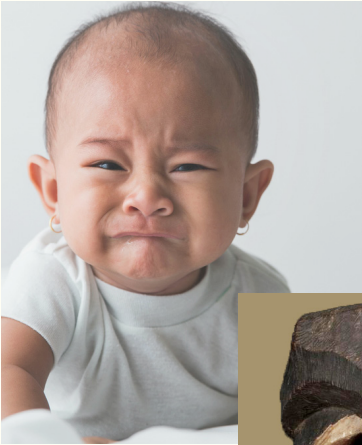


THE *Birth* MASK

Karlton Terry



Masks have been a part of human culture for tens of thousands of years. Masks hit home in the primal, sub cognitive parts of the brain, evoking an instant sensation: astonishment, curiosity, repulsion, relief, laughter, or fear, and so on.

Masks are fixed in the image they transmit. Except for animal masks, they convey a human expression of emotion, generally one that is universally recognized across cultures and generations. A mask is of a feeling that we know and feel ourselves. Though it is the same continuous expression of the feeling, a mask can dig at you, taking you deeper into the power

of the collective unconscious as you continue to take it in.

Many Native Americans, and other indigenous peoples believed that actors wearing ceremonial masks became imbued with the energy and spirit of the mask. Masks are used for ceremonies to bring participants closer to their deities. Masks are used to hide behind, and to frighten. Death masks are shaped in the image of the deceased both to honor them and to establish a relationship, through the mask, with the spirit world. A deity mask resembles the deity. A death mask resembles the deceased. By contrast, the birth mask articulates the impacts of a journey made by the soul who resides within.

A “birth mask” is what we see in the face of a baby, especially a newborn, or in the features formed by birth that are still apparent in an adult face. It is always called a birth mask, no matter what the age, because the causative dynamics were compression and drag forces from birth. The mask-making outcome of cranial and facial

molding, when properly and empathically studied, reveals a person's birth story, and shines a bright light on how birth, such as any intense experience, shapes and molds one's nature and character.



There is a lot to bump into during birth. When the bumps and bruises, creases and asymmetry of the birth mask are perceived and interpreted through empathic enquiry, details of a vulnerable and impressionable person's primal human experience emerge. A sequence of events is revealed, and a narrative arises, specific and novel to that particular birth.

It's a heroic narrative, rich in the details of the most special journey of life, peril, and escape. Years ago, I read in the American Medical Association Journal, words that have stuck with me: "Birth is the most endangering experience to which most human beings are ever exposed." I still believe this and am compelled to invite more attentiveness to birth imprints, and more compassion to the newborn. But first there is the problem of awareness. As a culture, we still fumble when it comes to accurate empathy and informed compassion for newborns.

A baby's birth mask is persistent because its primal architecture is expressed in flesh and bone. It is also laid out neurologically in the brain, constellating in what we call 'hostage-taking neural networks.' Because of their density and their frequency of firing together, they can displace the potential function of the social brain during lively situations and produce reactions, rather than logical responses, that may not be appropriate to the moment. Finally, emotional somatic encapsulation (implicit memory) is stored within the birth mask. Thus, frozen emotional declarations are entrapped during the mask-making trauma such as crying that couldn't be cried at the time.

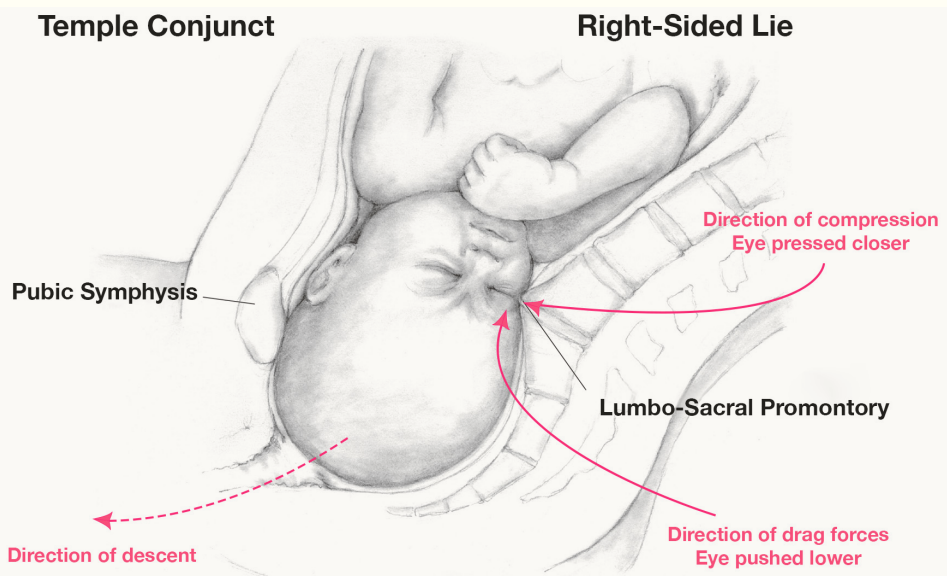
The birth narrative persists underneath all the encounters and stories that come later. As with the foundations of an ancient city, the municipality grows upon and retains the basic shape laid down by the first walls, roads, buildings, and ditches.



It still hurts in here. I still feel the pressure.

The head is the biggest part of a baby's body. Because the flesh been through, details of the mask express information that can help us understand him or her. Tendencies, such as reactions to situations are imprinted, and assembled in the impressionable and rapidly forming brain. Whether or not the perinatal challenges and events were navigated efficiently, they ultimately led to a successful birth, and constellate in very powerful patterns—hostage taking neural networks—that insit, "This is the way life is done." The stronger, denser neural networks become familiar and tend to be easily accessed and relied upon, even if they happen to be inefficient or inappropriate in situations occurring later in life. They become something like a persistent motto, for example: "When things go too slow I put my head down and push as hard as I can," even if I'm in a buffet line at a fundraiser, or riding someone's tail on the highway.

Let me illustrate with a common example. Say a baby's eye muscle is strained during a forceps delivery, or a difficult rotation in the birth canal. That eye is injured. Some of its muscles are arrested in hypertonicity, others in hypotonicity. Because that eye



This illustration shows how lie side molding, from compression and drag forces during birth lasts throughout life.



All of these people were right-sided lies indicated by eyes that are pressed closer to the midline and dragged lower than the other eye.

is injured, seeing through it won't be the same as seeing through the other eye. The injured eye might droop. A part of that person's life is defined (in terms of how he or she sees, and how he or she is seen) by the injured eye portion of the "mask." The same goes for babies with injured noses (which are a common occurrence in births), rashy cheeks, and babies whose cranial bones were molded and compressed along with the brain underneath it.

One of the most prominent features of a birth mask is the "lie-side." This term, coined by Dr. William Emerson, refers to the side of the head which was lying against the mother's spine during birth. This is the side of the baby's cranium that undergoes the most intense compression, unlike the non-lie side, which is pressed by uterine contractions.

If we can work at the level of the soul, and we must do our best at this, we see that every baby's face expresses a different facet of the divine, with a specific distinctive story: their personal Hero's story. It is a noble calling to get to know a baby's face and the nuances of its birth mask. It is extraordinarily healing to honor and understand the particulars of a birth story, without ignoring or repressing birth mask elements that look painful. In fact, when the painful parts of the story are honored, instead of repressed, babies cry them out because they are witnessed with concern and care. Anyone who has been through a remarkably intense journey is relieved and unburdened when they tell their story. I love the ancient Swedish aphorism, "A sorrow shared is a sorrow halved."

Engaging with the Birth Mask Reveal opens the door for a salient phenomenon to come into play: a kind of magic happens when a story is listened to with attentive empathy. The birth mask, fixed and still in a photo or sleeping baby, becomes

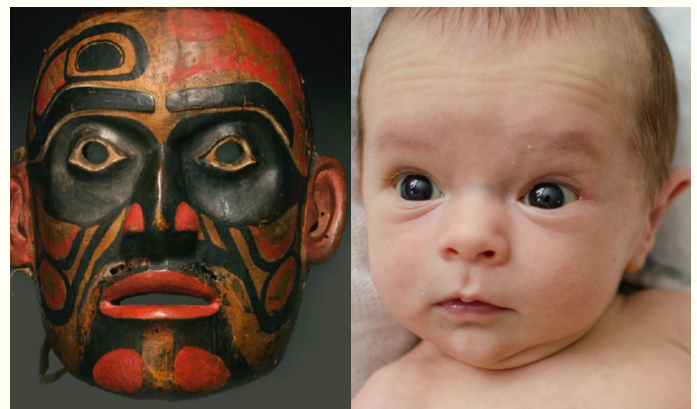
animate in wakefulness to express and articulate impressionable experiences trapped in the soma. The mask itself begins to move into fluid facial expressions, accompanied by baby body language, crying sounds, random and non-random movements.

It's our job as parents and birth practitioners to read the mask and be curious, inviting it to enliven. Babies never cry without good reason, and if their basic needs have been met, then they are usually crying about a psychological need from a stressful event that we don't know about yet, but must uncover if we are to be compassionate.

Implicit memory stored somatically, when invited to 'turn on' (when there is no social boundary restricting them and when there is a compassionate witness) will launch into action. This is how babies get attention when they need help. For babies and adults alike, implicit memories hold what the social mind doesn't, and are stored in the soma and in libraries in the brain. During a baby's crying periods, if they are witnessed with curiosity and compassion, the injuries and the accompanying hostage-taking neural networks tend to melt and release. The babies' brain and mind can let go and relax.

Head trauma doesn't just disappear when it is addressed. But the emotional weight of how it affects our sense of self and sense of the world does shift. It takes time for bodies to heal, but the psychological and emotional toll entangled with the pain eases when we are in communion with others who understand and care.

Babies will cry from unresolved birth pain that is still held in the head, the cranial membranes, the eyes, the bones and cartilages of the nose, or the brain. If pressured by caregivers to stop crying, they give in to the social forces imposed by such adult demands. Too often they are coaxed into silence, "SHHHH! Shush baby. It's okay, there is nothing wrong." Babies do not cry unless something is wrong. They need



to hear, "Oh gosh baby, you are crying so hard, something must hurt inside. Tell me all about it." This is a good venue for mothers (and partners) to cry too, to forgive their babies for crying, and to forgive themselves for not being the perfect mother (or care-giving presence) at birth.

Most people, when they see something that looks painful in a baby, feel pain within themselves. It breaks their heart. So, they (unconsciously) ignore or repress beholding the pain in order to protect themselves, inadvertently leaving the baby to carry it alone. This is one reason that recognizing and interacting with birth trauma has been repressed across nearly all cultures of the world. If the painful parts are ignored or repressed, they tend to crystalize into stubborn forms seeking attention. The human psyche calls for the awareness of what needs to be healed and released so as to achieve homeostasis, balance, and health.

When pain is addressed with compassion, it diminishes. If it is ignored, it increases in intensity continuously over time to get our attention. Crying, when unaddressed or improperly addressed, does not stop. This is the explanation behind colic: “unexplained persistent crying.” If it has nowhere to go (I.E.: no receptive empathic ear), it goes on and on until, sadly, it wanes from its uselessness. But the pain hasn’t gone away. The pain and unexpressed crying become compressed like a spring and are then buried in the shadowy corners the psyche, prepared to act out, often as toxic behavior, when the relevant occasions ripen later in life.

Arising from the birth mask are corresponding facial expressions, as well as all kinds of baby body language, crying sounds, random and non-random movements. It’s our job as parents and birth practitioners to read the mask and be curious.

We tend to pull babies out of their divine cloak and into our human woman/man-made world by rewarding them for certain behaviors and punishing them for others. When they smile, they get encouragement, when they fuss, they get discouragement. This form of socialization fits babies into shapes that work for the family. When babies get older, they realize they can get attention by fussing.

As compelling as babies are, and as satisfying as it is to be pulled into the joyful, innocent parts of their world, we more often pull babies into our social and psychological systems, our constructs and beliefs about how the world should be, and what kind of behavior is appropriate. A baby’s birth mask tells us how their world actually is. How they look and what their mask communicates is not made up by them according to social guidelines or proper traditions. It is just reality, and sometimes challenging to accept.

But the rewards of listening to our babies with curiosity are priceless. Understanding

what they went through, by seeing the birth masks, gives parents and practitioners the compassion needed for a special story to unfold, and for a happy satisfied creature to emerge.

To learn more about Birth Mask Reveal Courses visit:

ktbabytherapy.com/bmr-course-info