

THE MIRACLE OF BIRTH: Coming Into the World



By

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The Miracle of Birth: Coming Into the World

Introduction

How do you feel when you enter a room that is populated by people you hardly know, or perhaps do not know at all? What are the sensations in your body? What happens inside you when you travel to a new city, or another country? How at ease are you if you are asked to stand up and speak or present in front of a group? Under any of these circumstances do you feel:

- Shy?
- Afraid?
- Insecure?
- Unprepared?
- Concerned about your appearance?
- Afraid of being rejected?
- Eager to get it over with?
- Defended?
- Worried about making a good impression?
- Concerned about fitting in or being acceptable?
- So worried that your head hurts?
- So agitated that it is difficult to breathe?
- So nervous that you flush and become overheated?
- Compressed throughout or anywhere in your body?
- The need to have some alcohol or other substance?
- The need to avoid the situation, postpone it or find a substitute?

Any of these responses could be the result of what you experienced at your birth. The internal sense of being all-right, perfect in God's eyes, meant to be here, confident,

natural and at ease is your birthright whether you are male or female, no matter what your skin color or your age, whether you are tall, short, fat, skinny, hairy, bald, loud or quiet. If you don't feel that way then you can find that truth by repatterning what occurred at your birth. You can be all you are meant to be, joyful, unafraid, and free of stress, calm, brilliant, uniquely intelligent, beautiful and wonderful just as you are.

Coming into the world is a precious victory. It is a choice and a commitment. We all worked purposefully and courageously to get here. The reward is a life lived fully with consciousness and presence. The clarifying vision of Divine intention that illuminates your path from birth to death is available to each and every one of us.

This book explores the natural and man-made occurrences that can distort mind, body and spirit away from the perfection of human birth. The overall goal here is not to dwell on difficulties but to present designs for change and to evolve our perspective on early experiences. Our awakening also provides a preventive function for children now and for the children of the future.

Repatternning traumatic or shocking early history creates neurological reorganization. This means that latent neurochemicals and hemispheric resonance are activated, integrating and awakening new neuronal pathways. The amygdala reshuffles information and de-conditions it, freeing us to live spontaneously and refreshing our thinking. This is how habituated patterns are dissolved.

Birth is the glory of being seen and welcomed. It is an initiation, a rite of passage, and a spiritual and physical odyssey. We are all triathletes on the playing field of birth. We navigate the uterine ocean, questing for spacious expansion and the inherent right to be. Like all voyages, birth requires teamwork and support. With it we feel part of the world; without it we may experience excruciating terror and loneliness. Loneliness creates pain, and this is only one of the kinds of pain that the baby knows as he or she finds her way to their chosen world. The way birth pain is recognized and addressed can then shape all of our future responses to pain.

Virtually all the books about birth that you find in the library or the bookstore talk about it from the perspective of the mother. This book is about the baby's experience. The information contained here is, by dint of circumstance, not comprehensive, but is at least a beginning in pointing the way to consciousness, prevention and remediation of debilitating birth shock.

The subject of pain cannot and should not be avoided in a discussion of birth but this is not a book about pain. It is a book intended to celebrate the miracle of life. We are all miracles. Providing opportunities to experience the full extent of our miraculous existence is the permeating intention and purpose of this book. While demystifying the heretofore hidden drama of the baby's experience of birth, this book simultaneously provides resources to stimulate the complete nervous system vitality that is the springboard for exemplary post-natal development. The resurgence of developmental initiatives can occur at any age through attuned repatterning.

PART ONE: THE STAGES OF BIRTH

Each stage of birth provides a quintessential emotional, spiritual and physical scenario that unfolds into the next stage like the chapters of a well written biography. The details of your individual experience in each of these stages can only be discovered by you. However, we know that the exact quality of your experience of these stages is informed, in part, by two important determining factors:

1. The shape of your mother's pelvis; and
2. The structural consequences of the position or posture you held predominantly during prenatal life.

Please bear in mind that a healthy birth is initiated at each stage by the baby. This creates hormonally driven teamwork that leads to a sense of victory and success.

Indeed we will see that our knowledge of success vs. failure starts here, in early life. If you did not initiate your own birth you can repattern that and empower yourself using the TARA Approach. See the following section (**Part Two: Treatment** beginning on page 15) for information on patterning.

PELVIC SHAPES

There are three major pelvic shapes though there is also a multitude of variations and other rarer shapes:

1. Gynecoidal (typical apple shape);
2. Androidal (narrow and tall, triangular shaped); and
3. Anthropoidal (also narrow, but deep).



This heart shaped pelvis is a variation on the Gynecoidal structure. Thank you to Susan Ledet and her daughter Heartlee Mirelle Faith Lee for sharing this ultrasound image.

External indicators of size do not necessarily tell you about internal structure. It is usually the birth process itself that reveals these details. Internal exams provide a preview of uterine shape. No one knows the mother's pelvic shape more intimately than the baby who has traveled through it.

PREDOMINANT PRENATAL POSITION

Babies tend to favor one position in utero. It is estimated that 55% of babies favor their left side and 45% favor the right side. Babies tend to nuzzle up closest to the maternal spine. The fascia and structure on the favored side bears the brunt of whatever compressive or pressurized impacts occur, whether these be physical (falls, for instance) or emotional (felt, heard or seen events or experiences). The favored side is frequently the side of the body that later in life has the most vulnerability.

When there is a twin in utero for any period of time the surviving baby will adjust their posture to accommodate the twin and frequently maintain that posture long after if there is the twin loss. Multiples who survive accommodate each other in utero and at birth with residual structural and emotional patterns.

The posture in utero that is habituated often is revealed as a structural tendency in postnatal life. Repatterning the prenatal habituation when necessary and possible can correct later propensities and even eradicate them so that the body is freed for a wider range of movement options. Scoliosis and lordosis, for instance, often demonstrate habituated prenatal postures.

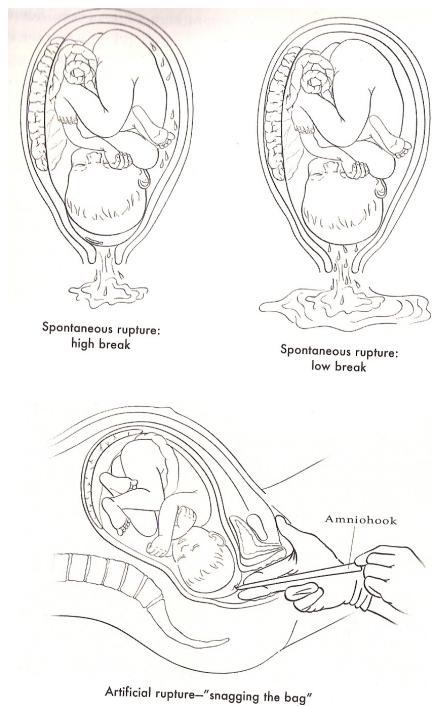
BIRTH STAGE ONE ~A and B

In **Stage One A** the baby organizes for the birth voyage. During this phase, which is prior to full dilation, the baby's head is almost always in a transverse position in the pelvis. This is the pre-descent posture.

Consider how you feel before undertaking a long trip to a place you know something about but which you have never actually seen in clear, broad daylight. You may have heard about this place, or seen photos of it, but you have not been there. You want to go but there are risks involved. Take some time now to journal about how you have felt in your adult life about trips like this. If you avoid trips like this, write about why this is so and what kinds of trips you prefer, or if you prefer to never go anywhere very far from

home base. This may reflect how you felt about initiating your birth and your entire birth experience.

The organizational phase of **Stage One A** is distinctly hormonal as revealed by the vaginal discharges that signal that the biochemistry of the uterus has shifted. This can be the elimination of the mucous plug, a bloody show, or, more dramatically, the breaking of the waters of the amniotic sac. These events initiate the next sequence.



When this happens the baby is sacrificing its cushion. The protective field that has been a lining or boundary marking the parameters of the contained environment is eliminated at the baby's signal that he or she no longer needs or wants to be protected in this way. The baby is setting out bravely for new frontiers, venturing forward, going courageously into the relatively unknown world relying on landmarks like the sound of mother's voice or the knowledge of her presence.

The waters can break very close to the baby's head, or further away from it. They can also be ruptured artificially with what is called an "amniohook." A "gross rupture" immediately eliminates the cushion of protection the baby formerly knew. The other, farther from the head, is gentler.

All shocks can be mitigated through communication. If a baby requires an artificial rupture for a safe delivery all that is required is that the mother, family members, midwives, doulas or medical professionals communicate to and with the baby before, during and after the rupture. If the baby feels respected by the intervention and protected by those in the environment, the shock is virtually eliminated. If you feel you were not respected by those who performed interventions such as this then you can repattern any of these experiences using the TARA Approach so that the residual

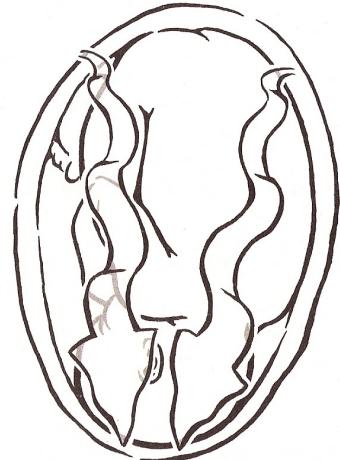
defensiveness or resentment does not have to linger in your cells. Consult Part Two (page 15) for treatment options.

Stubborn hesitancy or refusal to launch new ventures with an overly cautious emphasis on risk could stem from this early shock. Needing repeated reassurance before stepping out into a new realm, be it a new relationship or a new career or a new lifestyle experience could be evidence that this early shock has not been resolved and is still directing your life. Staying stuck in repeated entrapment of any kind because of fear of what would happen without this familiar discomfort is a common form of recapitulation. Many addictions and co-dependencies revolve around this theme.

Stage One A, like all the stages of pre and perinatal life calls for support. This means that attunement to when this stage is occurring with validation for the baby taking this big step can instill confidence and trust. This is a time of bravery and is forerunner to every aspect of what follows. It is a re-enactment of other initiatory phases like conception. Repatterning this moment can repair previously difficult initiatives and allow all future initiations to be positive and successful.

Stage One B is the beginning of the actual descent. Now the baby has gone beyond hormonal change to movement towards birth or manifestation individuation. This creates pressures on the cranium, depending on the shape of the mother's pelvis. In the **gynecoidal** (typical and most common) as well as in the **androidal** (narrow) pelvis, the lumbo-sacral promontory is the fulcrum. In the **anthropoidal** (deep) pelvis there is more room to descend and therefore more rotation is possible in this phase. The position of the baby's occiput and forehead during this descent will influence the molding of the baby's cranial structure and may create pathways of vulnerability and activation on the head and face. If this initial descent is

Early Labor



The rhythmic, wavelike contractions of the uterine muscle push the baby downward

the
and

painful and unresolved these pathways sustain until they are repatterned. The lingering of the pathways is the indicator of unresolved shock. The healing process requires unlayering and attuning until the wound pathways are muted and erased.

Stage Two is the fusion of orientation, movement and force. Whereas **Stage One** is the stage of initiation, **Stage Two** is the stage of intention merged with direction. During **Stage Two** there is considerably more rotation of the cranium as the baby searches for viable routes. **Stage One** structurally influences the crown of the head and the forehead (Point/Area 20). **Stage Two** defines the region from the ear to the chin (Point/Area 21).

Stage Two A is movement with force. **Stage Two B** adds an urgent navigational necessity. Depending on the geography of the mother's pelvis, **Stage Two B** can be fraught with difficulties. Once again the LSP (lumbo-sacral promontory) and the proximity of the mother's sacrum can interfere with the fluidity and ease of movement. If you have difficulties with direction or become panicked when you lose your way, or if the entire experience of being lost creates high levels of anxiety in you, the origins of this panic could be traced to this stage of your birth. Feelings of distress about being lost usually apply to location but can also include being lost spiritually, relationally, or in terms of your future professional or career direction, or the direction of your marriage or parenting. When things take an unexpected turn, how do you feel? What are your resources? Range of motion and quality of function in the cranium, neck, sub-occipital region and other parts of the body related to direction (eyes, ears, and nose) can also reveal information about this period.

All movement that requires rotation and reorientation will be influenced by the umbilical cord. If the cord is knotted or wrapped around the baby's head descent can be complicated. If moving forward is frustrating for you and you frequently feel trapped or held back by something which you may or may not be able to name, this could be the result of umbilical cord involvement. As with all obstacles, specific strategies for repatterning from a variety of perspectives are available using the TARA Approach.

Having access to multiple options at all times is a sign of health. Birth is messy and unpredictable. It is not designed to be controlled. It is a wild, fluid dance with a divinely created and highly individuated choreography. If you feel unsafe with the unpredictable it may reflect your birth experience.

During **Stage Two** the baby's head will usually rotate into a face down position. During this rotation the LSP (lumbo-sacral-promontory) crosses the face. This can affect all facial structures, including all facial bones, joints and tissues. The middle of the back of the head (area behind ears to Point/Area #4) can also be impacted depending on the strategy in of the baby's rotation.

Stage Three begins after the LSP has been traversed. It is defined by an orientation to push. In **Stage Three A** the baby **prepares** to push. The landmark or fulcrum is the mother's sacrum. The back of the neck (Point/Area #12) and the entire cervical spine is the body region that carries information about **Stage Three**. As with all the "A" stages this is a preparatory phase with concomitant hormonal artillery. Mother and baby share a shifting biochemistry in this unpredictable saga. Oxytocin and dopamine, the neurochemicals of joy, creativity and love, are the lubricants for ecstatic birth.

Stage Three B is sometimes called transition. This is when the baby's entire body becomes engaged for full body contact with the mother's pelvis. Wide ranges of rotation are possible. The extremities can become engaged when the pelvis is wide and deep. A narrow pelvis will restrict movement. Cord involvement plays a role in the quality and duration of this stage. Areas of repeated restriction and frustration make their mark on the shoulders and torso that struggle for liberation.

The baby is usually faced down on the mother's sacrum at this stage. Her coccyx represents the narrowest aspect of this passage. Of course there are multiple variations on this "usual" situation. The most profound details about breach and other positions as well as multiples come from documenting the recollections of people who experienced

them. Some information about these variations is presented in the treatment section that follows.

The narrower the mother's pelvis the more forceful the impacts will be high on the baby's head during this stage. Intense pressures can create enormous long lasting sensitivity on the top of the head until the pain from this stage is resolved. Deeper and wider pelvic structures lower the points of impact on the baby's body.

Narrower pelvises require more rotation sooner. They can block descent significantly because of the protrusion of the ischial spines. This can result in chronic tension in the face and head. The back of the head is the widest part of the baby's body to descend and because the largest portion of the pelvis is the sacral cavity, babies are mechanically encouraged to be born face up, facing their mother's abdomen and pubic arch. This means the front of the face and the back of the head are most dramatically affected by **Stage Three B**.



The baby emerging

Babies make numerous attempts to descend and revise their routes during **Stage Three B**. All these efforts, like everything in the birth journey are direct responses to pain and pressure. These result in survival decisions. Here is where and when we develop our primary coping mechanisms and strategies for addressing life's significant challenges. When these strategies are outmoded it is important to update them. This is what the TARA Approach teaches: the differentiation between the past and the present through the identification of what happened in our earliest history. We are thus able to explore the infinite number of options that are available to all human beings.

At the end of **Stage Three B** the head has crowned. At this juncture the pressure shifts to the shoulders and torso. These structures are specifically involved in the decision about being born face up or face down. The pelvis must be navigated to manifest this choice.

Stage Four A completes with the birth of the head and shoulders. **Stage Four A** is marked by strong rotational impulse. Memories from this time are stored in the area from the shoulders to the thoracic diaphragm which is trying to navigate the mother's pelvis.

Stage Four A is preparation for presentation and delivery into the world. **Stage Four B** is delivery. The nature of the delivery experience is determined by whether it is vaginal or caesarean and who is present to receive the baby.



The use of forceps or vacuum extraction can create significant pain, compression and shock. See the next section in this book for treatment suggestions for these situations and also for caesarean deliveries.

All of the stages of birth can be distorted from their natural order by the use of analgesics, tranquilizers, narcotics, anesthetics or "locals." Without discussing the necessity of their use it can be said without question that they alter the quality of the birth experience **for the baby**.

These sedatives and pain killers are administered according to the weight of the mother and therefore they inevitably overwhelm the baby's nervous system. In addition they alter the biological necessity for the alert and present mother-baby contact that is a pre-requisite for bonding and post-natal brain development.

Epidurals, it is estimated, are administered to at least 50% of birthing mothers. This is a numbing agent injected between the lumbar vertebrae during the pushing phase

(Stages Three and Four) when, in fact, pain stops being a factor for the mother.

Epidurals confuse the mother's pushing impulse and interfere with the dyadic teamwork crucial to birth. In addition the epidural confines and restricts the mother's movement due to spinal paralysis and can, therefore, increase the length of the labor.

As in all aspects of the birth journey these interferences, if they did occur, can be repatterned using the TARA Approach. See the treatment section later in this book for direction including a protocol to detoxify from analgesics stored in tissue. Suggestions for how to interrupt the pain, fear and tension cycles in the whitewater quality of childbearing are available in the **PUNAHELE (Special One)** guidebook from the TARA Approach.

By industrializing the birth process and removing it from the family environment medicine has substituted the baby's immediate family with the medical staff. The behavior of this staff communicates directly to the baby about the relational world and who populates it. Long ago midwives realized that the people in the room when the baby was born played a formative role. A *Manual for Women* published in 1887 in England to prepare women for labor cautioned mothers to not allow gossip and idle talk in the labor environment: "*All chattering, croakers, and putterers ought, at these times, to be carefully excluded from the birthing room. No conversations of a depressing nature should for one moment be allowed.*"

Reflect for a moment on who you would have wanted to be present as you entered the world for the first time after your arduous labor to reach your destination? Write about how you would have chosen to be received and by whom. Script the words and feelings that would have soothed, inspired, comforted and welcomed you. Now read what you have written. If possible, find people who can help you enact this repatterning. Read the section on Constellation Theory (page 22) later in this book to help you understand the

power and value of this process. You can claim the maximum potential from a situation that may not have been quite ready to elicit that potential at your birth. Nevertheless the potential was there and you can claim it as your truth.

PART TWO: TREATMENT

*“Your children are not your children.
They are the sons and daughters of Life’s
longing for itself.
They come through you but not from you,
And though they are with you yet they belong
not to you.”*

■ *Kahl Gibran*



Every aspect of pre and perinatal life and psychology focuses on differentiation and individuation. Birth is about uniqueness; it is not about merger. Birth is about defining who we are and what we are here to manifest. The longing of each individual is for the support and validation of individuated selfhood. This is the paradox of birth. Every child has a cellular, physiological need for the recognition of their struggle and achievement. This is the impulse to be mirrored and it must be met by the parental impulse to mirror. If the parent themselves needs to be mirrored by the child the entire Divine design is

temporarily distorted, like a broken mirror, the fragments of which splinter the fascial matrix.

The point of mirroring is to empower the child to be themselves not to comfort the adult or to make the adult feel worthwhile or successful. From this perspective all repatterning of birth shock is, to some extent, a Sixth Depth or Primordial Fire healing. The integrity of the flame of Primordial Fire has to be re-ignited through energetic and neurological reorganization and, in many cases, structural re-alignment. The sub-categories of treatment that follow are permutations on this overview.

The Startle Response

The magnitude of pain that can occur during the birth process often produces different kinds of startle responses that become entrenched in connective tissue, significantly distorting the fascial matrix. The Moro Reflex is a form of startle response that indicates severe unresolved shock. There are many other forms that are less apparent. A section describing the possibilities of startle responses, their assessment and treatment is provided (beginning on page 29).

Stage One Treatment

The optimum initiation of the birth journey includes enthusiasm. Think of what an athlete needs to feel confident at the beginning of a race or what a dancer or musician needs before performing. **Stage One** signals the step out of the sanctuary of invisibility into the human spotlight. This is when the actor comes out from behind the curtain or the speaker steps to the podium. This should be a moment of exhilarating success. If it is not, this is your chance to make it so.

Stage One (A and B) parallels conception so the same areas that invite a joyous conception invite a joyous **Stage One**. This means that **Point/Area #1 and High 1**, and **all the points and flows related to embodiment** will appropriately repattern cellular tissue to celebrate birth initiation. This gives this stage an Earth Element quality, with a Water Element undertone.

The most beneficial flows include:

- ***11/25 (same side);**
- ***Second Circumstantial Flow (Book III);**
- ***11-12 Flow (Book II);**
- ***Hip Release Flow (Book III).**

Stage One B has a strong hormonal component so the flows that stimulate hormonal balance will erase any negative imprints or restrictions from this period:

- ***13 Flow (Book II);**
- ***15 Flow (Book II);**
- ***All the flows for hormonal revitalization in Book III.**

Stage Two (A and B) parallels implantation. Point/Area #2 and the **Flow to Release Point #2** can be used for and during repatterning of this phase. Because Stage Two is about orienting and rotation, directionality and forceful movement, it has a Wood Element tone. This makes the following flows appropriate for the vitality of this stage:

- ***Third Depth Flow (Book II);**
- ***Liver Meridian Flow (Book I);**
- ***Gall Bladder Meridian Flow (Book I);**
- * **4 Flow (Book II);**
- ***Brain Support and Cranial Flows (Book III).**

Treatment of the facial structures is facilitated with these flows:



- ***Stomach Meridian Flow (Book I);**
- ***Bladder Meridian Flow (Book I);**
- ***Gall Bladder Meridian Flow (Book I);**
- ***Heart Meridian Flow (Book I);**
- ***20-21-22 Flow (Book II);**
- *Palming the calves releases the entire fascial matrix.**

The cranial nerve treatments for the facial and trigeminal nerves will also be helpful in repatterning facial pain that could have occurred during **Stage Two**.

Stage Three (A and B) requires sustaining flows that enhance the power of full body engagement during this cycle of birth. This includes:

- ***The Supervisory Flows (Book II);**
- ***The 16-17-18-19 Flow (Book II);**
- *Diagonal Mediator Flow (Book II),**

For the stamina and endurance of the presentation phase and to counteract the debilitating influences of analgesics, these flows are helpful:

- ***Kidney Meridian Flow (Book I);**
- ***Liver Meridian Flow (Book I);**
- ***Spleen Meridian Flow (Book I);**
- *Main Central Vertical Flow (Book III).**

To release toxins from analgesics, sedatives and narcotics stored in tissue also use the **Detoxification Protocol** (page 22).

The themes for **Stage Four (A and B)** focus on the celebration of welcoming and achievement, and when this has not been possible then we have to attend to the damages of loss, disappointment, despair, resignation and loneliness from isolation and separation. This gives **Stage Four** a dominant Air Element quality. The following flows can repair this spiritual shock:

- ***Second Depth Flow (Book II);**
- ***Lung Meridian Flow (Book I);**
- ***Large Intestine Meridian Flow (Book I);**
- ***Flow to Release Point #9 (Book II);**
- ***Flow to Release Point #10 (Book II);**
- ***Second Circumstantial Flow (Book III);**
- ***Main Central Vertical Flow (Book II).**

Treatment for Forceps Delivery, Vacuum Extraction Delivery, Breach, Twin and Caesarean Births:

Please reference the book on ***Pre and Perinatal Psychology: Removing Primary Obstacles to Early Development/Assessment and Treatment*** by Stephanie Mines, Ph.D., available from the Dom Project for extensive information on how to address these circumstances from a regressive and treatment perspective.

In the case of **forceps shock** there are simple cranial interventions that can, with attuned accompanying dialogue, completely remove the structural, psychological and spiritual damages of this experience. Even when necessary and life-saving the use of forceps is usually felt by the baby as an invasive manipulation. If the physician or medical professional communicates with the baby and makes every effort to apply the forceps lovingly and respectfully then that shock is substantially mitigated. The same is

true for vacuum extraction deliveries. These are aggressive directional takeovers and even when they are completely necessary they steal the victory of birth. Acknowledging this can make the world of difference.

Cranial treatment for **forceps and vacuum extraction deliveries** generally revolve around the widening of the occiput and releasing tension in the sub-occipital muscles where the rebound is felt in response to compression above, around and behind the eyes. Sometimes “speed bumps” can be identified in the occiput that report about the battle the baby has fought against the forceps. These can be smoothed with careful treatment that accompanies therapeutic dialogue. The use of the **Brain Support and Cranial Flows (Book III)** and the **Clear Vision Flow (Book III)** will be very helpful.

The sites of the forceps and vacuum applications higher on the cranium can be treated specifically. Strong vectors or energy cysts are usually identified there and can be released using a variety of manual and energetic techniques including but not restricted to:

- ***Main Central Vertical Flow (Book II);**
- ***4 Flow (Book II);**
- ***20-21-22 Flow (Book II);**
- ***Cranial Nerve Releases for the optic nerve and jaws;**
- ***Stimulating CSF (cranial sacral fluid);**
- ***Treatment of frontal lobe, sphenoid, orbital vault and parietals.**

Re-constellating the human dynamics as described in the Constellation Theory described here adds dramatically to completely repairing these wounds that involve how adults behave in relationship to the baby while using forceps and vacuum extraction interventions.

Breach presentations and other strong counter movements, as discussed in the text on **Pre and Perinatal Psychology**, can be a reflection of Divine Homesickness or a

reaction to profound experiences of pain and compression. Please refer to the treatment and assessment information provided in that book. See also the section in this book on pain and loneliness (beginning on page 24).

Repattern treatment for **caesarean** deliveries is also discussed in that text. The emphasis in this book is on initiation and restoring the victory of accomplishment. These themes are addressed throughout this book and can be applied for **caesarean** situations. The emotions surrounding **caesarean** deliveries are complex for both mother and child. An entire book should be devoted to this subject and perhaps I will be able to provide that at some point in the near future!

In the birth of **multiples** I would like to reiterate the emphasis on seeing each child from the standpoint of their individual experience prenatally and at birth. This in itself provides ample opportunities for extraordinary patterning.

See Book III for general treatment of babies immediately after birth.

See the **chart** on page 37 on pulses and how they reflect shock and the related treatment recommendations.

AUXILIARY TREATMENTS

Detoxification Protocol

**L1 on rt 15
R1 on rt 6
R2 on rt 15
L2 on rt 13
L3 on rt 11
L4 on rt 3
R3 on rt 23**

Next do 5-6-7-8 flow

End with Spleen Flow

Special Flow for Shoulder Dystocia/Asphyxia

**Hold High 19 and opposite 14;
Hold High 19 and opposite High 1;
Hold High 19 and opposite 15;
Hold 15 and opposite 18;
Hold 15 and same side 8;
Hold 15 and same side 2;
Hold 15 and opposite ring finger.**

Treat both sides.

**Using Family Constellation Techniques to
Heal Birth Shock**



The theory of Family Constellations was developed by the brilliant German psychotherapist Bert Hellinger. A constellation is an energetic representation that carries significance in a person's unconscious. The

Constellation Approach allows reconciliation with that constellation and an energetic reorientation that is both cellular and neurological.

During prenatal life and the birth journey the baby is strongly influenced by the family, community and world dynamics that surrounds them. Especially during the birth process the ways in which these dynamics are portrayed in the personalities of those present for this auspicious life transit influence each stage of birth. When these constellations are NOT positive then we want to uproot that influence and create a more desirable experience so that we can optimize our health potential. We do that by re-constellating those prized moments and aligning them with Divine intention.

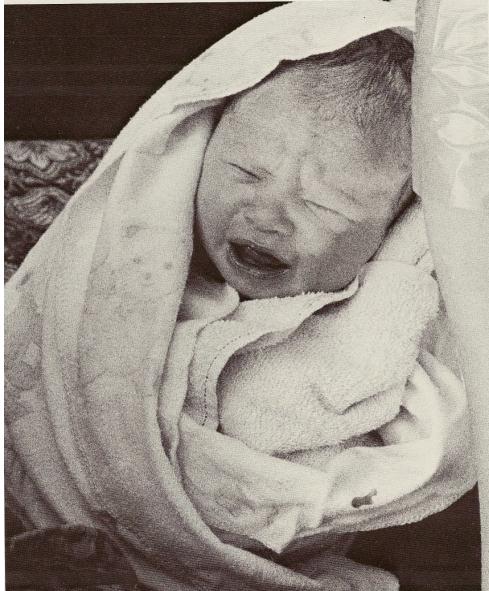
In the exploration of our early history we have the opportunity to ask others to step in and absorb the energy that afflicted us and transform it for and with us. This is a stunning and artful transposition. It is beneficial not only for the person seeking healing but for those who were misaligned and out of order who now can resolve that energetic distortion. This method was created by Dr. Hellinger but it also has precedent in other psychodrama forms and other systems of family lineage healing such as those created by Virginia Satir. I have simply adopted these methodologies and applied them to the birth stages.

Using this approach we can ask others to play the roles of parents, doctors, siblings, nurses, grandparents, midwives or anyone involved who played a role in the birth process. When there is no one available to step into these roles (which is an act of generosity and service), the same purpose can be served through visualization and journaling. Creating this possibility allows suffering on all levels, including the physical, to be gently and compassionately dispersed.

Whenever possible we can select people to represent members of the family or medical team and place them in relationship to each other and to us. These individuals, whether physically or imaginatively, become channels for the transformation that is needed for alignment. A field of knowledge and intention is organically created that flows with healing language. A natural order replaces an unnatural distortion with very little prompting. This allows for loving expression. It makes it possible for parents to behave like parents and children to behave like children. Medical professionals can behave as helpers rather than controllers. Nurses can be restored to their caring role instead of behaving like soldiers by following orders. The right alignment is found and a constellation of regeneration and release replaces a constellation of distortion and violation.

Using the Constellation Approach in patterning birth shock is a creative endeavor. It is actually thrilling and joyful no matter how difficult the material being addressed. It is

incredibly powerful. It can be integrated with energy medicine, structural and manual therapy, and cranial treatment. I include it here because it can play an essential role in the treatment of birth issues.



The Treatment of Pain and Loneliness in the Birth Process

“If you want to go fast, go alone. If you want to go far, go together.”

African Proverb

Frank Lake, MD (1914-1982) was a British physician who made a thorough investigation of the pre and perinatal process, exploring in particular the impacts of pain levels due to many factors, but the primary one being disregard for the experience of the baby.

Lake served as a medical missionary in India and trained to be a psychiatrist. He was also an evangelical Anglican.

His model of the healthy, ideal birth was the birth of Jesus who was sent to do God's will. Lake stated that since Christ was "accepted and sustained by the Father and achieved the Father's will for the good of others," that his birth was ideal. Christ had, according to Lake, "the acceptance and sustenance" that are the template for "humanity's life." Lake believed that the lack of this "acceptance and sustenance" was associated with pain and loss. People without these never feel they are doing well. Lake created what he called "clinical theology" which was a psychology that understood the

dynamics of pre and perinatal life. The greatest pain, he said, was the absence of “acceptance and sustenance” from the parents, and particularly the mother, during prenatal life and the birth journey.

Lake’s theories match the concept of all healing from birth trauma being on the level of the Sixth Depth or Primordial Fire. Christ knew who he was and why he was born. This knowledge was mirrored by his heavenly Father and also by his earthly parents. This made it possible for him to fulfill his purpose with clarity, without doubt, and with devotion, sustaining health throughout his mission. This is the model we replicate in all birth repatterning, using the tools available for realignment. There is a much wider spectrum of these tools available now than there was when Dr. Lake was doing his investigatory research.

Dr. Lake reflected on the levels of pain that one can experience during the birth journey and their spiritual implications. Using Christ as the template for a healthy prenatal life and birth he considered the other possibilities and their consequences. The remedy that he offered was an exploration of pre and perinatal history and the comprehension of those experiences with some form of release from the distress that occurred.

He used the graded standards of pain levels developed by Ivan Pavlov to illustrate the magnitudes of birth shock. These levels are:

1. Ideal birth: The ideal birth is one in which there is attunement between the mother and baby. The environment is relationally rich, allowing the organism to develop ideally. There is an abundant supply of love and nutrients and maternal bonding is immediate, strong and thorough. This allows the baby to cope with all the potentially demanding circumstances of birth. Lake called this “nonviolent birth.” It is the lifescript of optimism that leads to a belief that all challenges will be successfully met and all difficulties are temporary and eventually overcome.

2. Compensatory birth: This level of experience is the product of the necessity of surviving some unmet needs in utero and during the birth process. Many other needs are met sufficiently so that the disparity is not too difficult. The spirit expands to include the difficulties and trust remains intact. Lake suggested that this kind of birth can occur when the pelvis is too narrow to allow the head to pass easily or creates severe or difficult molding. This compensatory birth can also be the result of a birth process that is exceedingly long and the baby begins to feel that the discomfort of being born is verging on being beyond its capacities to endure.
3. Oppositional birth: The interface between needs and coping is stretched beyond the coping capacity of the baby. Some shocking events create distress that shatters trust. The result may stress either the sympathetic or parasympathetic responses dominantly but in either case a deep scar is made. Lake suggested that this situation will occur when the fetus' head is jammed into the pelvis and cannot find a route of movement. There is a strong will to return to the womb or in some way to end the suffering. There is a prolonged struggle to live but a growing sense of distress. The head feels crushed and there may be some levels of oxygen deprivation. There is a true biological emergency that bears down on spiritual and physical strength. There is a great desire for more room to breathe and move and enormous relief when this is found.
4. Trans-marginal birth: This describes the situation in which the margin of tolerable pain has been breached. This creates a dramatic allostatic load that pushes the baby in the direction of unresponsiveness, despair, apathy or the opposite, an aggressive, hyperactive and violent reaction. In this situation, Lake posited, there is both a desire for death and a fear of death which seems just around the corner. The limits have been crossed and the will has to find a way to orient itself under intolerable circumstances. Continuing seems intolerable. Sheer tolerance of the pain takes over. Lake equated this with Job's predicament. The baby's identity becomes fused with the pain. The challenge of this "dark night of the soul" was

equated, in Lake's explorations in some cases with a level of mysticism that became the resolution of this suffering for some. Lake thought that these perinatal circumstances could call for a lifetime quest for healing. He also suggested that "psychiatry will have to reckon with these facts." Thus transmarginal stress could produce a saint, a psychotic, a healer, or a lonely, alienated human being unable to participate in the social matrix.

The spiritual challenge of birth is the product of the magnitude of pain during the journey. This is what differentiates this time from the challenges of prenatal life. An fmri study reported in *Science* magazine (10 October 2003) reports that the brain's response to loneliness is physical pain. This pain is experienced in the brain, in the cingulated gyrus which forms the integrating folds of the midbrain. The way other human beings interact with us during the formative stages of our lives is registered distinctly in our neurology. This creates a wiring that shapes our behavior but re-wiring is always possible. Constellation Theory is especially helpful in re-wiring these responses to loneliness, rejection and abandonment. It is well worth the time and effort to repattern as shock obscures full access to consciousness.

THE STARTLE RESPONSE

By
Stephanie Mines, PH.D.

THE PURPOSE OF THE STARTLE RESPONSE IS TO PROVIDE ANESTHESIA – the more severe the shock, the greater the need for anesthesia.

Increased rigidity/collapse reflects the magnitude of shock. (In mind and structure.)

Elements of startle response include: halting pulses of all kinds; thickening in the muscle walls (palpable); changes in relationship to gravity.

Pulse indicators: Any chronic pattern; especially, however, chronic diagonal mediator patterns, intermingling patterns, and left or right supervisory patterns. Sluggish pulses, pulses weighted down by resistance, and first depth pulses also reflect the stuck quality of the entrenched startle response. Pulses that have difficulty grounding and staying grounded also suggest an embedded startle response that needs to be unhooked from the musculature as well as the mind. Similarly, pulses that stay activated and do not easily become resonant are another form of the same communication.

Healing requires learning how to see startle responses; assess them in terms of magnitude and type, and to use appropriate interventions. Under all conditions, it is essential to have a contract to resolve shock.

Types of startle:

1. Investigatory or Mild Adrenalinization:

- Hyper tonicity
- Abdominal compression
- Increased peristalsis
- Skeleton pulls up
- Mouth closes
- Nostrils flare
- Eyes open wider
- Arms flex
- Territorial stance

2. Distressed Startle:

Upper body expands
Abdomen compresses
Chest raises
Intestines tighten
Organ pulsation increases
Pulling up out of pelvis
Arms, legs and feet contract
Tension in creating boundaries

3. Aversion Startle:

Turning away from threat
Compression in viscera
Head turns away first
Feeling of being trapped
We stay when we want to go
Conflict
Confusion in orientation

4. Spastic Startle:

Frozen
Helpless
Inhalation is locked
Loss of excitation
Head pulls back
Hands freeze
Submission
No contact
Hands fall helplessly at side

5. Submissive Startle:

Disorganization
Descent
Collapse
Fatigue
Retreat
Chest deflates
Despair

Weak viscera that eventually stretch in prolonged startle
No excitation
Depression
Submission

6. Collapsed Startle:

Flaccidity in viscera and cranium
Spastic qualities in digestive tract
Fatigue
Intestines protrude
Buckling of legs
Hands pull down
Apathy
“I cease to exist.”
Invisibility

7. Extreme Startle:

Moro Reflex
Spastic limbs
Shrinking
Fragmentation
All cavities narrow

In addition, we can talk about General Sympathetic Startle (hyper tonicity, rigidity and aggressive contraction) and General Parasympathetic Startle (hypo tonicity, flaccidity, and submissive or collapsed response).

As stress increases so does compartmentalization. As stress increases, so does rigidity of intracranial structures. There is a narrowing of focus, withdrawal and bracing. Ultimately bracing leads to spasticity, driven by a locking in or a shutting out.

Adrenal impact is severe in all cases of startle.

All startle responses demand holding in the neural tube. It is this holding that leads physiologically to anesthesia. Thus the startle response when prolonged is a statement about death, not life, and therefore results in the loss of creativity and power. All rigidity is anti-life and anti-creativity. It is the essence of resistance. Living your life with the startle response unresolved prolongs the life/death split.

The prolonged startle response creates an ongoing condition of fragmentation, disorientation, internal conflict and splitting. These schizophrenias will manifest the most dramatically at times of challenge and transition, growth and evolution. They will also manifest in intimate relationships when the styles of startle either mirror each other or conflict entirely.

In the startle response there is always a conflict with gravity. Muscles go in several directions simultaneously. Will is in conflict with soul.

Physiologically, the split is between the upper and lower parts of the body. The split is also between the pelvis and the diaphragm. Ultimately there is always a dramatic rotation as the organism turns away from itself.

This is the core of guilt and self-deprecation – that we abandon ourselves at the moment of crisis. We feel that what we lose at this juncture we can never retrieve because it is lost in our own bodies, like a misplaced key. We lose our wholeness in the startle response and we lose our center as our body tries to stop itself.

Retrieving our decision to abandon ourselves in shock, we come out of rotation and conflict. On the face of it, this seems impossible. The split is apparently embedded in muscle and in bone, encased in our first structure of intelligence – the neural tube. And it is true; the reclamation is not easily won. However, it can be done. Whatever can be accomplished in the direction of reclamation is an extraordinary victory of light over darkness, of peace over violence, of faith over fear.

The startle response is what we hear in the sound of a baby crying when no one answers. The startle response is what we see in the eyes of a child in the grocery store whose parent smacks her because of what she wants. The startle response is what is shaped by muscle and tendon when a child is dragged by the arm down the street. It is what destroys the living space within our bodies. It eliminates the ability to fill up and swell with possibility and therefore it puts a deep and permanent dent in creativity, the expression of the infinite unknown.

The startle continuum goes from investigation to depression. It is not mechanistic. It is highly individuated, but it is nevertheless a predictable loss until it is recognized, and we are brought gently back from the fragmentation of self.

HOW TO READ STARTLE RESPONSES IN THE BODY – IN THE PULSE, IN MUSCLE AND STRUCTURE – AND HOW TO TREAT IT? HOW TO DATE IT? HOW TO USE DIALOGUE TO REPATTERN IT?

The startle response is a reaction to a fearful unknown that initiates in the kidney-adrenal system. The startle response is designed to create thorough and necessary anesthesia or systemic freezing that can ultimately lead to fainting or coma, states of complete retreat.

The startle reflex is based on the organism's ability to halt pulsation, to create a split within itself in stages that reflect the degree of shock. The magnitude of startle and the duration of startle are shaped by the number of systems impacted by the threat or shock.

Embedded startle responses, even the most subtle ones, have to do entirely with the past. They originate at a particular moment of threat. That moment is then built upon like stacking up similarly shaped blocks. If we can discover the first moment we can easily distinguish the past from the present. The startle condition, or its polar opposite, no startle at all (which is a form of startle), reflect times at which form has been violated. Both startle and no startle are designed for anesthesia.

The startle response is healthy. What is not healthy is for the startle response to prolong in the body indefinitely. What is sadly unhealthy is to die with the startle response from the past still embedded in the body.

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PULSES IN RELATION TO SHOCK

Stephanie Mines, Ph.D.
Revised and Copyrighted 3/10

What follows is my first attempt at charting the relationship between pulse textures and shock. Please understand that pulses will usually be a mixture of textures. Note also that pulse texture evolves rapidly in treatment.

In terms of resolving shock, it is pivotal to always follow the guidance of the body. This is true in all treatment, but especially when it comes to early shock, the body must be the guide. The body chooses wisely what layer to expose when. Differentiate resistance and mental control from following the lead of the body. The practitioner can do this best if they know the difference in themselves.

The reading of the pulses as a way to read energy and health is an ancient art. The conditions we address are much more complex than the ones for which pulse listening was first used. This is because of changes in our food, environmental pollutants, the burdening stress and pace of modern society, and the multitudes of escalating shock and trauma due to war, violence in the media and other distortions. Most of us, and most of the people who seek our help, do not usually display the neat, simple patterns contained in the original Eastern handbooks on pulses.

We usually reveal three or five patterns simultaneously or in quick succession. For these reasons it is of central importance to look at patterns of symptoms and to cultivate attunement and presence.

It is, of course, absolutely necessary that we fully believe in the value of pulse listening as a diagnostic tool. Manfred Prokert, who wrote *The Essentials of Chinese Diagnostics*, said that “most of the failures in mastering pulse diagnosis – I would say 80% - are due to approaching the whole process too lightly.”

Prokert goes on to state that mastery of pulse diagnosis should be “a question of several months; with proper guidance it should take only weeks to gauge, correct and refine one’s sensitivity . . .”

I include these quotes to inspire you to practice a lot and to believe in yourself and your pulse reading. Be encouraged to use this extremely accurate energy reading system to enhance your capacity to be of service to others in freeing them of whatever shock and trauma prohibits the shining forth of the brilliant essence that resides in each one of us.

PULSES IN RELATIONSHIP TO SHOCK

PULSE QUALITY: Deep, pounding

HEALTH CONDITIONS: Internal pressure and stress; long withheld fire.

SHOCK CONDITIONS: Sympathetic shock that is deeply buried.

TREATMENT: Spacious containment; 13 flow. Open to feeling that there is enough time. Free sense of desperation for emergence of essence. Heart Protector. Freedom from

efforting. Fifth Depth release. Emphasize expansion in the body. Encourage opening slowly. Freeing of the Breath Flow, Main Central Vertical Flow.

PULSE QUALITY: Light, skipping

HEALTH CONDITIONS: Cold conditions, such as cold feet, poor circulation. These cold conditions result from compression. Energy is not reaching the core and is not moving throughout the body.

SHOCK CONDITIONS: Parasympathetic shock, usually hidden or in denial.

TREATMENT: Make real contact. Focus on the body. Avoid analysis. Stomach Flow; 16-17-18-19, 14 Flow.

PULSE QUALITY: Soft, fast

HEALTH CONDITIONS: Weakness, feeling of debility or incompetence

SHOCK CONDITIONS: Abandonment, usually by mom, perhaps adoption or abortion ideation, or mother died in birth or was in critical condition at birth and could not be available for the baby.

TREATMENT: Lung, Spleen, 15 Flow, Kidney, and 13 Flow. Freeing of the Breath flow. Emphasize breathing with eye contact. Let recognition of connection in through the breath.

PULSE QUALITY: Faint, weak, tend to fall apart or disintegrate

HEALTH CONDITIONS: Inability to complete intention. Victim characteristics. Takes and needs more than can give. Immune system collapse. Chronic health conditions interrupt movement forward in life. Health does not resolve or change.

SHOCK CONDITIONS: Loss of father or lack of presence of father or father did not want child or father did not want child of that sex. Perhaps rape conception or weak dad overcome by mom.

TREATMENT: Lung, Spleen, 15 flow, 23-25 Flow. Emphasize competence and independence. Umbilicus Flow. Emphasize detox of negative ideation. Build embodiment by focusing on descending flows. Right Supervisory.

PULSE QUALITY: Slow, tight

HEALTH CONDITIONS: Contraction, cold. Neck pain. Headaches.

SHOCK CONDITIONS: Extreme compression without relief, probably in stage two of birth as well as during latter stages of prenatal experience. Compression could have occurred earlier as well due to a feeling that movement was not welcome.

TREATMENT: 10 Flow, open chest and core (Diagonal Mediator, 14 Flow). Titrated expansion. Small Intestine Flow.

PULSE QUALITY: Erratic

HEALTH CONDITIONS: Stagnation (blood, food).

SHOCK CONDITIONS: Lack of stimulation and contact, neglect, loneliness.

TREATMENT: 16-17-18-19 Flow, 14 Flow, Liver and Gall Bladder Flows, 1 Flow, 15 Flow and 2 Flow. Focus on action, expression and movement.

PULSE QUALITY: Scattered

HEALTH CONDITIONS: Depression

SHOCK: Lack of contact and connection – people shock – mistreatment or being ignored.

TREATMENT: Lung-Large Intestine Flows, Second Circumstantial Flow, Heart Protector, MCVF, Spleen Flow, and Diagonal Mediator. Focus on identifying essence and supporting manifestation of essence through resources.

PULSE QUALITY: Slippery

HEALTH CONDITIONS: Mucous, phlegm, congestion, and toxic feeling

SHOCK: Umbilical affect, anesthesia shock

TREATMENT: Fourth Depth, Detox flows. 3 Flow. Focus on pushing away. Small Intestine Flow.

PULSE QUALITY: Pulse does not descend; floats.

HEALTH CONDITIONS: Disembodiment, inability to sustain intimacy, cold and/or pain in extremities. Fear of involvement, contact and commitment.

SHOCK CONDITIONS: Threat to the body, perhaps physical attacks, perhaps sexual abuse or overwhelming violations.

TREATMENT: 1 Flow, MCVF, and descending integrative flows. 20-21-22 Flow. First Depth and Second Depth Flows. 16-17-18-19 Flow. 11-12 Flow. Build trust. Treat feet (release all toes, descending integrative flows, palm calves). Ask permission frequently. Acknowledge characteristics of client and the positive aspects of contact and relationship.

PULSE QUALITY: Slow, forceless

HEALTH CONDITIONS: Constriction in chest

SHOCK CONDITIONS: Annihilation, despair

TREATMENT: Heart Protector, Lung Flow and Second Circumstantial – in this order. Emphasize being seen. 26 Flow.

PULSE QUALITY: Taut, bowstring

HEALTH CONDITIONS: Anxiety, hypertension, and nervous irritability

SHOCK CONDITIONS: Forceps delivery, head trauma

TREATMENT: Cranial flows, 20-21-22 Flow, Clear Vision Flow, Liver and Gall Bladder Flows, Third Depth Flow. Allow expression but do not support catharsis. Slow things down. Do not come in too close. Honor space. Inspire creative expression that transforms anger and a vision of the future that reveals the hope of a fulfilling life.

PULSE QUALITY: Disappearing

HEALTH CONDITIONS: Impotence, hiding, jaw tension, bloating

SHOCK CONDITIONS: Unwanted pregnancy or pregnancy that had to be hidden (mother was not married or similar environment). Perhaps mother did not know she was pregnant or was in denial that she was pregnant.

TREATMENT: First Depth, Kidney Flow, Fourth Depth, 23-25 Flow, Adrenal Tonifier, 9 Flow, and Stomach Flow. Support claiming, taking, having and coming forth – being forthright, direct, outspoken.

PULSE QUALITY: Pulse that skips a beat

HEALTH CONDITIONS: Depression and low energy, perhaps chronic fatigue, lack of inspiration and initiative, feeling of emptiness.

SHOCK CONDITIONS: Unstable prenatal environment – violence, alcoholism, lack of presence of family members, perhaps desertion or abandonment.

TREATMENT: Main Central Vertical Flow, 1 flow, all embodiment flows, Liver Flow, Release 11-25 and 11-15. Lung and Large Intestine Flows, 15 Flow.

Build core. Find body. Inhabit body. Emphasize strength and perseverance. Honor survival. 36 Complete Breaths of Life.

PULSE QUALITY: Racing

HEALTH CONDITIONS: Hyperactivity, restlessness, and insomnia.

SHOCK CONDITIONS: Sympathetic shock, egg shock, no calming energy in environment, either pre or postnatal.

TREATMENT: Develop relationship to feminine through identification with the Divine Mother (Mary, Guadalupe) or some feminine aspect of nature (Earth Mother). 13 Flow. Trinity Flow. Peace of Mind Flow. 26 Flow. Cultivate comfort and claim whatever heals. Build healing vortex through resources and creature comforts. Feel a healthy sensuality. Connect with nature. 24-26 Flow.

PULSE QUALITY: All index finger pulses pound

HEALTH CONDITIONS: Chest is compressed or congested.

SHOCK CONDITIONS: Discovery shock

TREATMENT: Lung, Heart, Heart Protector, Diagonal Mediator, Second Circumstantial, and Second Depth

PULSE QUALITY: All middle finger pulses pound

HEALTH CONDITIONS: Digestive disorders, disembodiment, lack of power

SHOCK CONDITIONS: Violations of power, abuse of power (sexual abuse, forceps delivery, etc.)

TREATMENT: 14 Flow, Stomach Flow, Spleen Flow, Liver and Gall Bladder Flows

PULSE QUALITY: All ring finger pulses pound

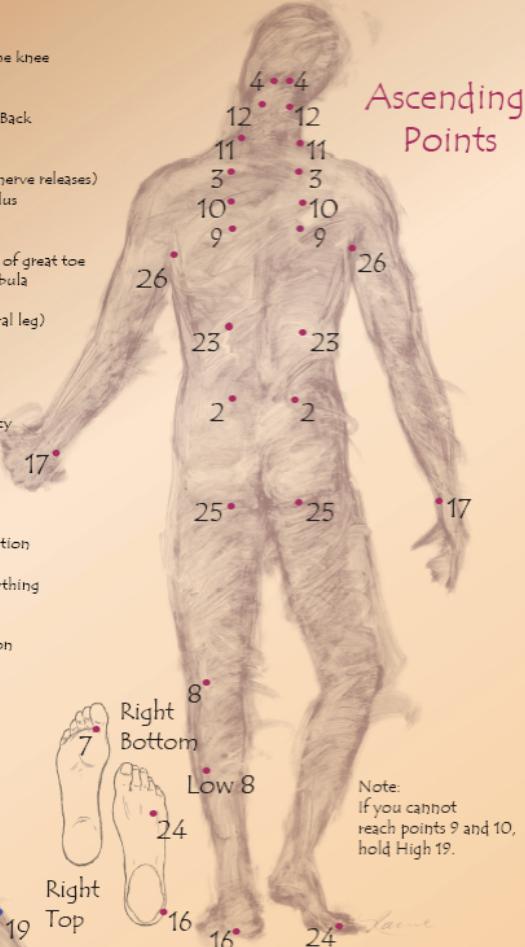
HEALTH CONDITIONS: Physical depletion, reproductive disorders, and elimination difficulties

SHOCK CONDITIONS: Toxic environment, mother used substances or ate poorly or insufficiently.

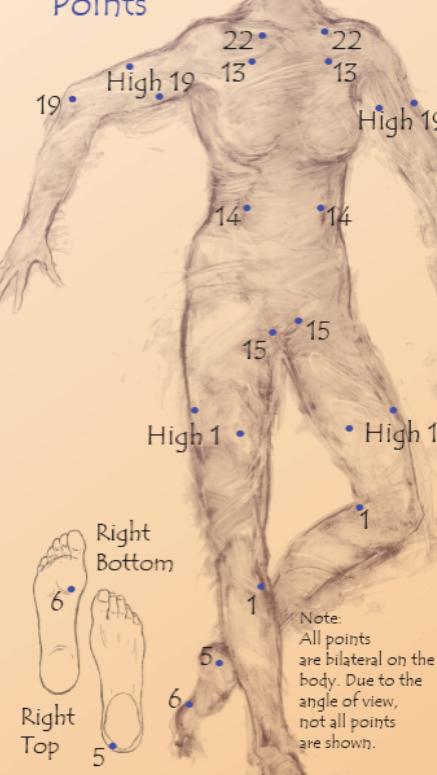
TREATMENT: 15 Flow, Kidney Flow, Fourth Depth, 23-25 Flow

ANATOMICAL LOCATIONS OF JIN SHIN TARA POINTS

ONE Awakening – Walk Your Talk, pes anserine
HIGH ONE The Mover's Support – Confident Legs
 medial and lateral quadriceps approximately 1/3 up from the knee
TWO Wisdom – Soft Focus is True Seeing
 PSIS (posterior superior iliac spine)
THREE Release and Receive – Breathing From an Open Back
 medial spine of the scapula
FOUR Clear Consciousness – Shamanic Gateway
 base of the occiput bilaterally (rectus capitus post minor) (vagus nerve releases)
FIVE Fearless – Self Support, caudad to medial malleolus
SIX Balance – Androgeny, Center of Compassion
 cephalic to head of 1st metatarsal on plantar surface
SEVEN Peace – Death and Rebirth, at head of proximal phalanx of great toe
EIGHT Alchemy – Clarity, caudad to the head of the fibula
LOW EIGHT The Dispeller – The Purgative
 caudad to the 8 point (1/3 to 1/2 of the way down the lateral leg)
NINE Transition – Anger Makes Space for Itself
 parascapular area at the TB level
TEN Transformation – Your Voice Tells Your Story
 parascapular area at the TS level
ELEVEN Unloading – Coming Out of Co-dependency
 supraspinatus muscle (belly)
TWELVE Surrender – Acceptance of Body Truth
 transverse process of C2
THIRTEEN The Mother – The Calm in the Storm
 between the rib 4 and 5
FOURTEEN The Sustainer – Nourishment and Assimilation
 medial to the costal cartilages of rib 6 and 7
FIFTEEN Wash Your Heart With Laughter – Joy in Everything
 approximately 1 inch lateral to the pubic tubercle
SIXTEEN The Foundation – Muscular Joy
 just anterior to the lateral aspect of the Achilles tendon



Descending Points



TARA Tools for Awakening Resources and Awareness

SEVENTEEN The Connector – Nervous System Healer
 just inferior to the styloid process
EIGHTEEN The Pathmaker – Walking Your Own Path
 at the base of the 1st metacarpal
NINETEEN Being in the Center of Your Own Life – Good Boundaries
 medial to the radial head in the crease of the elbow
HIGH NINETEEN Selfhood – Really Good Boundaries
 2 inches above point 19 on the medial and lateral aspects of the upper arm
TWENTY Conscious Awakening – Allowing Intuition
 above midline of eyebrow
TWENTY ONE True Freedom – Freedom From Worry
 just caudad to the maxilla-zygoma suture
TWENTY TWO Adaptation – Wholeness in the Moment
 just caudad to the head of the clavicle
TWENTY THREE Destiny – The Energy Underneath Anxiety
 just lateral to T12 in the paraspinals
TWENTY FOUR Peacemaker, Relationship Counselor – No More Jealousy
 in between the heads of the 4th and 5th metatarsals on the dorsal aspect
TWENTY FIVE Regeneration – Reserve Energy, ischial tuberosities
TWENTY SIX Completion – Self Love, just lateral to the spine of the scapula