

BMR Course
Birth Mask Reveal
Course Outline

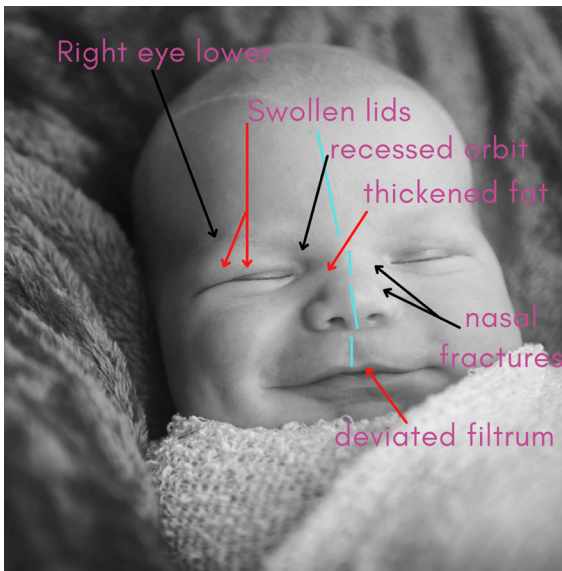
Class 1: Introduction and Evaluation of Eye Imprints

Introduction:

How does Birth Mask Reveal (BMR) therapy work? Every baby has an unheard story that they are eager to share. By combining Accurate Empathy with BMR techniques, this story becomes crystal clear. Learning and knowing this story, without a doubt, enhances compassion for the baby and compassion for oneself. This is just what babies, families, parents and our culture need.

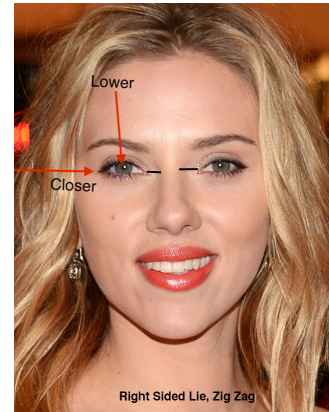
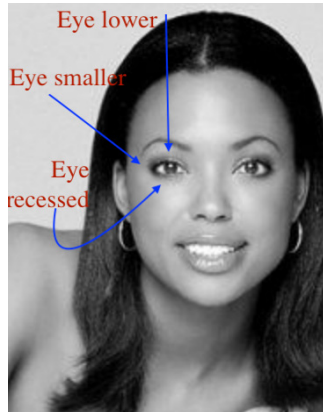
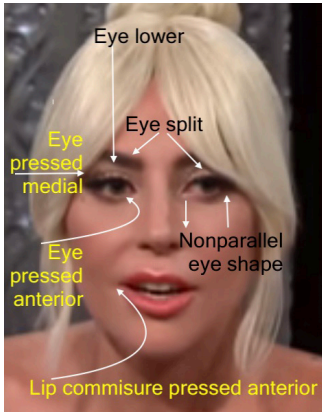
With a Birth Mask Reveal, hidden stories of our babies are illuminated. Babies whose stories are seen and honored can shed the anxiety that devolves into fear, impatience, competitiveness, hubris, and greed. By thus honoring the incoming generation we address and heal the maladies that are so onerously at work in global and political culture nowadays. We earn a heightened consciousness about how the inner stories of individuals are projected onto and shape the outer reality of the local and global world we live in.

BMRs are done with a single photograph of the baby. The baby is not present. Parents, therapists, and grandparents can all be invited, wherever they live. Some people are getting burned out on Zoom, but I can help teach you how to work virtually and intimately at the same time. The practice of BMR can help you reach more people, with quality therapy, and with less stress than any other approach I know. And a big plus - you can become a facilitator in this discipline while you work at home in your pajamas without a mask on.



Evaluation of Eye Imprints:

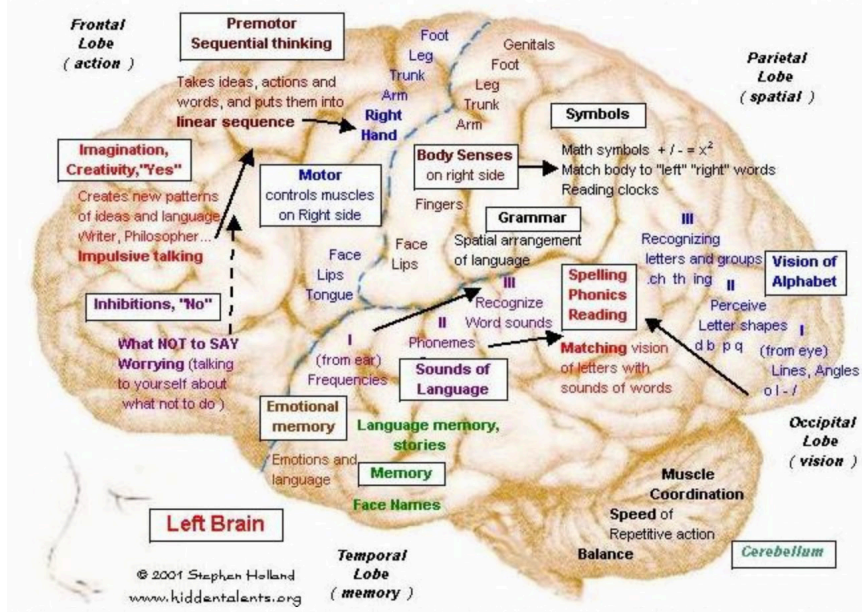
All vaginally born babies, emergency C-section babies, and most planned C-section babies have imprints from birth that are held in their eyes. Viewed from the outside in pictures, these imprints appear as asymmetries.



You will learn about the variations of “eye splits” mild or severe esotropia or exotropia, recessed eye, one eye higher or lower than the other. How to interpret eye splits without projecting. You'll learn about maladies to the eye muscle anatomy, and the optic nerve, which hold the birth imprint sin place, even through adulthood.

You will learn a little about meninges anatomy, how the falx and tentorium are part of the story, how birth imprints enter the brain, which parts of the brain are affected, and what functions those parts play.

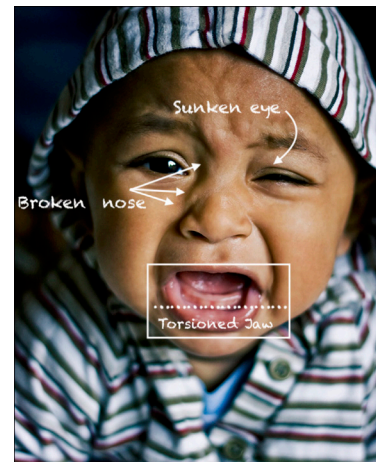
12. Talents in the Left Brain



Class 2: Nose Imprints and Facial Asymmetry

Nose Imprints:

Pediatric statistics acknowledge that 20-30% of births result in an injured nose. However, with a sharper criterion, the percentage of injured noses in neonates is much higher. Most everyone has a nose that slants in one direction or the other, and this tells the story of rotation, and the position of the baby, the depth of descent, how hard the baby worked. Clues to the then concurrent emotion can be gleaned. An astonishing number of babies have experienced a zig-zag birth which influences their story in terms of themes of turning, deciding, and committing.



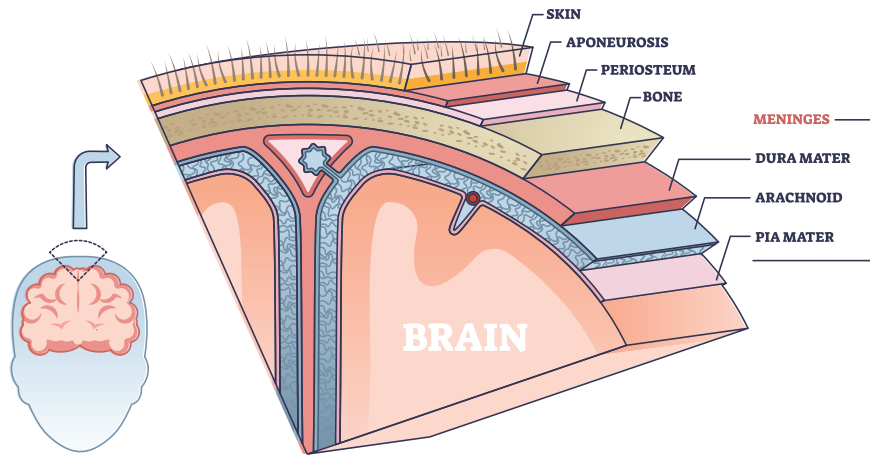
How many times were these noses broken?

Facial Asymmetry:

From the top of the forehead to the bottom of the chin, no one is completely symmetrical, not even planned C-section babies. The lines of asymmetry have a story to tell about where pressures made imprints, where efforts failed, and where struggles succeeded--all leaving something like hieroglyphics behind in the tissues of the face.

Learn about the meninges and how, they too, hold the birth story. Learn the anatomy of the layers of membranes, muscles and bones that are directly impacted, and fixed into a mild birth trauma configuration.

MENINGES



Asymmetry and other facial/cranial imprints express how the Long Term Potentiation* is held somatically. LTP is critical for fear conditioning and influences trauma reactivation of unresolved shock. Some theoretical accounts of traumatic experiences suggest that amygdala-based fear bypasses the hippocampus during intense stress to be stored somatically, especially in the areas of force-based impact, and the defense response organs and muscles.

The somatic configuration of imprints can be read plain as day in a person's Birth Mask. Everyone has one. But until now, virtually no one in our culture has realized this as a relevant and universal phenomenon.



Facial asymmetry, eyes
cheeks and mouth



Trying to stretch out a crumpled
lie-side tentorium

Class 3: Protocols for Treatment Based Upon BMR Results

Now that we know what happened to a baby during its birth, what can we do? How can we work so the parents do not become activated or feel shame? What emotions are held in different imprints? Which imprint is the prominent presenter? How can we track and modulate our own activation levels while we are at the computer with our families? How can we be sure we are not projecting an incorrect emotion onto a birth imprint? How can we safely leave the baby in the care of the parents and be confident that the parents don't try to 'therapize' their baby, or reactivate the baby's regressive process? How can we help the mother who wants to rescue her baby from ear or hairpulling and persistent unexplained crying? You will get the answers to these, and many more questions.

Class 4: Detailed Group Supervisions with Karlton

This is an opportunity for two students to invite a mother. The birth story will be told live, with her present based on the baby photo. The purpose is to teach you how to work with the mother during a BMR session. Each of the two sessions will be 1 & 1/2 hours long: an hour to do the BMR with the mother; and half an hour to answer your questions after the mother has left. After a break we will repeat the format with the second mother and baby. I'd like to make plenty of time for you to ask questions, for us to go over special parts of the session in detail, and to help orient you to the possibility of doing BMRs of your own. You can bring up areas and questions where you might be especially curious or where you might feel a little insecure if you were to do a session on our own.

Class 5: Optional Class, Intensive Supervision

In this four-hour class, four participants will each have a chance to do a BMR on their own, with one of their babies, under my supervision. This is a gentle, direct hands-on process as if you were actually working with the family. We will only be working with the picture, and no mother will be present, but class members may act the part of the mother, asking questions and participating in the interpretation. There will be a short break between each of the four BMRs.

Optional Private Supervision with Karlton

This is a chance to bring babies and families from your own practice, and together as a team with me, do a BMR for them. Eventually you'll be ready, if you choose, to do your own BMRs. At a minimum, your practice will be enriched because you will be trained to easily, and almost instantly, spot the birth story of anyone sitting before you, whoever they are, and whatever your practice is.

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BMR discipline sharpens your awareness to see what is really going on around us all every day. It pulls a stubborn old veil away to reveal more clearly the human condition. Without it we are influenced by forces that, as a culture, we are not fully aware of. What we refuse to (or can't or don't) see pushes its way into form, becoming actions and creating influences upon events, and it feeds toxic behavior. What's hidden away inside gets mirrored back to us so we can do something about it. All perfect and the way the human psyche functions. But the more blind we are, the more outrageous the consequences are.

This is your invitation to learn to see the underlying truth and share it compassionately, so it can be released and healed instead of unconsciously acted out.

***Long-term potentiation**

In neuroscience, long-term potentiation is a persistent strengthening of synapses based on recent patterns of activity. These are patterns of synaptic activity that produce a long-lasting increase in signal transmission between two neurons
“**Plasticity in the human central nervous system**”, S. F. Cooke, T. V. P. Bliss, Brain, Volume 129, Issue 7, July 2006