The Power of Beliefs: What Babies are Teaching Us

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Full Text: Headnote ABSTRACT: This paper explores the development of beliefs during the prenatal and perinatal period and how babies portray their beliefs. Four vignettes from therapeutic work with babies illustrate the powerful impact beliefs already have in shaping their lives. Basic principles to help babies shift potentially constrictive beliefs to more life enhancing ones are included. This paper is intended as a theoretical and clinical exploration leading to new thought, research and clinical direction. This paper calls for a paradigm for infant development and communication with babies that is based on the premise that consciousness is the organizing principle of human experience. The importance of both practitioner and parent's beliefs is discussed. INTRODUCTION Since I began working with children and babies within the prenatal and perinatal psychology framework in the 1980s, I have been fascinated with how the blueprint of core beliefs is already actively shaping babies' lives in terms of their physical structure, physiology, their relationship to self, others, and to the world as well. The purpose of this paper is to explore the development of beliefs during the prenatal and perinatal period and how babies portray their beliefs. The importance of practitioner and parent beliefs is discussed. Four vignettes from therapeutic work with babies are included to illustrate the power of beliefs in babies' lives and to highlight basic principles to help babies heal and shift from potentially constrictive beliefs to more life enhancing ones. The vignettes included give babies an opportunity to teach us themselves. This paper is intended to serve as a theoretical and clinical exploration and points to new arenas of thought, research and clinical direction. This paper calls for a paradigm for infant development and communication with babies based on the premise that consciousness is the organizing principle of human experience. It is not intended to be a thorough examination of clinical work with babies. ABOUT BELIEFS Our beliefs are the foundation of organization of our reality. Beliefs organize and determine what we make real. They not only shape our perception of ourselves and the world, but they continue their cascading impact by shaping and directing where we focus our attention, our motives, attitudes, thoughts, feelings, choices, decisions and our actions (Talbot, 1991; Benson, 1996). Beliefs directly impact our mental and physical health (Rossi, 1993). They are the raw materials from which our reality is created shaping our expectations of the future; they direct where we focus our most precious human treasure-our imagination. We know that much of our experience is actually filtered out before we even are aware of it. Beliefs determine what we will become conscious of or perceive. We know that our beliefs not only filter our perceptions of reality (Ornstein and Sobel, 1987), they can even override physical reality (Rossi, 1993; Talbot, 1991). Dr. Herbert Benson (1996) in Timeless Healing: The Power and Biology of Belief writes of a research study in which women who had persistent nausea and vomiting during pregnancy were given a drug, syrup of ipecac, a substance that causes vomiting (Wolf, 1950). The women were told the drug would cure their problem. What happened? If physiology had the most power, the women should have continued vomiting. In fact, their vomiting stopped. Their beliefs overrode the physiological action of the drug. Benson suggests that many successful outcomes of new medical and pharmaceutical interventions reveal more about the impact of belief than about the usefulness of a specific agent. He points to three contributing factors: the belief and expectancy of the patient, the belief and expectancy of the caregiver, and the beliefs and expectancies generated by both caregiver and patient sharing similar beliefs and expectancies. We also know that the brain cannot differentiate between what is experienced as real in the outer world and the imagined inner world. We are familiar with this in hypnosis, lucid dreaming, meditation, and other altered states in which the mind creates a reality beyond the physical outer reality (Talbot, 1991). New research relating to babies adds to this picture.

We now know that from the onset of brain wave activity and continuing throughout infancy, the delta and theta EEG ranges are predominant (Bell &Fox, 1994; Laibow, 1999). These states are associated with restorative and regenerative processes, deep creativity, hyper-learning and hypnotic suggestibility (Laibow, 1999; Robbins, 2000). Such high-voltage, slowwave brain patterns are also associated with meditation, expanded awareness, psi perceptions and transcendental states of consciousness (Talbot, 1991; Wade, 1996; Wilbur, 2000). Bruce Lipton, a cellular biologist, suggests that beliefs are the determining factor in whether the cellular activity is growth-oriented or protection-oriented. He proposes that prenates and babies learn at the level of perceptions. These early learned perceptions have a profound affect upon the baby's physiology and behavior and become hard-wired synaptic pathways as core perceptions becoming subconscious beliefs through which all later experience is filtered and organized (Lipton, 1998, 2001). When we consider the impact of shared beliefs and expectations between an adult physician and patient, the fact that the brain cannot differentiate between the imagined world and the physical world in these altered states, and realize that babies live in such altered states of deep suggestibility and learning, we must reconsider the magnitude of potential impact the beliefs and expectancies of parents and caregivers on the growing prenate and baby. We must also deepen our appreciation of the importance of our own beliefs and expectations as practitioners and parents, for it is the perceiver's beliefs that not only largely determine what is perceived, conceived and experienced when interacting with babies, but that babies are learning and associating with those beliefs when in contact with us. The enormous power of beliefs is becoming evident. MY EVOLVING BELIEFS AND PARADIGM My own perceptions in this arena have evolved over the years. During my training in obstetrical nursing and infant development during the 1970's, I was taught to look at prenates and babies through the eyes of a Newtonian model that focuses on our physically based development and experience. We examined what babies were capable of based on their brain and growing body and built our interventions based on these understandings. Behaviors that appeared outside a Newtonian-based paradigm were commonly dismissed as random or lost in the characterization as "Babies just do that. It doesn't mean anything." Although infant development theory and research has advanced greatly, and the advent of brain imagery studies has expanded our knowledge immensely in the intricacies of factors in development, the biologically based Newtonian paradigm is still predominant in infant development theory and research today. I was first introduced to prenatal and perinatal psychology at the 1989 Pre- and Perinatal Psychology Conference in Newport Beach, CA. In his presentation there, William Emerson (1989a) included videos of his therapeutic work with babies. I was deeply moved by the baby's presence and awareness. I was stunned by this pioneering work of trauma resolution (Emerson, 1989b) during infancy and began to train with him. When I entered the field of prenatal and perinatal psychotherapy with children and later with babies, my previously held beliefs and education were inadequate to explain what babies showed me each day. Was I to dismiss a four-year-old boy accurately playing out a scene from when he was five months in the womb because it could not be explained within current models? Was I to dismiss the meaningfulness of a thirteen-month old adopted boy picking a plastic character doll (out of hundreds of toys) that looked eerily like a photo of his birth mom the last day he saw her when he was two weeks old? Was I to disregard a three-month old girl's portrayal of the patterns, movements, and unique progression of her own birth as her parents talk of her birth? I could not dismiss what they were showing me; I was too moved by their integrity and purity of expression. Every session with children and babies stretched my beliefs about who we are and what is possible. They were already expressing so much of their earlier experience and learned expectations of the future-if only I could hold the meaning of what they were showing me. These experiences led me to search for a paradigm to hold them. I found a home for them in a synergy of quantum physics, holographic theory, consciousness studies, transpersonal psychology, and ultimately in my own spirituality and experience as I reawakened to my own prenatal and birth experiences. I now believe that for us to more fully and accurately understand the experience and development of the growing prenate and baby, we must acknowledge and hold a higher truth. We are consciousness prior to and beyond our physical body and brain.

Within the quantum physics paradigm, consciousness is viewed as primary and thus directs and forms a partnership with our growing biology and human self (Bohm, 1980). Early experiences in the womb and during infancy appear to be an inseparable, intertwining experience between both the nonphysical realm from which we come and the physical life to which we are being initiated (Carmen &Carman, 1999; Luminare-Rosen, 2000; Wade, 1996, 1998; Wambach, 1981). To separate out consciousness from the human experience in our scientific pursuit to understand human experience and development, appears a "fatal flaw of the Newtonian scientific approach." My present cosmology has evolved to view the primary journey as consciousness as the organizing principle of our human experience and journey. I believe our consciousness coming into this life has a unique shape with specific purposes for our life. Those may include grappling with certain limiting or destructive beliefs we bring with us to heal and resolve. They certainly are to grow, learn, enjoy, create, give, love, remember, and live more fully the Divine consciousness that we are. I believe there is purpose and meaning in who we choose for our parents, the timing of our birth, and in our early prenatal and birth experiences because all these contribute immensely to the core beliefs and perceptions that begin to give focus to our exploration. From the very beginning at conception (and even before), we are learning about physical life through our experiences in the womb, resonating and merging with our parent's living of life and their conscious and unconscious beliefs. When we look at the states of consciousness and brain wave patterns of prenates and babies during the first eighteen months, it appears that we are "wired" as consciousness coming in to merge with the experiences of our parents and significant others. We enter an intense learning period about being human, about our own image and about the world; we form our personal perceptions and beliefs. It would seem to be a beautiful plan to orient to our life in the physical world, merging our consciousness with mother and father's universes of biology and consciousness. We set the filtering devices that will determine what we consciously attend to and perceive. Out of the infinite possible experiences in human life, we begin to draw the core design of our life focus. Unfortunately, all too often we forget that we are primarily consciousness. We have lost touch with life filled with soul and spirit and that conception is first and foremost a sacred initiation into life here. Sadly, we have narrowed our view of who babies are, based only on biology. In doing so, we have already abandoned their more real identity as consciousness capable of complex understanding and presence, as described by Chamberlain (1988, 1998, 1990) and Wade (1996, 1998). Our personal orientation and welcoming style has often become a school in separation, loneliness, toxicity, violence and fear, dimming the aliveness we knew outside the physical body (Emerson, 1996). These early imprints and ensuing beliefs of human life can become our greatest constrictors-wardens of an inner personal prison-or they can be our greatest liberators. When we begin with belief that we are primarily consciousness, and that our physical self cannot be separated from, nor exist without, a connection to our consciousness, a whole world of new perceptions of what babies are showing us can unfold. As we begin perceiving the underlying beliefs that babies are portraying, we can begin working directly with those beliefs creating new possibilities of freedom, growth and health. HOW BABIES PORTRAY THEIR BELIEFS Vignettes are useful in that babies are the best teachers to demonstrate the power of beliefs already imprinted. We also can learn from them as we watch those moments of new possibilities, when they move from constricted beliefs into beliefs that allow more freedom and growth. These vignettes come from the BEBA video archives. BEBA is a non-profit research clinic that I co-founded with Dr. Ray Castellino in 1994 to provide prenatal and birth therapy for babies and their families and to document the work for educational and research purposes. In the vignettes described, Ray and I are the therapists with BEBA families. In therapeutic work with babies, babies show us how beliefs are more than thoughts. Beliefs permeate, influence, and are part of the very core of being at all levels: they appear as ways of being in the world, revealed in states of being, embedded and expressed in body structures, postures, physiological processes, and movement on both micro and macro levels. They also appear in states of consciousness, focuses of attention, emotional tones, and intentional actions. There is an is-ness to the experience, already a part of the fabric of being from which they live. Remarkably, prenates and babies demonstrate to us that they do understand

complex communication and respond meaningfully (Chamberlain, 1998). They taught me continually to stretch my "realm of possibilities" to include a knowing that this level of communication with babies was possible. I now recognize that it is possible because we are communicating at the level of consciousness. How do babies communicate? They communicate through eye contact, facial expression, changes in where they place their attention and states of consciousness, body movements and gestures, physiological changes, breath and heart rates, vocalizations, crying and talking, through more primary changes in structure and rhythms and through energetic and telepathic means-i.e., a lot like adults do! PRINCIPLES OF REPATTERNING In the following vignettes, several repatterning principles are incorporated. Although this paper is not intended to be a thorough articulation of possible therapeutic interventions with babies, there are certain principles that are important to articulate here and that are therapeutic when being with babies in any intervention. When an earlier experience has involved stress, trauma, or shock, the baby person has experienced some varying degree of disorientation, overwhelm and inability to cope in the situation (Castellino, 2000; Emerson, 1999; Levine, 1997). Events and sequencing were compressed and occurred very quickly or intensely. Each of the repatterning principles is designed to help babies repattern those earlier experiences by supporting them to orient and to integrate present experience. The first principle is to find the right pace for the baby. Usually this means we slow the pace as we sense the pace the baby needs in order to stay present and oriented, as well as connected to the slower more growth-oriented inner rhythms. This is an integral part of establishing a therapeutic environment in which the baby's autonomic nervous system can respond with settling and integration after activation has occurred (Castellino, 2000; Sills, 2001). A second principle is to view the baby as the primary focus of and active participant in our interactions (if they want to be). We follow the baby's cues and respond to them. Often prenates and babies are "in reaction" to others and their environment or held on the sidelines of the adult conversation as they are "talked about." In contrast, we want to support their participation, their lead, and their communication. A third principle is to attend to the baby's communication (verbal, gestural, somatic, and energetic) and attempt to recognize, acknowledge, and reflect for them the apparent experience, perceptions or beliefs, they appear to be expressing. A fourth principle is to assist the baby to orient with aspects of their experience by pointing out and differentiating, such as, between then and now, or between their own experience and that of their parents. We may illuminate and voice what belief they are portraying, what they may believe is true in the moment, even though it is based on past experience, rather than the 'actual circumstances' in the present moment. The fifth principle deals with our intentions and attitudes. We are attempting to bring awareness and support to provide the baby an opportunity of healing. This is different from treating a baby or conducting some test or procedure on the baby. Sixth is to hold the vision of them as primary consciousness and that they are communicating with us on many levels and to respect their innate wisdom. Seventh (and perhaps most fundamental) is that we bring our caring compassion for them. I believe love is the greatest healer. These principles are incredibly powerful and are recommended as therapeutic guidelines in interacting with prenates and babies in everyday life (see McCarty, 1996, 1997). VIGNETTES Antara Antara was born at 42 weeks gestation after over 20 hours of active labor, induction with pitocin, and 4 1⁄2 hours of pushing. Her birth was finally assisted by vacuum extraction. When she was born, she was found to have aspirated old meconium and was taken to the NICU for assessment and intervention. After two hours, the mother was able to be with her in the NICU. Antara spent five days in NICU. She did well, but needed oxygen support, was given antibiotics and kept sedated. For purposes of clarity, I am distilling Antara's story to highlight our particular focus. Within the sessions though, we hold more of the complexity of the baby's prenatal and perinatal history. We first met Antara when she was 3 1⁄2 months old. She initially looked very wary and frightened as her parents carried her into the therapy room. Ray spent several minutes slowly approaching her as we talked to parents. When he came close enough, he gently offered her his hand, after asking permission to do so from the parents. Antara showed several defensive reactions and signs of disorientation. Although she maintained eye contact, her eyes widens in a seemingly shocked expression: her body wobbled, she leaned back, pushed her legs out

straight ahead of her, made increasing vocalizations that matched her other behaviors showing increased unease and wariness. Her system was activated in a fight-flight response. We paused, and I said, "Oh, moving back now." She made eye contact with me and her system quieted. Ray moved a bit and she looked away (another coping strategy). I said, "Oh, looking away." She settled again. We were being sensitive to her cues and acknowledging her responses. We were attempting to be quiet with our movements and attention. As we did this, her system settled and she could be more present. At another point in the session when she was apparently reaching overwhelm, her strategy appeared to be to dissociate. She turned her attention to gaze into a design on her mother's skirt. She maintained her attention there. I quietly touch the skirt and said, "Oh, I see you looking there at mom's skirt." She made eye contact with me. I said, "Looking at me now." Her eyes went back to the fabric. The dance was to gently meet her where she was without expectations and to allow her to feel 'safe' in her coping strategies. Antara's behaviors and responses in the first session taught us a great deal about the beliefs and expectations that were already embedded in her perceptions from her previous experiences of multiple interventions at birth and in the NICU. Her behaviors were meaningfully expressing fear and wariness. In our repatterning, we slowed the pace, acknowledged her responses, respected her boundaries, and acknowledged and supported her coping strategies. We supported her choices and boundaries. We continued to do this type of relating during the session. This was undoubtedly significantly different from her earlier experiences of medical intervention. During the following session, there was a marked change. She was already making much more contact with us, able to settle more and have fewer fearful reactions. Angelika One of Angelika's unique qualities is that she is quite a talker. Even at the young age of 3 1⁄2 months when we first began working with her, she was quite verbally expressive. One of the patterns her parents had noticed was that Angelika would find herself stuck, like in a couch, or she would be in the middle of the room on the floor and act as if she was stuck and couldn't move. She would become increasing upset, agitated, and mad. When we heard her birth history, the meaning of her pattern began to emerge. She and her mom had 36 hours of active first stage labor. During that time, Angelika would have been feeling the pressure of contractions, but no matter what she did, there was nowhere to go because the cervix had not completely opened. In this first session, she appeared to have recreated this as Ray was holding her. She was lodged in the corner of the couch with nowhere to go. The sequence described below begins at this point in the session. Mom was kneeling beside her holding her hand and being very present, watching her and listening to her. I was supporting her feet and Dad was also close by. In the sequence described below, focus on the mutuality in our communication and the meaningfulness of Angelika's responses to us. We utilized several repatterning principles. We were recognizing, acknowledging, being with her, listening to her, reflecting her verbally and somatically. She was having wonderful contact with all of us. She was finally having her 'side of the experience' heard. It is likely that this was very different from her original birth experience. Angelika had been just "hanging out" with us for several minutes in this corner spot. She slowly got more activated, more arm movements and vocalizations. At one point Ray said, "We're actually resimulating that time when you were stuck in there for a long time." I follow with, "And this time she is talking about what it is like and Mom and Dad are listening." Ray adds, "And you can see Mom." Mom is looking right at her nodding her head. Angelika continued to vocalize more emphatically and at one moment she appeared to say, "I can't get out of here." Ray responded with, "It's a long time stuck in there." Angelika vocalized and expressed more. She appeared to be working really hard to say the words to have us get it. Ray said, "I get it. Ok. I am going to say it out loud, "It was an awfully awkward tight spot. " Angelika responded with direct eye contact with Ray and said, 'Tehhh." Ray said, 'Teh, awkward and tight," as he gently reflected that prior relationship with the pelvis with his hands touching her head and side of face. Ray continued, 'Teh, that's how it feels." Angelika said. "Yehhh." Ray responded with, 'Teh, awkward and tight," and again, Angelika was really efforting to get words out and we heard what sounds like a somewhat 'gargled' sentence: 'Teh, I can't get out of here." I almost immediately responded with "And you couldn't figure out how to get through there." With that, Angelika immediately responded with a rather dramatic movement

pressing her head into the tight spot. She began really moving her legs and pelvis up and down, but she didn't move forward. I said, "And you were really trying to get through there." Ray added, "You were really stuck there." She looked directly at Ray and makes pushing sounds. The interaction continued from here. This brief vignette portrays the level of communication and the beauty and integrity of mutual communication. She was telling us her story and we all were listening, reflecting, empathizing and repatterning as we journeyed together. (This sequence of communication can be clearly heard on the audio recording of the presentation this paper is based upon. See McCarty, 2001). During that week, she continued to apparently express this pattern. During the next session, Mom reported she has repeated this 'stuck place-no-where-to-go' behavior with agitation and frustration at home. During a second session, Angelika continued this pattern. Now even though there wasn't a womb, there wasn't pressure, there wasn't anything to stop her, she continued to create this position, again and again moving her legs, getting frustrated and mad, but not moving. At one point during the session, Mom was on the floor with her legs apart. Angelika was on the floor on her back with her feet against mom's thighs and she was again acting very frustrated and mad. At that moment, I said, "You know, you could move your mad feelings into your feet." Instantly, she pushed her feet into mom and propelled herself forward. All three of us were surprised. Mom opened her mouth in amazement and scooped her up to hug her. This was the moment of new possibilities and a new belief was born. What unfolded after this was her expressing "I can do this!" She started mobilizing herself and moving around the room and started having fun in her body as she discovered she could move after all! One of the things we know is that in trauma we can become immobilized, feeling helpless. Angelika had shifted to having joy and fun experimenting in her body with finding her energy, finding her fire. She has a lot of fire and now she could use it in an empowered way. Lilly Lilly teaches us another aspect of the origins of beliefs. We had been working with Lilly and her parents for sometime and we noticed that when she started to stand up, she had quite a peculiar way of standing up with her legs very far apart and her hips very unstable. It was quite distinct. We assumed it had a meaning and purpose, yet saw no physical reason for it. Where did this pattern come from? We asked her mom, "What was happening to you when you were ten months old?" Mom related that she was in a body cast and a Stryker frame. Her hips were not fully developed when she was born and she wore a body cast for the first year of her life. It had a bar across to keep her legs stabilized quite far apart. In the frame, she was pulled upright at times and propped up. We saw a relationship between mom's experience of first standing and her daughter's. This is an example of a belief that came out of the parent's experience during the developmental period that the baby was now in. When there is unresolved, charged material in the parent's psyche and soma, the baby may portray these held beliefs and patterns. The baby resonates with the belief and can carry and incorporate it into his or her experience. Lilly was apparently incorporating part of Mom's patterning even though she herself was not in a body cast. Lilly's mom had not consciously worked with what she may have felt or needed during those months she had spent in the cast. In a later session with us, Mom brought in pictures of herself as an infant with the cast on. One poignant moment was when mom was describing the bar across and the position in which the cast held her, Lilly was on her back portraying the precise position. We suggested to Lilly that this was the way mom had to be because of her hips and the cast, differentiating between her mom's experience and her own. In a following session, Mom chose to go inside and work with her own infant and be the receptive, supportive person there for her younger self. I was basically sitting with her and energetically supporting her as she went into her own inward healing journey. Dad was holding Lilly and Ray was supporting and tracking her energetically. There was a synchronized dance between mother and daughter. As mom went in, Lilly went in. A short time later, the energy in the room shifted as Mom emerged. Mom reported that she had had a new energy that opened and moved through her body, especially her pelvis and legs. She remarked that she felt a significant shift in the energy, a healing shift with her young one feeling heard and assisted. As Mom came out of her inner experience, Lilly emerged from hers. As mom was describing her experience, Lilly stood up and moved to mom. Lilly stood next to her mom and clapped her hands smiling. We joined in and then noticed that Lilly was

standing with her feet under her hips. The old pattern released and the new one had begun. When we recognize, acknowledge, differentiate, and support the parent to heal their potentially unresolved material, the baby is freed to resonate with more life enhancing beliefs. Sky Sky was a little boy that we began to work with when he was six weeks old. At that point, he had never successfully breastfed. The only way that he would take his mother's milk is with a syringe next to the mom's hand dropped into his mouth. Everyone was exhausted. Sky appeared very weary and was not gaining quite enough weight. His history revealed that in the first 75 seconds of his life, he had a multitude of interventions. As his head was born, the physician saw that Sky had a cord around his neck and brought the cord around. His body came out very quickly. He had a considerable amount of meconium on him. The doctor immediately, in a brisk, very no-nonsense way, suctioned him with a bulb syringe. He then quickly cut his cord and handed him to the pediatric staff. They took him to the pediatric bed and opened his airways up by extending his head back to visualize and suction him more deeply for the meconium. His Apgar scores were good, but he was taken to NICU for 'routine' procedures. His dad stayed with him. He was reunited with his mom over an hour later. He never successfully breastfed. Those first moments, minutes, and hours after birth are incredible precious and vital for bonding, self-attachment, the establishment of relationship, and successful breastfeeding (Klaus, Kennell, &Klaus, 1995; Righard &Alade, 1990). In facilitating therapy with babies, I have come to appreciate much more deeply the power of those first moments in terms of imprinting beliefs and life patterns. During the first BEBA session when Sky was brought to the breast, he had a very distinct movement and activation pattern. When he started to put his mouth around the nipple, his head jerked back four times in a brisk decisive pattern. He then became increasing agitated, upset and escalated to where mom stopped attempting to nurse him. During the second BEBA session, we explored Sky's birth story in what I have come to call the "birth review." An important part of therapy with babies is when the parents begin to tell the story of the baby's birth. We take a great deal of care to include the baby and to do the review very slowly, carefully tracking the baby's response. We pause when the baby responds or activates, to acknowledge, reflect, empathize, allow the baby to energetically discharge any shock, help their potency build, and to allow space for their system to settle (Castellino, 2000; Emerson, 1999; Sills, 2001). When enough care is taken to build a supportive environment, the birth review can be a powerful therapeutic process. Sky was very present and quiet with his eyes closed lying on his stomach on Dad's lap. Mom was on the couch right next to them. Ray was positioned at Sky's feet with his hand on Sky's back making contact and tracking Sky energetically. I was sitting close by tracking Sky energetically also. As we ask the parents to talk about the birth, we encourage that slow, quiet sharing in a delicate way to match Sky's quiet and receptive state. The process took most of an hour as we watched for Sky's responses to the story being told. At times he responded with sighs, increased respiration, perturbation of his energetic system, mouthing and swallowing movements and sounds and also once, with a smile. When his parents spoke of his cord being cut so quickly, his system released some shock and he aroused with a startle, lifting his head. As we progressed we became aware of his possible beliefs and confusions. In this vignette, a few key moments that illustrate his beliefs and our working with him around these are extrapolated from the birth review. This was a pivotal session in terms of understanding self-attachment, the imprinted disruptions in the process and the vital implications for breastfeeding and relationship problems that could ensue. For an in-depth piece on this that includes a transcription of much more of the session, read Castellino (1997). Dad and Mom were describing when he was suctioned with a bulb syringe first and then again more deeply to remove the meconium from his airway. Dad said, "They were talking among themselves (the medical staff) . . . "It's below . . .' They were talking about the meconium." Sky began to breathe faster as his dad spoke. A few moments later Ray said quite slowly, "O.K. This is really important, Sky. The reason why they did that was because they believed that you swallowed or breathed some meconium and they wanted to make sure that was not in your airway and they did it in a nononsense way." Sky made throat sounds and his breathing sped up. Ray said, 'Teh, I know it felt like that ... It was hard." Mom quietly adds, "And they didn't acknowledge your feelings either or treat you like a person." I add, "I'm sorry." Sky swallows strongly. Ray

responds, "That's right and you can swallow now." A few moments later, I said, "And you can tell Sky, that you are with Mom and Dad now. We are going real slow and you are included now . . . that's what sensations around your mouth and throat meant back then. They were hard sensations." Sky swallowed and made mouthing motions. Ray responded, "You can suck now. Sensations around your mouth can start to feel really different now as you start to heal. It can include good feelings, secure, connected slow feelings. It can feel and mean different things. It can feel really good to have mommy's milk; your milk. Going into your mouth and down your throat." I said, "Momma's milk is really nourishing and good. Mom's milk is safe to go down. The meconium wasn't. That's why they needed to get it out of your mouth. I think there is some confusion about that. Momma's milk is healthy, nourishing and good to go down. It's okay. No one has to get that out. It is different now. It is different. A different fluid in your mouth ..." A few minutes later Sky slowly opened his eyes and then began to root on his father's chest. His mom picked him up and brought him to the breast. Again, we were going very slowly and appreciating the delicacy of the moment. As he started to put his mouth around the nipple, his head bobbed back again, but not as strongly as in the first session. He began to get upset and activated. He was both reaching out to his mom with his hand and pulling away from her breast at the same time. His cry and expression voiced his angst. I respond with, "Sky you are here with Mom and not in the hospital. This is about feeding from mom's breast. And it can bring up some memories. I know you are remembering back then. There are a lot of mixed feelings about coming to the breast. It is different now. And when you are ready, you can find that out. When you are ready, you can find out that Mama's breast is different than back then. I know it is scary. It's scary. I know you don't know until you try." Mom finally brought him up to be on her chest. He was reaching out with his hand as intensity of his angst increased and continued. After a few minutes of reflecting and empathizing, I made a more overt intervention. I matched his intensity and said, "I'm going to make a statement for you: I want to nurse so much, but it brings up so many feelings. It is so hard. It is so hard. I want to and it is so hard. It is scary." Sky, I can see it brings up that scary place . . . and you don't know. It's scary to try again and to see if it really is different." Sky immediately quieted and settled, raising his head and said "Yeh," as he rested his head on mom's chest. The following week the parents reported that two days after the session Sky nursed for fifteen minutes for the first time. The next day he had been inconsolable and the following day had been "his best day yet," being more content, smiling, happier. Since then he nursed successfully. At some later date, we watched Sky's birth on video. It was stunning. As we watched the sequence of interventions, it was clear where Sky's distinct head jerking motion had begun. The movement matched the energy, rhythm, and intensity with which the doctor had suctioned him with the bulb syringe. This interaction had been the first sensations and encounter in the outer world and first sensations associated with his mouth and throat. It became clear that when he started to put the breast in his mouth, these beliefs, these perceptions and patterned responses would be activated. We put that together with the messages and beliefs he was receiving about what fluids mean going into his mouth: "They are unsafe and must not be swallowed." All these interventions happened just as he arrived. They became part of the fabric and meaning of the journey of coming into the world and coming to the breast. If we look at his birth through the eyes of a traditional Newtonian paradigm, we would focus on the medical interventions done as protocol to prevent infection. Yet clearly, Sky shows us a broader impact of early intervention that needs to be addressed. Although Sky's first weeks were very difficult, a new story began to emerge now. Utilizing the repatterning principles and understanding the power of our beliefs-that Sky's behavior was based on meaningful beliefs of the world and that we could communicate together at levels of complexity far beyond what traditional models would suggest-Sky was able to move into a more nourishing and happy life based on more life enhancing beliefs. These stories stand for many others not told. Once we have the conceptions and perceptions to understand the language of beliefs, we can hear the stories babies are telling and respond to them in more healing ways. IN CONCLUSION This paper has focused on illuminating the power of beliefs and what babies are teaching us. Our earliest experiences lay the belief blueprints of our reality. Babies show us their beliefs all the time because they live in the world of their

beliefs. Their beliefs come from a whole constellation of influences beginning with their own consciousness and what they bring in, intertwining then with the beliefs already embedded in their genetic material at conception from generations before them. Beliefs also come from their parents-the guardians of their earliest experiences-from their parents' conscious and unconscious realms, their present and past, as well as from environmental factors, other people, and energies around them. During conception, pregnancy and birth, these influences form a rich constellation, a synergy of impact, as they become embedded in the experiences that form our blueprint for life in the physical world. Although these early belief blueprints can become entrenched and continue for a lifetime, when brought to awareness and worked with directly, they are quite changeable. This paper portrayed one way to work with babies' beliefs. The new field of energy psychology is opening up more ways to directly access and restructure constricting beliefs into more life enhancing ones. In working with beliefs, we are accessing the very foundation of organization of our reality. We are able to work directly to recalibrate and reorganize at a primary level affecting us on multiple levels-physical, energetic, emotional, mental, and spiritual. We can help babies repattern beliefs of constriction, fear, violence and separation into beliefs of connection and growth, beliefs that will help them experience the joy of living in a friendly, healthy world. In his book, Reinventing Medicine: Beyond Mind-Body to a New Era of Healing, Larry Dossey, M.D. calls for an evolution of medicine (1999). He articulates three eras of medicine. Era I Medicine focuses on physical medicine and is rooted in the Newtonian paradigm, thus a mechanical view of the human being. Surgery, procedures, drugs are the means of intervention. Era II Medicine includes mind-body and looks at the impact of consciousness within the person on their health and well-being. Dossey favors a shift in medicine into what he has described as Era III Medicine. This era stands on the premise that we are primarily consciousness in human form and calls for the inclusion of a broader spectrum of human experience and therapeutic interventions. Dossey has reported extensively on the use of interventions that incorporate transpersonal skills such as intuition, distant healing, practitioner intention, and spiritual connection (1982, 1989, 1993, 1999, 2001). I believe it is vital for those of us in the healing arts working with prenates and babies to broaden our views of babies and the ways we can help them, based on the premise that we are primarily consciousness. Many in our field have carried this torch for years, and I acknowledge and am grateful to them. Jenny Wade (1996) led the way in developmental theory with her groundbreaking transpersonal model of development that incorporates prenatal and perinatal psychology research and perspectives. I call on the many complementary fields dealing with infants and infant development and intervention to incorporate consciousness in their conceptualizations and research. The next step in my mind is to translate what this premise means in terms of learning to read babies' language of beliefs and to relate with them at a whole new depth that accesses not only more of who they are, but more of who we are as well. During the prenatal and infancy period, babies are beautifully open to learning and connecting at a profound level. Many of us spend much of our lives seeking to touch that potential again through love, beauty, solitude, meditation and prayer in order to re-connect with the Divine. Often though, because of our wounded beginnings, the pathway to our soul has been etched in sorrow, tragedy, and loneliness. What pathways do we want babies to have? In those months in the womb and infancy, babies have the potential to develop pathways of growth and loving connection. Those early experiences deeply interweave the perspectives of consciousness as they transition to physical life, experiences that intertwine the physical and non-physical realms of experience. The more we can hold this richer perspective for the baby, the more this synergy of Self in human form can become the beliefs blueprint for life. When we hold this, the sacred journey of consciousness can again take priority and we can create more pathways of exploration of human life filled with deeper connections to the Divine, to self, others, humanity, and to the earth herself. As the Beatles sang, "And the world would be a better place for you, for me. You just wait and see!" References REFERENCES Benson, H. 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