



The Birth Mask Reveal Method™

BMR Course 1: Basic Mapping by Karlton Terry

Course Description

How does the Birth Mask Reveal (BMR) work?

In Medicine, X-rays and MRIs reveal hidden injuries so that doctors can determine how to treat them. Similarly, BMR discloses details of birth imprints chronicled in the tissues of the face (of a baby or an adult) so that practitioners and parents can see what happened to the baby during birth. No one is without a Birth Mask, not even planned C-section babies.

BMR training teaches *compassionate perception* – which enables you to see what happened to someone's face while they were passing through the birth tunnel. Compassionate perception includes learning about facial topography¹, and developing the self-regulation to be present, with compassion and curiosity, while you survey and map the facial terrain of a fellow human being.

BMRs are done with a photograph or photographs of the client's face. If the client is a baby, the baby is not present. Parents, therapists, grandparents, or friends can be invited by the client or the client's parents to BMR sessions.

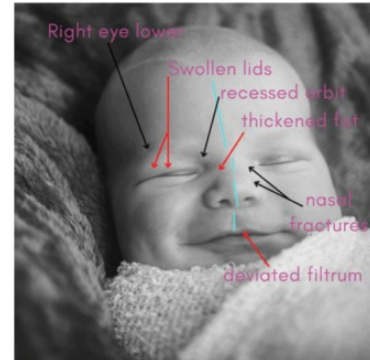
In this training course, you will learn what perinatal events occurred so as to create features specific to a person. There are as many Birth Masks as there are human beings. Each wearing the mask of their own Hero's Journey. Each with their own story as to what predicaments were encountered, and overcome, to to

¹ topography: the distribution, arrangement of, and relationships between parts or features on the surface of or within an organ or organism.

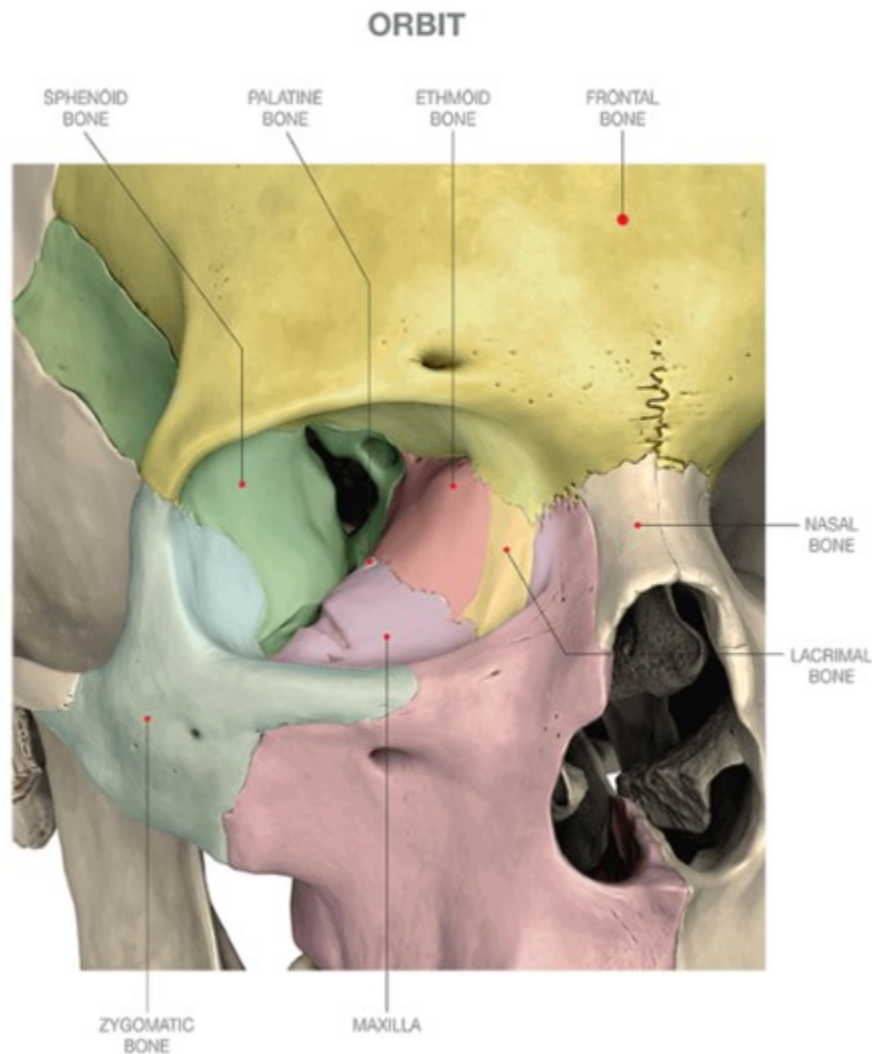
gain entry into this world. It is all written in the tissues of the face:

Whether the birth took an hour or a day, a person's Birth Mask has recorded the journey and it persists throughout one's life. Features of the Mask are caused by:

- a. compression and drag forces
- b. the intensity, or lack of, or timing of uterine contractions
- c. the oxygen supply
- d. the mother's pelvic shape
- e. the baby's reactions to and interactions with the mother, and her body
- f. medications involved at birth
- g. attitudes and philosophy of the birth practitioner
- h. the character of the baby^{*2}



Class 1: Morphology² of the Eye Region

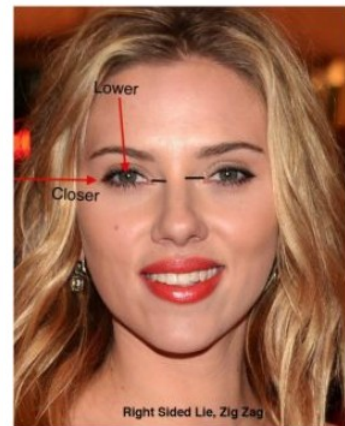
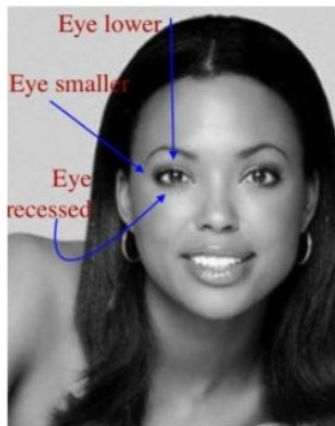
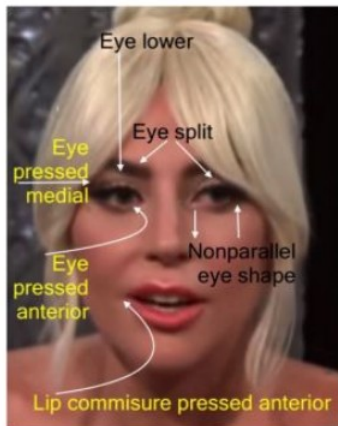


Human beings must rotate their heads through the snug pelvic crux during birth, and this can cause multiple torsions, and sometimes even lesions, in the many small (partially unossified) bones, membranes, certain muscles, tendons, and ligaments of the eyes, including certain muscles around the optic nerve. The imprints of these movements not only influence the facial appearance of the person but also how they see the world.

In this first class, you will learn about the variants of "eye splits," the cause of recessed eyes, and asymmetrical (non-binocular) eyes. You will learn about

² Morphology = physical form of living organisms, structure, and relationships of structures.

maladies to the eye muscles, which hold the birth imprints in place, even through adulthood. Eye imprints also influence the optic nerve, a thick bundle of cables that convey integral information to the brain and are considered a part of the brain itself.



Class 2: Facial Asymmetry Analysis

Pediatric statistics show that a broken nose happens in 20-30% of births. But a baby's nose does not need to be completely broken to produce one, or multiple, noticeable life-long asymmetries. Further, BMR compassion has a higher standard as to what a broken bone is.³ Most everyone has a nose that slants in one direction or the other. Slants are caused by pressure against the nose from the maternal bones while the baby is rotating. The number and severity of nasal slants are influenced by:

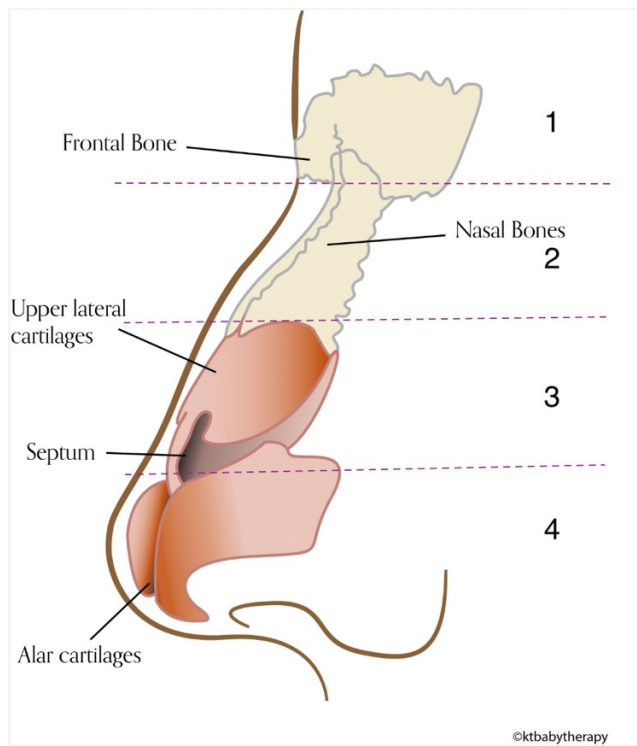
- a. the position and location of the baby's head
- b. rotations made by the baby's head
- c. the depth of the baby's descent into the pelvis
- d. intensity of efforts, and length of efforts, exerted by the baby
- e. progress along directions attempted by the baby, or how the baby was pushed by contractions
- f. width or narrowness of the pelvis
- g. body positions the mother takes based on her pain navigation
- h. whether or not medications (and what kind) were involved

³ a tooth of a suture, if broken, is a broken bone

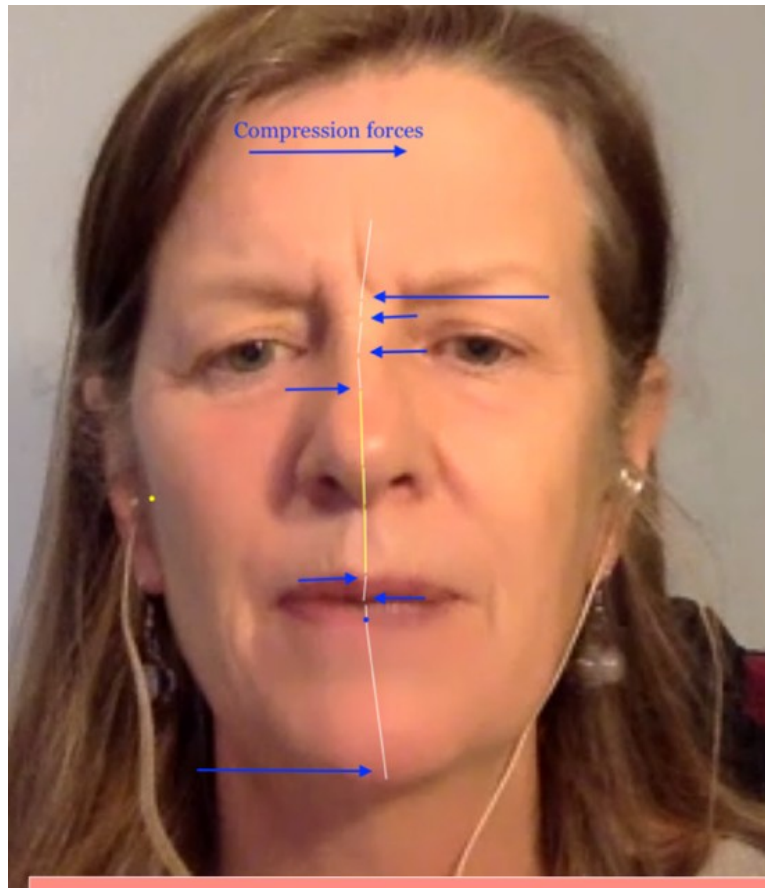


How many times were these noses pushed sideways, back and forth, or actually broken?

The anatomy of the nose is made up of four sequential parts:



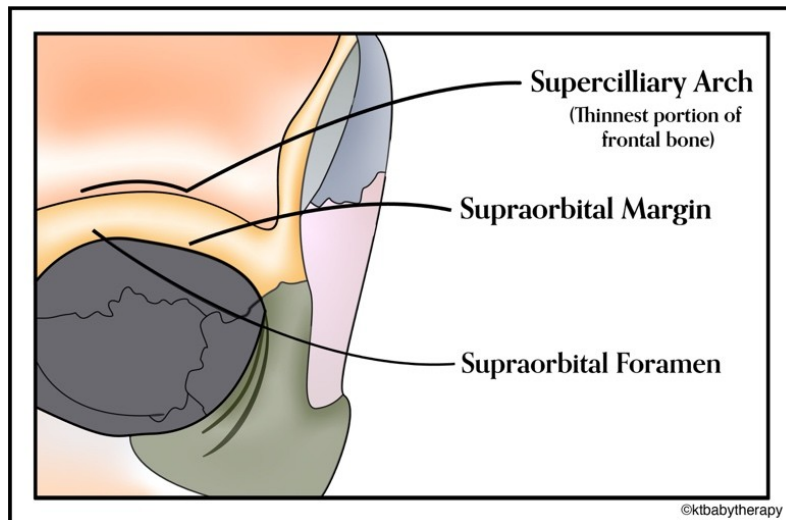
From the center of the forehead to the bottom of the chin, no one is completely symmetrical, not even planned C section babies. The lines of asymmetry have a story to tell about where pressure forces made imprints, where the baby's efforts failed, and where their struggles succeeded: all imprinting something like hieroglyphics or petroglyphs in/on the tissues of the face.



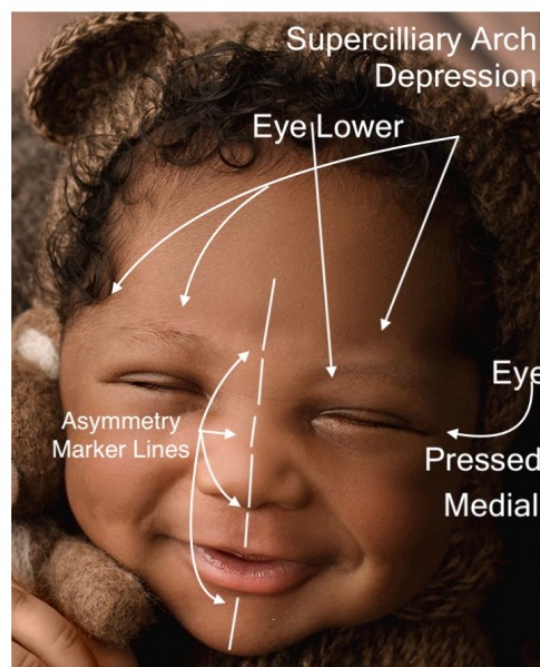
The Axis Differential is a measurement that indicates the greatest difference between two of the routes/directions the baby has taken. Babies who are born through a wide gynocidal shaped pelvis experience a deeper descent, experience less rotational events, have more symmetrical faces, and have narrower Axis Differentials. Babies who have been through a narrow pelvis often have had to search far to one side then far to the other or were pushed far to one side then far to the other, in order to find a route out. Sometimes they rotate 180° or even corkscrew all the way around. Constructing Axis Differentials helps us have more compassion for what the baby went through.

Class 3: How Birth Impacts the Cranial Bones

Superciliary Archway

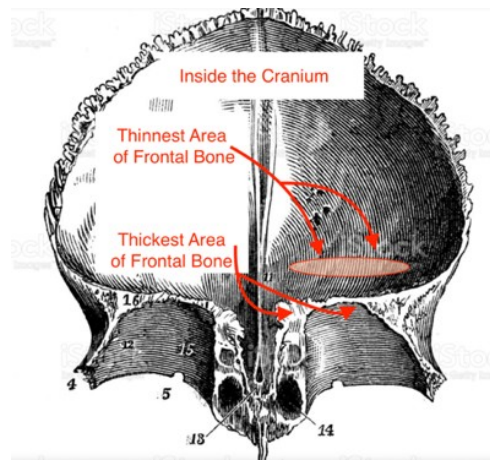


Because a perinate's cranial bones are thin and not fully ossified, even the four large cranial bones (the Frontal, Parietal, and Occipital), are subject to twisting, buckling, and warping from the forces of the uterine contractions pressing the head through the "Pelvic Crux." The term Pelvic Crux describes the space enclosed between the pelvic inlet and the pelvic outlet and is also referred to as the "interspinous distance," or "station 0." Besides "Crux" also means, "a particular point of difficulty."



The Frontal Bone width is thinnest just above the supraorbital ridge, where the Frontal

Bone is the thickest. Compression and drag forces can form an inward warp, causing the ridge to appear to protrude, creating the "Neanderthal Look."



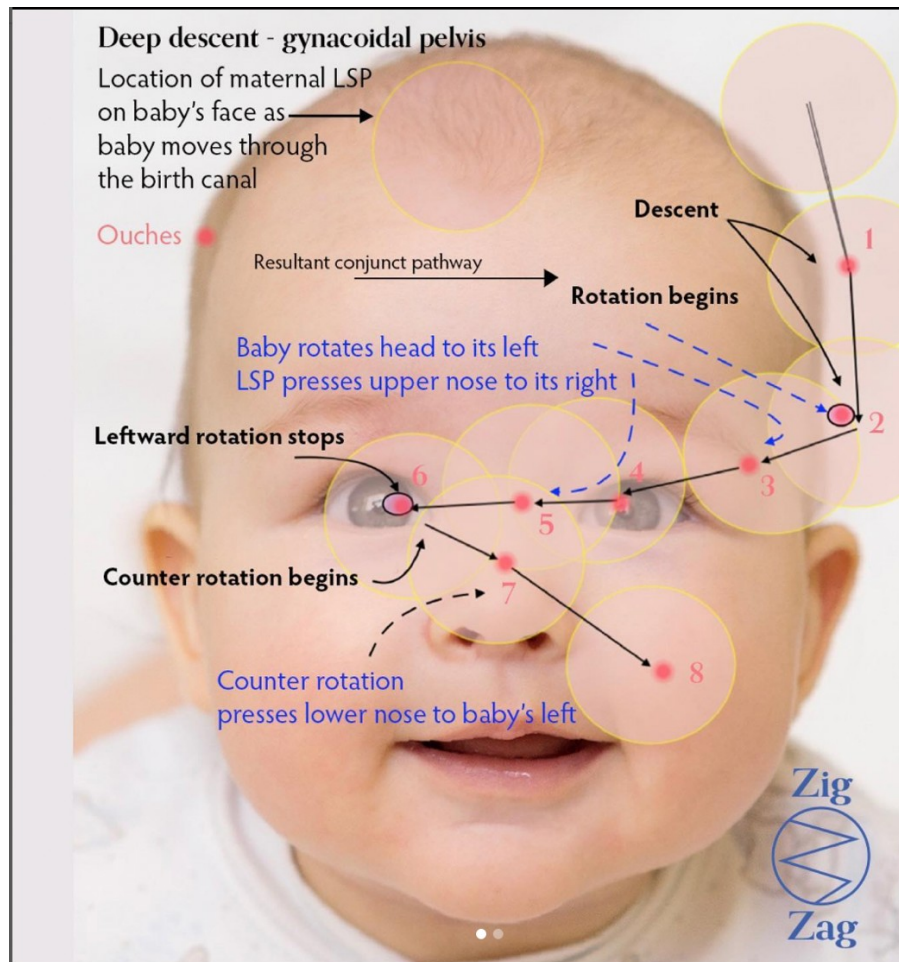
Because the large bones of the cranium are also impacted by birth forces, the frontal bone and the parietal bones are frequently forced into overrides and underrides, just like the tectonic plates of the earth. Recent fMRI studies indicate that the entire perinatal cranium, and the brain underneath, are compressed, molded, and torsioned into unusual shapes.

Although fontanels allow the bones to collapse, they collapse onto the brain and create shapes that do not return to 100% symmetry after birth, allowing us to see many details of what the baby's cranium and brain went through during birth.

Integral to the process of BMR Basic Mapping it is important to learn about the meninges, the falx, and the tentorium and how these important membranes and proximal tissues are affected by birth, endowing them with implicit memories (somatic, psychological, and emotional) of the events that were most influential. Meninges, fascia, muscles, ligaments, and tendons are all modified from their symmetrical prenatal shapes and forms. Although we cannot see them directly, we can see their influences upon the shape of the face, the skin, the facial features.

Finally, a very useful tool to help us understand how the face was re-arranged, is called the LSP Tracer. We track the course the face took as it was pressed across the LSP, and this trail, or pathway, is illustrated with a sequence of circles that represent the important locations of the LSP against the face during various relevant times as the birth progressed.

LSP Tracer: the Pink Circle



Class 4: Live Session - Debrief Q & A - Wrap Up

This class involves doing a live BMR demonstration with a baby and the mother or parents. One of our fellow colleagues will work with me in the moment with their baby (family) client. After the session is over, we will review the BMR to see how several decisions and protocols were undertaken, including:

- how is the prominent presenter(s) determined for mapping purposes?
- how is rapport developed with the mother?
- how is the mother invited into the mapping process?
- how do we track the mother to make sure she is not getting activated?
- what is the relationship between the amount of detail done with the mapping compared to the mother's tolerance threshold?

- d. does the BMR move from Basic Mapping to IMI (Implicit Memory Illumination)?
- e. what kind of homework is suggested for the family?
- f. the main, and most important purpose, of a BMR is to deepen compassion for what the baby went through, and help these new people be better understood by their caregivers – how is compassion addressed and encouraged in the session?

After the BMR session analysis, I may address aspects of the BMR Method that need some adding to and further explanation based upon how the Course has gone. Any details that did not get fully delineated are covered. I go a little deeper into the basic philosophy and purpose of BMRs with a sort of emphasis on the more purposeful efficacy and the simplicity of BMRs, outcomes from BMRs, and how participants can incorporate BMRs into their own particular practice.

Closure. Discussions about support and supervision. Invitation to and descriptions of the next course, Implicit Memory Illumination (IMI).

Course Format

Each class is 3½ hours: 1½ hours of teaching, a 30-minute break, then another 1½ hours of teaching (3½ hours).

Course dates:

Class 1 – 10 September 2022 at 17h UK time (9am PST)

Class 2 – 17 September 2022 at 17h UK time (9am PST)

Class 3 – 24 September 2022 at 17h UK time (9am PST)

Class 4 – 1 October 2022 at 17h UK time (9am PST)

Course Fee is £360 (discount for doulas)

[Click here to sign up for this course: BMR Training Course](#)