind. Each higher level contains all the elements of the junior level while transcending and adding something new to the previous level. What stands out here is that the physical self is embraced and encompassed by mind-self and they both are a part of soul-self and spirit-self. Soul and Spirit levels of being are seen as more primary than the physical self. In *The Marriage of Sense and Soul: Integrating Science and Religion* (1998), Wilber emphasizes that for most of human existence the Great Chain of Being was the prevalent view of reality until western civilization during the modern era with the dominance of scientific materialism virtually denied the existence of it and: In its place was a "flatland" conception of the universe as composed basically of matter (or matter/energy) and this material universe, including material bodies and material brains, could best be studied by science and science alone. Thus, in the place of the Great Chain reaching from matter to God, there was now matter, period, (p. 10) In many ways, our 20th century early development perspectives, views of understanding infants, and methods of studying infants portray this western modern worldview of scientific materialism; our focus narrowed to the physical human self. Biology became the foundation, and the levels of mind, and certainly the levels of spirit and soul, were denied or silently unattended. Even today, the vast majority of thousands of articles and texts on early infant development are devoid of any mention of consciousness or spiritual nature, or spiritual and mind planes of reality as aspects of infant experience. In his writings, Wilber takes us through the progression of the relationship of science and religion from premodern to modern and postmodern eras. He suggests that the challenge for our time is to integrate science and religion. More specifically, it is to integrate a more broadly defined science and an authentic spirituality, a spirituality that is based on direct experience, rather than religious doctrine. Wilber describes three distinct empirical modes of knowing that are associated with the levels of the Great Chain of Being. Each mode has its own unique avenue of knowledge and practice to disclose its findings. Sensory empiricism, is the mode of knowing associated with the matter and body levels-the physical levels of being. It relies on observation of monological data, e.g., examination of the brain through EEG data. Mental empiricism is the mode of knowing associated with the level of the mind and relies on internal mental-emotional-somatic experience, such as in phenomenology and

hermeneutics in which one dialogues to ascertain knowledge. Spiritual empiricism, the third avenue of knowing, is associated with the higher levels of being of soul and spirit and is gained through direct spiritual experience with the divine and is translogical, transrational, and transmental. Wilber points out that in the modern era, it was the higher levels of knowing that were collapsed into the sensory empirical, thus reducing what is real to what is known through sensory empiricism. With this collapse, the search for scientific truth was seen as only what could be verified through the senses and observation. One of Wilber's gifts is his ability to assimilate a massive amount of information and find the commonality and patterns within. After gathering thousands of works on every type of human inquiry, Wilber discovered that they could be organized elegantly into three basic perspectives of inquiry: I, We, and It. Each of these perspectives was seen to be a unique domain of inquiry and experience. \* The I perspective is from the subjective self's point of view of aesthetics. It is expressive and its domain is the beautiful. \* The We perspective speaks to the intersubjective domain of the collective interaction and social awareness with its domain, the good. \* The It perspective focuses on objective realities, realities that can be studied and known through empirical and monological means with its domain, the true.

**Table 1**  
**Wilber Integral Model Quadrants**

<b>Interior Individual</b> <b>I</b> – Subjective <i>Intentional</i> First person accounts <i>Beautiful</i>	<b>Exterior Individual</b> <b>It</b> – Objective realities <i>Behavioral</i> Third person accounts <i>Truth</i>
<b>Interior Collective</b> <b>We</b> – Collective <i>Intersubjective</i> Interpersonal meaning Mutual understanding Worldviews, Culture Morals <i>Goodness</i>	<b>External Collective</b> <b>It</b> – Objective Functional Fit <i>Interobjective</i> Third person accounts Society Systems theory web Structural/functional <i>Truth</i>

Each of these domains, Wilber suggests, has its own language, values, focus, and ways of knowing. Wilber took these spheres and created his four-quadrant Integral Model that would hold "a space" for each unique domain. This elaborate and exquisitely inclusive fourquadrant model helps us to differentiate and integrate nearly every aspect of inquiry and human experience. Various versions of it have been articulated with effective graphs and charts and woven throughout his various texts, as in *A Theory of Everything* (2000). Table 1 highlights the most basic elements of his model that help us situate the spectrum of early development findings within the four quadrants and build an integrated model of early development. Wilber's material is invigorating, taking us from the modern era's flatlands of matter into a multifaceted, multidimensional reality that re-infuses our spiritual nature and primary consciousness, reestablishes body-mind-spirit integration, and honors the interior modes of knowing via mind and spiritual empiricism as well as via exterior sensory empiricism. His model and writings contribute greatly with their ability to clarify and embrace the fuller range of early development and PPN by honoring each perspective for its unique contribution. Wilber repeatedly points out the problem that occurs when any one mode of knowing reduces truth or knowing to its own mode (1998). He also emphasizes that what is true within one mode of knowing will have correlates in the other modes, but warns of the danger that one mode should rest its validity in one of the other modes. For example, spiritual empiricism is known through the direct experience of the divine and is an interior experience. There is a great deal of research on meditative practices and states of being that speaks to the various levels and types of interior experiences of the divine. There is also a body of research that examines the monological correlates of those interior experiences that have mapped out brain wave patterns observed with the various interior meditative



experiences. Wilber cautions us not to use the sensory data to "prove" that the interior states and experiences are real or not. He suggests that we take great care to honor each distinct mode of knowing and find validity through the process of (1) creating the practice or procedure, "If you want to know about this, then do this practice," (2) have the direct experience and collect the data, and (3) share this with others who have followed the course and see if there is agreement (1998). Let's examine this issue with the following example. I might say "The experiences reported in meditation of direct experience with the divine are real BECAUSE the EEG readings show us consistent patterns when people are reporting 'XYZ.'" It is very tempting, because I believe we are culturally inclined to give more validity to the sensory mode of "proof of what is real. Using our meditation example, Wilber would suggest that although the modes of knowing would find correlates in the other domains, it is still critical to hold each uniquely verifiable within their own domain. This is a vital recommendation for viewing. In other words, the sensory data will never be able to describe or hold the nature of the internal experience from the meditative experiences. The monological EEG readings can never describe or express a person's interior direct spiritual experience during the meditative state. Because early development models have thus far been mostly based on behavioral and sensory empirical infant data and research, with little or no inclusion of the inner realms of mind, soul, and spirit, PPN clinical findings are particularly significant because they provide new insight into the interiors (and their observable correlates) of our earliest experiences at each level of the Great Chain of Being-physical, mind, soul, and spirit. (For a fuller discussion of the three modes of knowing in relationship to Dr. Graham Farrant's interview of conception consciousness, I refer you to Welcoming Consciousness.) Our Interconnected Universe During the modern era, scientific materialism became the dominant worldview and Newtonian physics came to view the world mechanistically. For the first time, the manifest physical world of matter was considered the fundamental reality. According to Newtonian physics, matter could be reduced to discrete separate units, with the whole being the sum of its parts, and best understood by objective sensory measurements. The world was viewed as an objective reality to which we were separate observers. Time and space were absolute and everything could be explained by reference to their causes and observations. Space was considered to be empty and was discounted even in mathematical calculations as inconsequential. The impact of this worldview pervaded not only physics, but also every area of inquiry including psychology, early development, and, as Larry Dossey, M.D., discusses, medicine (1999). For those of us living in the 20th century, this view has been the foundation of how we perceive and conceive what is "scientific," real and valued. However, this view of reality unraveled during the 20th century as physicists began disproving many of its basic tenets. By contrast, the new physicists began describing the universe not as a machine, but rather as a living ever-evolving organism, holographic and holonomic in nature. In an interview, quantum physicist David Bohm characterized the nature of the universe as, "the whole is present in each part, in each level of existence. The living reality, which is total and unbroken and undivided, is in everything" (Wilber, 1982, p. 192). He described existence as the universal unbroken wholeness in perpetual dynamic flux and ever-changing movement. Physicists discovered matter was not the fundamental unit with empty space surrounding it. As they broke matter into smaller and smaller units, it reached a point where it no longer possessed any dimension at all. What used to be considered empty space between matter was actually found to be an infinite sea of connected nondimensional fields of waves of energy that held an almost unfathomable magnitude of energy. The fabric of this sea is called zero-point energy (McTaggart, 2002). Bohm called this order of the universe the implicit order. The properties of this order were quite different from those explained by Newtonian principles. The implicit order, not having location or space, is non-local, non-linear, and contains infinite possibilities and energy. Its nature is hidden, unseen, unmanifested, and primary. Existence in the implicit order is enfolded. Bohm called the three-dimensional physical world of matter the explicit order and suggested that the implicit unfolds in the explicit order. In laboratory experiments, energy was seen to function as waves of energy in the implicit order, and to function as particles when observed by three-dimensional observation methods. In other words, before being observed, energy in the enfolded implicit order functioned as a wave of

infinite, unbroken, continuous energy. When observed, it would collapse into a particle in the three-dimensional explicit order, appearing in a specific time and space. When considering the whole and the interaction between the implicit and explicit order of existence, existence could be seen as a continuous unbroken dance between the implicit and explicit, the hidden All-That-Is implicit order of the universe and our manifest physical explicit order of the universe in an ever-evolving relationship of enfolding and unfolding experience. The holographic paradigm suggests our whole universe is holographic in nature, that organisms are holographic, and that our human brains function holographically as well (Talbot, 1991). In *Nature's Mind: The Quantum Hologram* (2003), Edgar Mitchell, an Apollo 14 astronaut and the founder of the Institute for Noetic Sciences, discusses holographic findings at several levels. At the quantum level (implicate order), he describes the quantum hologram as a fundamental non-local information carrier. A helpful analogy is that the quantum hologram is to matter as the mind is to the brain. Citing various sources of research, Mitchell suggests that the: The information carried by the quantum hologram encodes the complete event history of the object with respect to its three-dimensional environment. It evolves over time to provide an encoded non-local record of the "experience" of the object in the four-dimensional space/time of the object as to its journey in space/time and the quantum states visited. (section 2.1, ¶2) One of the profound implications of this is that the quantum hologram has the entire history of each object encoded in the implicate order, and therefore each human individual, including our experiences at all levels of our being. Returning to Wilber's terms, the quantum hologram then would have encoded information of our full range of sensory, mental, and spiritual levels of experiences. Mitchell believes the quantum hologram can explain Rupert Sheldrake's theory of morphogenic resonance. Schwartz and Russek (1999) describe Sheldrake's thesis as follows: Sheldrake's thesis is that objects come into being (atom, cells, organs) not only because of information inside them, such as the genetic code, but because of information and energy outside, called "fields" in physics .... He proposed that this morphic field grew with experience; meaning, each time an object came into existence, it added its form information to the overall morphic field. Hence the field was continuously evolving, accumulating information with each new thing. With continued replication, the birth of atoms, crystals, cells or organisms should be easier to occur over time .... What Sheldrake proposed was that the information was stored everywhere, equally, and this storage transcended space and time. (pp. 123-124) In *The Biology of Transcendence* (2002), Joseph Chilton Pearce discusses morphogenic fields in terms of the untapped ability of humans to access the infinite amount of information available in these non-local morphogenic fields. He gives the example of the phenomena of individuals with savant syndrome. These individuals with IQ's of about 25 experience great difficulty functioning in the world, yet are able to access certain areas of knowledge, such as mathematics, and retrieve fantastical information that is beyond what we conceive possible. It is now believed that they are accessing these morphogenic fields of information in the quantum hologram. Mitchell suggests that the evolutionary process is guided at the various levels by the non-local quantum hologram and thus the nonlocal morphogenic fields. The implication here is that the quantum hologram contains the entire history of our universe and every aspect of it and is theoretically accessible to us. In their book *The Living Energy Universe: A Fundamental Discovery that Transforms Science & Medicine* (1999), Gary Schwartz and Linda Russek lay out their theory of the "Universal Living Memory." They systematically build the case that every level of existence functions as a dynamic system, in ever-evolving feedback loops of exchanging energy and information. Schwartz and Russek explain: The universal living memory process-an expression of evolution in time-is a systemic potential in all systems of recursive/circulating A's and B's. A's and B's can even be two pendulum clocks on a wall. When set into motion, they will engage in spontaneous resonance, revising their inter-clock relationship, and emerging into a remembered synchrony of swings. The clocks will, so to speak, "self-organize" and become a two-clock, self-revised system. They will ultimately beat as one. (p. 68) Thus as A and B interact they are forming an A-B system and they "accrue integrative systemic memories," each affected not only by the other, but also by the accrued integrative systemic memories. Their book is a fascinating journey in the evolution of their premise,

which weaves findings in biology, morphogenic field theory, physics, homeopathy, transplant patient experience, after-life existence and communication, and paranormal experiences, such as remote viewing, that are congruent with their theory. They build the case that these dynamic ever-evolving circular feedback loops occur at every level of existence. In essence, they suggest everything at every level of existence is alive, remembers, and evolves, implying that memory (stored information and energy) occurs in the implicit and explicit orders, and between these two orders, and that memory is not dependent on or limited to our physical world. Mitchell describes the human brain as a quantum brain that utilizes both non-local and space/time information and argues that both are necessary for perception of three-dimensional objects. He cites Marcer and Schempp's (1997,1998) description of the brain as a "massive parallel quantum processor" with the capacity to decode the information accessed. Mitchell explains that in the holographic process, what is thought to be necessary for a three-dimensional reality to be perceived as it is and where it is through a combination of received physical and quantum information about that object and our system decodes that into a perception of the three-dimensional reality of that object. In order for us to perceive something as real in our three-dimensional world, we must be resonant with the event or object we are perceiving, we must be "in phase" (the technical term is phase-conjugate-adaptive resonance or pear). Mitchell postulates that intuitive information, what he calls intuitive perception, occurs when a perceiver is in phase with the object or entity associated with the quantum hologram. This speaks to perception at a non-local level. Mitchell references the extraordinary findings reported by Noetic science researcher, Dr. Dean Radin, in *The Conscious Universe: The Scientific Truth of Psychic Phenomena* (1997). Radin provides metaanalysis of hundreds of trials that demonstrate perception of non-local information. Remote viewing, telepathy, clairvoyance, and intuition are examples of the types of non-local perception demonstrated in which the person is receiving information. In other experiments, individuals and groups of individuals are senders of information locally. Strong evidence demonstrates our ability to influence matter, inanimate objects and machines as well as animate receivers, including other human beings, at a distance with the use of our attention and intention. An example of this type of non-local influence is intentional distant healing phenomenon. What is striking about non-local events is that by their very nature they are not dependent on or within our usual time/space constraints. Therefore, their impact does not dissipate over distance and occurs instantaneously. This makes them distinctly different from energetic interactions in which there is a thermodynamic transfer of energy that does take time and dissipates with distance. Mitchell points out that most humans do not bring non-local information to consciousness when functioning day-to-day. Although some people appear to be psychically or intuitively sensitive to this order of information, Mitchell suggests that: It takes training as provided by many of the esoteric traditions and/or certain naturally sensitive individuals to routinely perceive the non-local holographic information associated with a particular object. There is massive evidence to suggest, however, that the brain has these latter capabilities at birth. Suppression by cultural conditioning in childhood and subsequent lack of practice cause the natural ability of conscious, intuitive perceptions to atrophy. Particularly in western tradition, educational interest has been on the left-brain, rational functions rather than on the right, intuitive function. However, mystic adepts and natural psychics routinely demonstrate that non-local information is perceptible from physical objects by focusing attention, quieting the left brain and allowing intuitive perceptions to appear. The fact that with training and practice, individuals can recover, deepen and label their individual cognitive access to intuitive, non-local information demonstrates that learning is taking place with the whole brain itself and involves enhanced coherence and coordination between the hemispheres. (2003, section 2.4, ¶2) Psychic phenomena, meditative spiritual experiences, and non-ordinary states of consciousness all appear to be associated with tapping non-local time/space dimensions of our physical world. My last quote from Mitchell's article is very poignant for our discussion: ... the quantum hologram can properly be labeled as "nature's mind" and that the intuitive function we label in humans as the "sixth sense" should properly be called the "first sense." The perception of non-local information certainly preceded and helped to shape, through learning feedback, the sensory systems that evolved in planetary

environments, and which we currently label as the five normal senses. (Section 3.0, ¶4) Although I find this arena of discussion a fascinating one, for our purposes here, I have just highlighted a few points to give us some sense of how much our worldviews and scientific findings regarding the nature of our reality have changed dramatically over the last few decades—moving from a Newtonian framework into a view of our physical existence situated within the quantum hologram, a self-organizing, learning, interactive, interconnected, evolving whole; a reality in which the quantum realms of the enfolded implicit realms, outside of time and space, are an essential and primary order of our universe. In this new view, we are seen to be utilizing information from and functioning within the quantum non-local as well as within time-space three-dimensional reality. In fact, as Mitchell suggests, our non-local intuitive perception appears to be our fundamental perception. Now let us take these new ideas and return to our task of developing an integrated model of early development.

### BUILDING AN INTEGRATED MODEL OF EARLY DEVELOPMENT

Most of our 20th century early development research, models, understandings, and resulting practices, have been steeped in the scientific materialism paradigm. Even as newer models incorporating self-organization, nonlinear dynamic system approaches have become more prevalent, the vast majority of infant research and resulting theories and practices remain based on sensory empirical modes of knowing—through external behavioral, sensory, objective data and on an underlying premise that biology determines capacity and awareness. Now as we add the knowledge we have gained through the PPN lens' exploration and examination of the interior landscapes of early experience, the findings call for a broader, more inclusive model that brings together our evolving knowledge. In the following section, I want to briefly address key components of the Integrative Model I began in *Welcoming Consciousness*. Due to the brevity of this presentation, I refer you to the text for numerous PPN clinical passages and citations that illustrate and provide support for these key components. I want to acknowledge that in conceptualizing how these core pieces come together; I have been deeply influenced by Dr. David Chamberlain's work (1999a, 1999b) and Dr. Jenny Wade's theory and research (1996, 1998). For a further exploration of her holonomic theory of the evolution of consciousness, I refer you to her book, *Changes of Mind* (1998). Before beginning this discussion, I would like to make one clarifying note. I often refer to PPN's contribution of exploring the interiors of early experience. I do feel this is the heart of the field's unique perspective, yet PPN findings are not only of the interior. Utilizing Wilber's four quadrant model as reference, PPN findings contribute to our understandings of early experience and development from each of the four perspectives: the interior, exterior, intrapersonal, and interpersonal. The significance of PPN clinical findings is that they are the first to integrate the interior and exterior, the subjective experiences of the baby and the exterior correlates of behavior and patterns. PPN findings create an integrated map of our earliest experiences as well as an understanding of how these earliest experiences set in motion patterns across the life span. With that in mind, let us continue.

### The Holonomic Holographic Integrated Self

One of the most stunning and important revelations from the PPN interior reports is that our earliest experiences reveal two distinct levels of awareness and being: transcendental and human. In reviewing clinical findings throughout the PPN literature, these two levels are consistently represented. The transcendental awareness appears to function in the non-local, implicit order of reality, exists prior to incarnation, and is continuously present. This vantage point expresses the I AM, a mature sense of self, and clearly differentiates Self from the developing human body. I refer to it as the transcendental Self, the primary, non-local Self. From this non-local awareness, the transcendental Self, regardless of the body's or brain's maturation, appears to have capacity of: primary knowing and gestalt holistic awareness—a holonomic holographic ability to simultaneously comprehend the whole and relationships within the whole, while demonstrating insightfulness, ethical understanding, complexity, and maturity; mutual and intentional mind-to-mind communication, omni-extrasensory perception and knowledge, that include thoughts, emotions, intentions of others, suggesting apparent access to subconscious and unconscious levels of parents and other persons in the environment and in significant relationship to them or their parents. Referencing Mitchell's quantum holographic framework, it appears the transcendental Self accesses the non-local field of significant others,

especially the field of the parents. The transcendent voice is absent of strong emotions and portrays a witness perspective with tones of caring, compassion, and love that accompany the omni-wisdom characteristic of this perspective. Whereas the transcendental Self awareness and being appears consistent, ever present, and timeless, the human awareness begins with conception and sequentially evolves during development. The domain of the human self is within local time-space physical plane. Human awareness is oriented within the physical form and physicalemotional experience. During prenatal development, it is instinctual, non-reflective or implicit, somatic-emotional, adaptive, and at the core-relational. The human self appears to have a synergistic awareness that arises from (a) it's own experience in relationship and (b) from a fused undifferentiated experience with the mother's and the environment: somatic, energetic, electromagnetic, fluid, cellular, tissue, chemical, hormonal, and sensory, and emotional awareness and responsiveness. Communication is through energetic, chemical, electromagnetic, movement, gestures, and voice that evolve with development. The human self's experience is visceral, with strong emotions, and intricately related and responsive to mother's experience, the health of the womb environment, and the physical/emotional journey at birth. Once incarnation begins, these two distinct vantage points of the transcendental Self and human self give rise to a holonomic holographic spectrum of awareness and experience, as an evolving nonlinear dynamic self-organizing system of being, what I have called the Integrated Self. Often traumatic experiences and imprinting are seen as a disruption of the natural flow between these levels of being and awareness. The Great Chain of Being and the Integrated Self I believe the most important step to build an integrated model of early development is to reconstitute our sentient transcendental Self as our fundamental nature, with our human self as an aspect and expression of our sentient self. PPN findings of the interior experiences during our earliest development are congruent with the Great Chain of Being's holonomic relationship of Body-Mind-Soul-Spirit. Many traditions incorporate the holonomic Great Chain of Being into their models, viewing the spirit level or non-physical reality of existence as primary. Within these traditions, the involutionary process is viewed as moving away from Source and into form, a process in which consciousness is seen to precipitate from the non-physical realms of reality. One of the riches emerging from the PPN clinical findings is the window we have been given into this extraordinary spectrum of holonomic layers of experience during the prenatal and perinatal period. Our Sentient Nature and Continuity of Self As the transcendental Self, at the core of our existence, we have a fully developed sense of Self, the I AM, prior to and present from the beginning of human life. Memories of prenatal and perinatal experiences reported at all ages are imbued with a sense of self as a primary knowing, and with an innate desire and need for those around them to recognize this and relate to them as sentient beings. "They don't think I'm a person. I know I am," is a statement by a woman under hypnosis as she described her experience in the newborn nursery to Dr. David Chamberlain (1999b, p. 80). I believe this statement captures the most fundamental theme voiced in the PPN literature. In the PPN clinical reports of therapy with adults, children, and babies over the last thirty years in a variety of therapeutic approaches, we see unfortunate repercussions from the lack of recognition that the baby is sentient-omni-aware, has memory, and is profoundly affected by experiences from the beginning of life. With our narrowed biologically based models of early development and ensuing practices, we are witnessing a serious spectrum of unmet needs and traumatic experiences during the PPN period leaving a legacy of long term problems. Generation after generation, attunement, instincts, and innate knowledge of our nature and of holding the vision of the whole self from the beginning of life has been disrupted. This unnatural split became embedded in our subconscious, DNA, and collective morphogenic fields. It has been passed on and maintained through resulting childrearing practices and medical care that recapitulate and perpetuate the schism in our culture. PPN clinical reports consistently reveal harmful lifelong effects from western biologically based medical interventions during conception, prenatal care, birth, and the neonatal period when carried out without the understanding and inclusion of our sentient nature and early needs. When I look back over how I was taught in the 1970's and how I taught others to care for babies being born, what I believed to be "in the best interest of the child," I am saddened. For example, at the time, because of the imprinted experience of the separation from

my mother after birth and being taught it was the standard of obstetrical care, separating mothers and babies after birth seemed appropriate"that's how the story goes." Yet, once I re-connected with my birth experiences, worked with others, and read the PPN clinical reports, I felt I awoke up and realized how unnatural and disruptive this practice was. For me, the "modern medicine" practice of separating mothers and babies at birth exemplifies the depth of our split from our innate knowing and attunements with babies. In *The Scientification of Love*, obstetrician Michel Odent cites an ethnological review of historically and geographically diverse cultures that found: "The greater the need to develop aggression and the ability to destroy life, the more intrusive the ritual and cultural beliefs in the period around birth have become" (1999, p. 26). He writes that cultures in which the fundamental innate need for mother and baby to be uninterrupted in their intricate dance during the transition of birth was respected were found to be the same cultures that valued non-aggressive communal living and sought to live in harmony with the ecosystem. In 2003, I heard Sobonu Some, author of *Welcoming Spirit Home: Ancient African Teachings to Celebrate Children and Community* speak (1999). She described several rituals still practiced by her Dagara tribe in West Africa to prepare for and welcome the baby. Listening to her and reading her book was like entering the dreamtime; her message is poetic, nourishing, and deeply touching as it conveys her community's support of the baby's whole multidimensional self. In her tradition, communication with the pre-conceived child in spirit and throughout the pregnancy is an integral aspect of welcoming and nurturing beings as they journey from the spirit world into the physical domain. A high level of instinctual attunement between baby and mother are the norm. A shrine for the baby is kept during the pregnancy so that each community member can come to communicate with the baby, offering their assistance and welcoming them. These rituals honor and support the baby's sacred journey from the unseen into human life by receiving and preparing the infant according to the soul's communication with him or her. Learning of their ways reawakened within me more of my innate wisdom with respect to welcoming the incoming consciousness. Unfortunately, much of what we have learned in the western world about our early prenatal and perinatal experiences from the baby's point of view is how unnatural and out of attunement we have gotten. It calls us to remember. Additional Key Issues and Understandings I want to very briefly discuss five additional key issues from PPN findings to be addressed in our 21st century Integrated Model concerning: (1) the need to revise our Needs theory, (2) the holographic spectrum of communication and learning, (3) our adaptive nature and the development of our holographic selfs shape and adaptive consciousness, (4) integrating traditional early development understandings into the Integrated Model, and (5) an expanded view of what has been called the "model imperative" in the early development literature. 21st Century Needs Theory. Our 21st century Integrated Model begins then with the premise that we have a conscious, sentient, I AM transcendental consciousness, the Self-1, with a fully mature primary knowing of Self. When we view the self as a holonomic holographic Integrated Self, we appreciate that the whole is more than the sum of the parts, the whole organizes the parts, and that the higher level of the transcendental Self holds a higher level of organization, complexity, and function than the human physical level. Human development is embraced and guided by the more encompassing non-local Self. In light of the PPN findings, new Needs theory that reflect the full holonomic holographic Integrated Self's range of needs are called for. This is a very significant topic and deserves much more attention than mentioned here. Suffice to say, many of the needs we have considered essential for healthy development during infancy and childhood are needs we have from the beginning of life. PPN findings have consistently revealed that we want to be: loved, valued, wanted, welcomed, safe, seen, heard, accepted for who we are, included, and communicated with as the sentient being-sensitive human being we are. I also believe the findings indicate that we have an innate need for the aesthetics of truth, beauty, balance, and "light" from the beginning of life. We thrive in coherent healthy states of well-being. We also thrive in genuine healthy contingent mutuality, and in love, joy, caring, freedom, appreciation, and in an environment in which we instinctually can express more of who we are. We adapt to cope in conflict, domination, objectification, exclusion, violence, shame, deceit, depression, incoherence, toxicity, emptiness, and in not being met as conscious beings.

Integrated Being and Knowing: Perceptions and Senses. From conception on, while in the womb, during birth and bonding, and during infancy, we perceive, function, communicate, learn, and have memory on three levels: the non-local consciousness, the energetic, and the local physical level. The non-local level is primary and instantaneous. The energetic and the energetic-emotional heart connection appear to be central to the communication between the three levels. Energetic communication occurs faster than communication at the physical level (McCraty, Trevor, and Tomasino, 2005; McCraty, Atkinson, and Bradley, 2004; Hunt, 1995). I would like to consider perception and senses in light of our holonomic holographic Integrated Model. I agree with Mitchell's suggestion that intuitive perception, or what some call primary knowing, is our primary "first sense." If we apply our holonomic model, intuitive perception is the perception of information at the quantum level, involving the highest levels of integration, selforganization, and complexity of the holonomic Great Chain of Being. Thus, when we are accessing and in alignment with primary knowing, we are functioning at those higher levels. We are tapping the domain of our transcendental awareness. This is such a fascinating territory to explore. PPN memories clearly indicate we access and function at this level, that level of omniknowing and evaluation. Yet, could this non-local primary level of knowing relate to what many have called innate intelligence-believed to be guiding our being at every level, following the holographic principle, "the whole is present in every part?" Lipton (2005) discovered that cells "know" whether the environment is safe or not. Applied kinesiology uses the principle that testing the strength or weakness of a person's muscle can be done in order to discovery if something is true or not. The system would test strong if the statement being tested is true, or weak if it is false. The strong-weak test is also used to assess if something enhances the person's well-being or diminishes it. These examples could be said then to be primary knowing at various levels of being. Babies and children often demonstrate their primary knowing when accessing PPN experiences, such as in the examples I gave of Beau and Ian. We are familiar with the primary knowing of our emotions, such as love. How do we know, we are asked? "We just know," a characteristic response to a primary knowing. One of the principles I first wrote about in *Being with Babies*, and is a principle I incorporate into every aspect of my work and teaching, is that genuine authentic truth helps us orient in our being, in our Integrated Self. I have experienced this hundreds of times in my practice. When we create an atmosphere of caring, compassion, and sensitivity, and we recognize, acknowledge and share something that occurred, it can be a profoundly healing moment. During the 20th century when the predominant notion of babies excluded the possibility of meaningful memory, feelings, and responses to early PPN events or dynamics, most difficult or traumatic things were never discussed or acknowledged at the time or even later in life. The repercussions of this commonly become what the person's system is searching for in practice PPN therapy. When the truth is found and dealt with, the healing begins. There is much more to be said about this subject. For now, I would suggest that our innate intelligence is primary knowing informing every level of being and that it originates within the quantum implicit order. At the physical level of awareness, awareness is traditionally thought of in terms of our five senses. A sixth sense, more fundamental, appears to be our perception and ability to orient in time-space. And finally, I would suggest that in between the quantum and the physical senses is the perception of EMF, electromagnetic field. In the Integrated Model, this full range of perception and sensory awareness is seen to function synergistically at the three levels of information sharing and communication: quantum, energetic, and physical. The more consciously we can attune to this full range of experiencing and knowing, we deepen our communication and attunement with babies' integrated nature and our own as well. Early Adaptive Choices and the Adaptive Consciousness. We develop in relationship. Whether at a cellular level or at an omni-level, we read the environment and adapt in relationship to it. One of the most striking PPN discoveries is that we make life choices in the womb, during birth and bonding based on our spectrum of reading the environment that shape our stance and living of life from then on. Whether it is a cell's perception of and responses to the environment (Lipton, 2005) or our primary intuitive perception of our parent's subconscious intentions, thoughts and feelings, many of the adaptations appear to be constrictive ones to cope with unmet needs, unhealthy or toxic emotional and physical

environments, and traumatic events and interventions during the birth and neonatal period. Our spectrum of early experience and our adaptive responses to it, appear to form the foundational labyrinth-like structures of our subconscious, autonomic functioning-what some refer to as the adaptive unconscious (Wilson, 2002). By the time we are young babies, we already have complex beliefs and patterns of "being" functioning at the implicit level. The PPN literature and clinical experience demonstrate early experiences set in motion our patterns in all areas of our being: our relationship with our self, parents, partners, authority, work, states of consciousness, health, time-space orientation, sexuality, gender, to life itself; and, at every level of our being-physical, emotional, mental, relational, and spiritual. Wilson defines the unconscious as the "mental processes that are inaccessible to consciousness but that influence judgments, feelings, or behavior" (2002, p. 23). He reports research indicating that our senses alone take in over 11,000,000 bits of information at any given moment, yet we can only consciously process 40 bits of information during each moment. According to Wilson, the adaptive unconscious scans the vast amounts of information for patterns, organizes, interprets, evaluates, and prioritizes the information, and is capable of complex learning in the process-all at an unconscious level. A very complex set of operations not only directs what sliver of experience will be attended to at a conscious level, but what meaning and interpretation accompanies it. He suggests that our adaptive unconscious develops "chronic ways of interpreting information from our environment" and that "highly energized" information appears to make it more "accessible" (p. 37). These findings reinforce the stunning importance of our implicit memories and our adaptive unconscious "programs." In the 21st century Integrated Model of early development, the prenatal and perinatal period is considered a critical period of imprinting that elaborately shapes our orientation to life as this new human being and establishes the initial implicit adaptive unconscious labyrinth within.

Integrating Traditional Western Early Development Findings into the Integrated Model. What I have included in this article represents only the first rudimentary elements in 21st century understanding of the multidimensional Integrated Self and the Integrated Model of early development. When I return to consider the perspective of current early development models within this holonomic holographic Integrated Model, they come into focus in a new way. For example, looking at the notion that we are totally fused with mother and the environment in utero and during early infancy and that we slowly gain a sense of self still feels true. The "ah-ha" moment for me was when I re-conceptualized that this is true for the human self. Development of object permanence over the infancy period exists as a developmental phenomenon for the human self. Early development understanding in western cultures has focused on the human self, the biological self. From that lens, yes these models are true in their domain and help us understand the process of learning to be human-in a human body, in a human family, in a physical, three-dimensional world! It also makes sense that if we are transcendent, sentient consciousness beings who exist outside of time/ space and our physical world, we would need to learn to be oriented to and taught how to function in the human body, in human relationships, and in the physical world. We also need to learn how to be human, to think, to feel, be in relationship and how to deal with the range of human emotions and responses. We begin merged with our parents, orienting to being human in our specific circumstances and slowly develop our own ego-self, separate from our parents and our environment. Thus, I believe we have these two distinct, yet intricately woven levels of awareness, and that much of what traditional western early models have focused on is the examination of the human self-development. Now as we bring those human self-oriented findings into our integrated holonomic model, much of them hold their truth, yet there is now a greater truth in which they are held-that we are more than our biological self, that our sentient consciousness is primary, that our transcendent Self is present before and as we come into embodiment; AND, that we can come into more direct rapport and relationship with the sentient consciousness and meet them more fully. When we broaden the lens to include both, our models of early development and how to best welcome consciousness re-constellate into a model that has greater complexity, coherency, integrity, self-organization, and reflects the truer dynamic of the holonomic holographic nature of the relationship. That is my belief. That is my vision. In our current understanding of brain development, we know the reptilian brain is the most active as during early infancy. We



also see that when the next higher level of brain, the limbic brain functioning, becomes more dominant in its activity and comes into relationship with the reptilian brain, it re-constellates the functioning of the lower brain. This incremental pattern of re-constellation occurs as each level of the brain emerges as a focus of growth and activity. The importance of this holonomic view of integration of the four brains is one of the most significant findings in the early development community today. When I sit with what babies and children have been teaching me in the last fifteen years, what holds the integrity of my direct experience with them in their healing processes is this holonomic principle. I believe the same principle holds true when we bring the biological human self into our Integrated Model, that it is re-constellated by the more encompassing and inclusive transcendent Self. I would suggest that when we re-constellate our lens and our ways of supporting and being with babies that incorporates their (and our) more expanded and primary nature, their (and our) transcendent nature in relationship with their human nature, it re-constellates how the human self develops and functions.

**The Model Imperative Principle.** The model imperative principle is a prominent one in early development today. The mother's (caregiver's) state of being is seen to be the model, one in which the baby's brain and system comes into a dynamic system relationship with and utilizes to build their own. The adult holds the integrity of the adult functioning brain, autonomic nervous system, and states of being for the baby to organize, regulate with, and build their own. I would extend this principle to say that the adult's ability to be congruent, coherent, and live from their Integrated Self, their ability to hold the integrity of this higher level of complexity and order in their state of being, provides a higher level of potential complexity, coherence, and integration for the baby's system to resonate with and build their Integrated Self. (I recommend *Magical Parent, Magical Child: The Art of Joyful Parenting* by Mendizza and Pearce for further reading on parenting with a focus on the state of being; as well as, HeartMath's research on heart intelligence, intrapersonal coherency and interpersonal entrainment, [www.heartmath.org](http://www.heartmath.org).) The other important aspect of this principle comes from my direct experience with babies and children, along with related reports by my colleagues. When I hold the vision of babies from pre-conception on as multidimensional beings, having the integrity of transcendent and human perspectives, processes, abilities, and capacities, I come into resonance with more of who they are. I come into "phase" with a higher-order spectrum of their being. I am expanding my awareness to come into relationship with their expanded spectrum of awareness and being. I am utilizing not only a greater awareness, but I am actively interacting with them at multiple levels-physical, energetic, and non-local. In that way, I experience and interact and they show me more of who they are! That is what I believe I witnessed and felt within me as I watched that video of the baby with William so many years ago.

**AN INTEGRATED MODEL: NEW HORIZONS** What is possible when babies and children are related to, held, and understood in these integrative ways? We are just at the beginning of finding out. What we have considered the "norms" of early development have been based on babies who all too often have undiagnosed stress-trauma-shock patterns from their PPN experiences and unmet needs. Our narrowed view of babies have shut down so many avenues of their being met and encouraged, we really do not know what is possible. From my experience and the experience of my colleagues, it is safe to say, that when we welcome consciousness, understand and meet them as sentient beings-sensitive human beings, live *Being with Babies* principles in ways that support their wholeness and greater rapport between their Self-I and their human-I, we see greater enjoyment, coherence and regulation, connectedness, presence, mutuality, enhanced abilities and creativity, and greater health capacity to love and be loved, to name just a few. I believe we are on the threshold of a new level of integration and possibility in being human. When we meet and support the Integrated Self, we set in motion a holographic blueprint of greater wholeness and rapport with Self from the beginning of life. Consider if this were to become the norm-if we lived more connected in our Integrated Self, if our morphogenic fields and our lineage of DNA information were in phase with this; if our communities united as the Dagara tribe did in their way, and our attunement and ability to perceive, communicate and have dominion more consciously at all three levels of information sharing: physical, energetic, and quantum, became part of our daily lives-what would be possible then? I believe this can be our future in the 21st century. From my experience with

babies, children and their parents, when young ones need help healing trauma, profound changes can take place more elegantly when we support and relate to the baby or child in these fuller ways. In early development intervention models, most interventions are parent-oriented with babies being "talked about or done to." When we come from an understanding of the Integrated Self, we include babies directly and another level of experience, healing, and imprinting life patterns emerges. Whether we are relating to babies during the prenatal and perinatal period, or we are accessing that experience, such as in Ian's story, when we recognize, acknowledge, honor the Integrated Self's PPN experience and needs, it often is THE intervention that allows spontaneously healing of the earlier unmet needs and traumatic imprinting. Prenatal and perinatal psychology's clinical findings bring a tremendous renewal to the exploration of our understanding of human experience from an integrated lens that honors our multidimensional nature echoing the ancient wisdoms held in many indigenous cultures. Yet, our territory now is taking us into the new western frontiers, beyond what indigenous cultures have known. We need to find our own paths in the 21st century's information age terrain. I believe the one of the first steps is to clear the land of some outdated western beliefs and premises that stand in the way of the fuller vision of who we are. Nurturing the possible, supporting the integrity and wholeness of the Integrated Self from the beginning of life, opens the door to help each new being create a foundational holographic blueprint that supports their fullest creative life force and wholeness. I hope you will join me in Welcoming Consciousness. The territory is ripe for further exploration.

References

Chamberlain, D. (1999a). Reliability of birth memory: Observations from mother and child pairs in hypnosis. *Journal of Prenatal and Perinatal Psychology and Health*, 14(1-2), 19-29. (Originally published in the *Journal of the American Academy of Medical Hypnoanalysts*, 1(2), 89-98, 1986). Chamberlain, D. (1999b). The significance of birth memories. *Journal of Prenatal and Perinatal Psychology and Health*, 14(1-2), 65-84. Dossey, L. (1999). *Reinventing medicine: Beyond mind-body to a new era of healing*. New York: HarperSanFrancisco. Emerson, W.R. (1998a). Birth trauma: The psychological effects of obstetrical interventions. *Journal of Prenatal & Perinatal Psychology & Health*, 13(1), 11-44. Emerson, W.R. (1998b). The vulnerable pre-nate. *The International Journal of Prenatal and Perinatal Psychology and Medicine*, 10(1), 5-18. (Originally published in 1998, *JOPPAH* 10(3), 125-142.) Emerson, W.R. (1999). *Pre- and perinatal treatment of children and adults: Collected works II*. (Available from Emerson Training Seminars, <http://www.emersonbirthrx.com>) Emerson, W.R. (2001a). Treating cesarean birth trauma during infancy and childhood. *Journal of Prenatal and Perinatal Psychology*, 15(3), 177-192. Emerson, W.R. (2001b). *Treatment of birth trauma in infants and children: Collected works 1*. (Available from Emerson Training Seminars, <http://www.emersonbirthrx.com>) Hunt, V.V. (1995). *Infinite mind: The science of human vibration*. Malibu, CA: Malibu Publishing Co. Lipton, B. (2005). *The biology of belief: Unleashing the power of consciousness, matter, and miracles*. Santa Rosa, CA: Mountain of Love/Elite Books. Marcer, P.J. & Schempp, W. (1997). Model of the neuron working by quantum holography. *Informatica*, 21, 519-534. Marcer, P.J. & Schempp, W. (1998). The brain as a conscious system. *International Journal of General Systems*. McCarty-Wong, W. (1986). *Impact of role perception and gender on adjustment to parenthood*. Unpublished doctoral dissertation, University of Southern California, Los Angeles. McCarty, W.A. (1996, 2005). *Being with babies: What babies are teaching us, an introduction*, 1. Santa Barbara, CA: Wondrous Beginnings Publishing. McCarty, W.A. (1997, 2006). *Being with babies: What babies are teaching us, supporting babies' innate wisdom*, 2. Santa Barbara, CA: Wondrous Beginnings Publishing. McCarty, W.A. (2002). *The power of beliefs: What babies are teaching us*. *Journal of Prenatal & Perinatal Psychology & Health*, 76(4), 341-360. McCarty, W.A. (2004, 2005). *Welcoming consciousness: Supporting babies' wholeness from the beginning of life-An integrated model of early development (ebook)*. Santa Barbara, CA: WB Publishing. McCarty, R., Atkinson, M., & Bradley, R.T. (2004). Electrophysiological evidence of intuition: Part I. The surprising role of the heart. *The Journal of Alternative and Complimentary Medicine*, 10(1), 133-143. McCarty, R., Atkinson, M., & Bradley, R.T. (2004). Electrophysiological evidence of intuition: Part 2. A system-wide process. *The Journal of Alternative and Complimentary Medicine*, 10(2), 325-336. McTaggart, L. (2002). *The field: The quest for the secret of the*

universe. New York: HarperCollins. Mendizza, M. & Pearce, J.C. (2004). *Magical parent, magical child: The art of joyful parenting*. Berkeley, CA: North Atlantic Books. Mitchell, E. *Nature's mind: The quantum hologram*. Retrieved November 22, 2003, from <http://www.edmitchellapollo4.com/naturearticle.html> Odent, M. (1999). *The scientification of love*. London: Free Association Books. Pearce, J.C. (2002). *The Biology of transcendence: A blueprint of the human spirit*. Rochester, VT: Park Street Press. Radin, D. (1997), *The conscious universe: The scientific truth of psychic phenomena*. San Francisco: HarperSanFrancisco. Schwartz, G. & Russek, L.G. (1999). *The living energy universe*. Charlottesville, VA: Hampton-Roads Publishing Co. Somé, Sobonfu E. (1999). *Welcoming spirit home: Ancient African teachings to celebrate children and community*. Novato, CA: New World Library. Talbot, M. (1992). *The holographic universe*. New York: Harper Perennial. Wade, J. (1996). *Changes of mind: A holonomic theory of the evolution of consciousness*. Albany, NY: State University of New York Press. Wade, J. (1998). *Physically transcendent awareness: A comparison of the phenomenology of consciousness before birth and after death*. *Journal of Near-Death Studies*. 76(4), 249-275. Wilber, K. (1982) (Ed.). *The holographic paradigm and other paradoxes: Exploring the leading edge of science*. Boulder, CO: Shambala Publications. Wilber, K. (1998). *The marriage of sense and soul: Integrating science and religion*. New York: Broadway Books. Wilber, K. (2000). *A theory of everything: An integral vision for business, politics, science and spirituality*. Boston: Shambala Publications. Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology, therapy*. Boston: Shambala. Wilson, T.D. (2002). *Strangers to ourselves: Discovering the adaptive unconscious*. Cambridge, Mass: The Belknap Press of Harvard University Press. Wong, W.M. (1979). *Romanticism of parenthood, expectations of adjustment difficulties and gratification, and knowledge of infants as of components of adjustment to parenthood*. Unpublished masters thesis, University of Kentucky, Lexington. (Former name of W.A. McCarty) AuthorAffiliation Wendy Anne McCarty, PhD, RN, Santa Barbara Graduate Institute AuthorAffiliation Wendy Anne McCarty, PhD, RN, Co-author, Founding Chair and Faculty, Prenatal and Perinatal Graduate Program, SBGI. Dr. McCarty presents and provides seminars in prenatal and perinatal psychology, *Being with Babies*, authentic family living, integrative PPN practice, and energy psychology. In her private practice, she works with professionals and families to bring these into their research, education, professional practice, agencies, and family living. Research for *Welcoming Consciousness and the Integrated Model* was supported through a grant from the New Earth Foundation. Extensive excerpts from *Welcoming Consciousness* have been incorporated with permission from the author and publisher. Contact information: Website: [www.wondrousbeginnings.com](http://www.wondrousbeginnings.com). Email: [wmccarty@west.net](mailto:wmccarty@west.net).

**Publication title:** Journal of Prenatal&Perinatal Psychology&Health

**Volume:** 20

**Issue:** 3

**Pages:** 187-220

**Number of pages:** 34

**Publication year:** 2006

**Publication date:** Spring 2006

**Year:** 2006

**Publisher:** Association for Pre&Perinatal Psychology and Health

**Place of publication:** Forestville

**Country of publication:** United States

**Journal subject:** Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

**ISSN:** 10978003

**Source type:** Scholarly Journals

**Language of publication:** English

**Document type:** General Information

**ProQuest document ID:** 198699452

**Document URL:** <http://search.proquest.com/docview/198699452?accountid=36557>

**Copyright:** Copyright Association for Pre&Perinatal Psychology and Health Spring 2006

**Last updated:** 2010-06-06

**Database:** ProQuest Public Health

---

**Contact ProQuest**

Copyright © 2012 ProQuest LLC. All rights reserved. - [Terms and Conditions](#)