

PRE AND PERINATAL PSYCHOLOGY



REMOVING PRIMARY OBSTACLES TO EARLY DEVELOPMENT ASSESSMENT AND TREATMENT



by
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INTRODUCTION

The purpose of this compilation is not to place blame or to note the failures of parents or medical professionals in their support and services to developing babies and infants. On the contrary, my intention is to provide resources for families and healthcare providers. Most importantly, my objective is to protect the children of the future by awakening their stewards to what they can do on behalf of civilization. While I itemize threats to the evolving being, my goals are treatment and prevention. Furthermore, I believe completely in our capacity to heal from overwhelming experience. As Dr. Christiane Northrup states:

“Neither the circumstances of our births nor the actions of our mothers have the power to write the script for our lives nor to prevent us from taking the unique journey we were meant to take in life. We do this for ourselves, in partnership with our souls.”

The field of Pre and Perinatal Psychology is quite new. As science reveals more about the neurology and physiology of our earliest development during the primal period (conception through the third year of life), and as we enhance our understanding of the nervous system, we are forced to recognize a collective error. We have been completely wrong about the nature of prenatal life and the postnatal period. The belief that prenatal life is without awareness has been proven false. We are coming out of the dark ages in this regard. Prenatal life is drenched in consciousness, albeit implicit consciousness, and lays the foundation for all future health. Similarly, attunement, attachment and bonding are required throughout pregnancy and are essential for neurological unfolding.

These understandings point to the necessity of demarcating the major sequences in utero that are developmental thresholds for the baby. Each sequence has likely obstacles and these too can be itemized. We can then take preventive measures to protect the children of the future by removing these obstacles or lessening their damages whenever possible. Education is the first step in this direction. For this reason, the field of Pre and Perinatal Psychology is a vital addition to healthcare services and to the study of human development.

Reading this document will lead to increased respect for the magnificence of prenatal life and for all the courageous beings who navigate the tumultuous

and demanding voyage of early life. This is certainly one of my foremost intentions.

Most people who discover the world of early life did not previously consider how influential this time was or the magnitude of their commitment to being here. By reclaiming our earliest history we have access to increased self-respect and admiration for the stalwart, unflagging devotion to life that sustains us during our first adventure. We dared all then and we risked all. And we did it for love.

HOW TO USE THIS DOCUMENT

I created this document for students of the TARA Approach already engaged in assisting others in resolving early trauma. However, the information here can be useful to other care-providers and family members.

What follows is a directory of the likely obstacles to development in the initial phase of the primal period (preconception through neonatal emergence). Since this may be one of the first models of these sequences, I ask for forgiveness for any omissions or errors. Please consider this a harbinger of more precise articulations of this psychology. From my perspective, this field must include a spiritual dimension since the choice to incarnate and to sustain life is first and foremost a spiritual commitment. I would even call it an act of devotion.

The resources that relate specifically to the energy medicine flows (holding areas of the body called Sacred Sites in different combinations) and energy pathways (the Ordinary and Extraordinary Meridians) can be disregarded for those who do not practice energy medicine. However, Jin Shin TARA, the energy medicine system referenced here, is delightfully easy to learn. Those motivated to do so can go to www.Tara-Approach.org. Merely having access to the map of the body used in this system is sufficient to use the information here quite safely.

Those familiar with Five Element theory and the ordinary and extraordinary meridians will understand the references to them here even if they are unfamiliar with Jin Shin TARA.

Finally, the process of non-cathartic regression to re-member our earliest history is also referenced. Behavior during these regressive journeys reveals cellular memories stored in connective tissue and expressed through sensation and the body's gestures. I have attached a short statement on conducting regressions to this document. I would like to underscore the fact

that each person's early history is utterly unique. While I have created correlations here, my approach to treatment is based on the great truth that you treat the person and not their

symptoms. When facilitating a regressive journey into re-membering, it is essential that there be no expectations or assumptions. Indeed this is the great joy of witnessing while memory is reclaimed. The witness experiences the remarkable blessing of each precious life. It is an opportunity to worship and know the many dimensions of gratitude.

I have focused on writing easily understandable definitions for early developmental sequences, along with how one might make assessments about them without jumping to conclusions. Please mindfully attend to this fine line. I have also tried to present relatively simple treatments to integrate the sometimes startling discoveries that re-membering brings. I underscore the non-cathartic focus to protect the nervous system from yet more overload.

I believe completely in every human being's capacity to resolve trauma and shock and to thereby move forward in life. I have an unflagging commitment to the manifestation of human potential through this unraveling.

These descriptions are designed to suggest possibilities. An attitude of gentle inquiry is far superior to analytic probing. All early life contains a certain precise and individuated vulnerability that needs to be respected in this healing process.

It is my prayer that this information will allow those who use it to let go of the past and occupy the present while simultaneously forging a liberating future for children yet to be born. May all beings be free and happy!

■ Stephanie Mines



DIVINE HOMESICKNESS

Definition: Divine Homesickness is the dominating feeling that one does not belong here on this earth at this time. People who have this feeling sense that there is somewhere else they should be. This place is usually purer, more undifferentiated, non-dualistic, sensitive and attuned than gross, mundane existence. These individuals are frequently lonely or are loners, or they may live in spiritual communities such as convents or monasteries, removed from ordinary life.

In relationship, people with Divine Homesickness prolong the honeymoon, romantic aspect with an emphasis on merging rather than differentiating and maturing. They may prefer animals and nature to contact with people since both animals and nature are more unconditional than humans.

Divine Homesickness is infused with grief at the loss of a more heavenly realm, or it may be rage that dominates the feeling of exile to the earth plane. Feeling trapped in the body is the signature of Divine Homesickness.

Key Feeling: Trapped in the Body

Symptoms: A yearning, far-away look in the eyes can be evidence of Divine Homesickness. Eyes that do not focus easily, strabismus, and other eye problems may also be symptoms. Structural issues that reflect the split between above (upper half of the body, from the waist up) and below (from the waist down) such as the torsion of the "look homeward angel" stance may be indicative of Divine Homesickness.

Depression, anemia, anorexia, tantrums in children and frustration in adults, clinginess in relationships, unwillingness to take responsibility for one's health and hygiene, resistance to work, promiscuity, addictions (especially to sex, and heroin-like drugs, alcohol, sweets and marijuana), problems with

hips, eyes and feet, and melancholy all could be indicative of Divine Homesickness. Resistance to dealing with money, unwillingness to follow through on commitments, especially those that involve money and complaining about money (either not having it or being angry at people who do have it) can also point to Divine Homesickness. Money may be considered dirty or gross, as are things like filling out applications, doing required paperwork, paying bills, etc.

Divine Homesickness can also play out as an addiction to spiritual or religious practices, using meditation as an excuse for avoiding taking care of mundane, worldly necessities, or preferring to be in a disembodied, dissociated state rather than embodied and present. Weight imbalances may also evidence divine homesickness.

Behavior in Regression: Distanced, non-communicative, lonely, withdrawn, empty, sad, angry, disconnected, resistant, dissatisfied. Confusion about feelings, struggles to articulate feelings, waiting for others to know what you are feeling.

Witness Support in Regression: Orient towards embodiment. Set clear boundaries so that the person in the regression takes responsibility for their own experience. Do not interpret for them but give clues so that they can have insight. Reward follow-through that demonstrates changing patterns of behavior. Support the discovery of the intention behind embodiment.

Areas of the Body to Notice in Regression: Eyes, head.

Key Sacred Sites: 1, 2, 5, 6, 7, 14, 15, 18, 22, 24

Key Meridians: Stomach, Lung, Gall Bladder, Liver, Triple Burner

Key Extraordinary Flows: Main Central, 3rd Depth, 6th Depth

Key Element: WOOD

Key Resolution: Acceptance (NOT RESIGNATION); Joyous Surrender to the Body.

Resolving Awareness or Experience: Embodiment

The Healing Process: Releasing the powerless feeling of being trapped in the body requires ACCEPTANCE. Experiencing the victory of birth is an important avenue for this acceptance. Recognizing how Spirit is present in everything and how embodiment is a path of spiritual realization cures Divine Homesickness. The Healing Process for Divine Homesickness is a process of stepping gladly into maturity and responsibility.



CONCEPTION

Definition: Conception is the first lesson in the realm of form and matter. Imagine arriving somewhere after a long journey. Perhaps you have traveled for hours or even days by plane or car or bus. How are you met when you arrive? Are you given a soft place to rest? Are you provided with sustenance and refreshment? Or, are you not even recognized by those you have come to see? Are you completely left alone, without comfort or companionship? These are the variables of conception shock. They impact our sense of safety, worth and value. Personality and behavior is built upon how we compensate for and survive this first test of physical, embodied manifestation.

Key Feeling: Glorious sense of Self and Purpose / Unworthiness

Symptoms: Our experience of conception establishes, or fails to establish, basic trust. It is also our first experience of relationship.

The way one begins things (relationships, projects, the day) reflects both conception and birth, which are mirrors of each other.

People who always feel left out or who always intrude may be speaking of their conception.

Headaches and/or extreme sensitivity in the head can also be indicative of conception experiences.

Behavior in Regression: Disgusted, furrowed brow, tension in the head, concern, feeling troubled, feeling torn, feeling confused, and feeling overwhelmed.

Witness Support: Find intention behind the experience (why did you chose to come here?), reconnect with essence, slow down and sort sensations, images, etc., value the decision to incarnate.

Areas of the Body to Notice in Regression: Head

Key Sacred Sites: 1, High 1, 14, 15, 26, middle finger

Key Meridians: Stomach, Spleen, Lung, Heart

Key Extraordinary Flows: 3rd Depth, 4th, Depth, 15, 20-21-22

Key Element: EARTH

Key Resolution: Self Trust

Resolving Awareness: I am supposed to be here.

The Healing Process: In re-memembering their conception, many people find themselves saddened or enraged because theirs was not a conscious conception and the love and joy they wanted to welcome them into life was absent. The best way to heal this rude beginning is by creating the conception you wanted and deserved, and using this experience to shift the neurochemistry of your actual conception. Creating the scenario you want for your early life is a completely valid intervention and applies to all the overwhelming experiences mentioned in this compendium. Repatterning conception, however, is of the utmost importance because conception sets the stage for all future development and shapes our relationships with others. It is in conception that we learn about earthly love and basic trust.

I repatterned my own conception by writing a poem. You might do it in painting or dance. Here is my poem that completely changed my experience of what amounted to a rape conception. Writing this poem resolved the rage and terror I had always associated with my conception.

Conception

*My mother was lost that night, in an unfamiliar darkness.
Adrift, she was cut loose from her moorings,
And my father too had never conceived of me.
Yet I reached for them,
Slipping through the cracks in their consciousness,
Gliding in despite their ignorance of me.
In the time of their turmoil I brought peace,
My specter of love came into their world at war,
A moment of light
Permeating their fluids with God's intimacy.
I came to ignite the Power of Being.
And thus I stepped onto my path.
I cleared the way for a ceaseless progression,
A parade of the myriad forms of love.
My clear destiny momentarily parted the seas of their confusion
So that I
Determined and Direct
Could move on.*



EGG AND SPERM MEMORY

We all have cellular memories of the energetic, emotional and psychological energies present at our conception. Those maintaining the paradigm that memory must be cognitive will likely find this statement ludicrous. However, it is nevertheless true that we have an innate knowledge of the male and female contributions to our being. These memories may be subtle and fleeting, imagistic, metaphoric and dream-like until we focus on them and claim them as our history. Egg and sperm, like all life, have intelligence, and the nature of intelligence is to communicate itself.

"We have the capacity to learn from and remember our prenatal lives and our births. These events get translated via hormones and other messengers into an indelible biologic blueprint that impacts us at some level for the rest of our lives," says Dr. Christiane Northrup whose books are helping to create the essential paradigm shift in our understanding of early life.

Every emotion and biochemical change associated with emotion in parents affects development from conception onward. Changes in stress hormones such as cortisol and epinephrine create neurochemical cascades that shape immune function and all health. Neurotransmitters circulated in the parents' bodies imprint neurological information. This is how learning is retained implicitly. Minute changes in hormones affect cell growth. Beginning with conception, the child is growing its nervous system, brain and organs while swimming in a biochemical soup.

Egg Wisdom

Egg memory has four components.

1. Community;
2. Departure;
3. Meeting; and
4. Fusion

Each component has its own psychology and will be explained here.

The number of eggs a woman has is determined before birth and is a reflection of her maternal lineage from whence the eggs derive. Eggs are passed from mother to daughter and therefore they are a reservoir of multi-generational history.

By the time a female is born she has 1-2 million eggs. At puberty, she has 400,000 and by age 36, she has at least 36,000. New research indicates that mammals may be able to regenerate this storehouse throughout life, based on their genetic background.

For each conception, only one egg at a time is selected out of this enormous pool to ripen. This egg then selects its chosen sperm from the millions made available. Of the eggs that do get fertilized, 80% do not develop into embryos. There is an incredible consciousness at work in the conception of a child, making the success of life a rare and precious jewel.

The egg selects the sperm at conception. As Dr. Northrup puts it: "Eggs are the original mothers." They see potential and facilitate it to become reality." The feelings, thoughts, beliefs, unconscious drives, and the overall relational interaction of mother and father are communicated to the conceptus via the hormonal activity at the time of fertilization.

The Four Components of Egg Memory:

1. COMMUNITY ~ Eggs live together in a cluster and share a sisterhood rather like the Red Tent, where women would gather and commune during their menses. It is a special place. The Red Tent can be a place of sanctuary. It may be very difficult to leave it at ovulation. The quality of life in the egg cluster reflects maternal lineage.
2. DEPARTURE ~ At ovulation the egg leaves the cluster, separating from the sisterhood. There are hundreds of thousands of eggs, and exodus is a regular occurrence. Nevertheless, for those leaving this is a

momentous transition. The end of the journey will result in either a new life or death in the form of disintegration or being sloughed off. The departure journey is influenced by the parents' emotional connection or its absence.

3. MEETING ~ The egg selects the sperm. This is a pre-destined meeting of energies. Fertilization must occur within twenty-four hours of ovulation. Sperm are viable for as long as six days in the female reproductive tract, but the egg begins to degenerate within a day. The meeting occurs at the open end of the Fallopian tube to which the egg has traveled, and where it is held as if within a cupped hand. This is a time of receptivity to parental and environmental energies.
4. FUSION ~ While multiple sperm attempt to make contact with the egg, only one fertilizes it. The egg makes her selection and the contents of the chosen sperm enter the egg's cytoplasm. Now the egg is no longer an egg and the sperm is no longer a sperm. Male and female nuclei form condensed pronuclei which fuses into a single nucleus. The fertilized egg is now a zygote. Thus, both sperm and egg lose their individual identities and structures and become something else. They are the beginning of another being: the conceptus. This is the manifestation of entelechy or soul purpose in form.

The egg journey is thus a saga in four parts of a female Odysseus who knows her destiny and loves her tribe. The egg lives within an ancient collective from which it must individuate to accomplish an alchemical necessity, ordained centuries ago. The egg journey is not always direct. There are pauses, and even attempts to go back to the sisterhood, but fertilization awaits the destined egg. The psychology of this journey at each of the four stages weaves melodic strains into the symphony of conception, contributing four unforgettable refrains.

Definition: Shock can be experienced at each or all of the four primary stations of the voyage to conception. There can be a struggle and resistance to leaving the egg collective that is similar to separating from the Divine. This is rather like separating from the Divine Feminine, or the sisterhood of the Divine Feminine. The potential excitement or terror of encountering the sperm energy field is another component. Sperm selection may also feel daunting. Waiting in the cupped hand at the end of the fallopian tube is a threshold, like waiting for some enormous change that will alter everything you have known and not knowing when or how it will happen. If feelings similar to any of these recur in your life, they may be memories from this time.

Key Feelings: Loss and Fear, Panic over Decision Making

Symptoms: Shock from the egg journey may be evidenced in chronic reproductive system and pelvic disharmonies such as endometriosis, pelvic and ovarian cancers, painful menses, uterine bleeding, swollen abdomen, tight pelvic floor and similar difficulties. Infertility may also be an expression of egg shock. Fear and avoidance of men, difficult relationships with men, fear of masculinity, fear of aggression, fear of conflict, avoidance of confrontation, unwillingness to compete, being an enabler in a co-dependent relationship, and obesity are all possible indicators of shock during the egg journey. Discomfort with one's sexuality.

Behavior in Regression: Grief, terror, anxiety, holding on, holding back. Feeling trapped or victimized. Helplessness.

Witness Support: Encourage expression. Point to the power of choice. Seek resources underneath or below confusion and terror. Find the sense of knowing. Discover the beauty in the intention of the conceptus. Feel the willingness to experience the joy of new life.

Areas of the Body Sites to Notice in Regression: Reproductive system, hips, pelvis, center of the body, stomach.

<p>Key Sacred Sites: 6, 13, 14, 15, 18, index finger, ring finger Key Meridians: Lung, Pericardium, Stomach, Spleen Key Extraordinary Flows: 13, 15, High 19 and Opposite High 1 Key Element: PRIMORDIAL FIRE</p>

<p>Key Resolution: Celebration of One's Gender/Celebration of Gender Differences; A Positive Attitude Towards Choice ~ Seeing a Multitude of Options Resolving Awareness: Balance of Yin and Yang/ Empowered Masculine/ Empowered Feminine The Healing Process: The ultimate resolution of any shock that occurred in the egg journey is celebration of the feminine. Many women today are changing the collective female lineage by empowering themselves. When we honor the beauty, intelligence, creativity and capacity of women and girls we are healing this wound. It is interesting that the "women's movement" began in consciousness raising support groups that focused on how women can help each other live in truth. These were recreations of the egg clusters. When women go forth into the world with intention and chart their course with courage they repattern any difficulty they may have experienced in their egg journey. Similarly, when women support men lovingly and kindly without ever sacrificing any of their own vitality, they are healing.</p>

Sperm Journey



Sperm development begins at puberty and therefore references a much briefer history than the egg. There are an unlimited supply of sperm donors. Each sperm has three parts: head, midpiece and tail. The tail is designed to propel the sperm through the female reproductive tract to the egg. The egg is the fulfillment of the sperm's purpose for being. The midpiece is filled with mitochondria and glycogen for motility. The compact head of the sperm contains material designed to digest the zona pellucida, the protective shield surrounding the egg.

Sperm can remain viable, waiting to fertilize an egg, for as long as six days, in the female reproductive tract.

Sperm first contact the corona radiata cells around the egg. Only capacitated sperm can break through the glycoprotein network holding the cells together. The sperm membrane then binds to specific glycoproteins in the zona pellucida. The multitudes of incapacitated sperm die off and do not regenerate. This is the end of their short existence.

Many sperm contribute enzymes to forge a path through the zona pellucida for the one sperm that will ultimately fertilize the egg. Sperm activity is all about teamwork. When the sperm first contacts the egg's membranes, fusion occurs. The zona pellucida responds with biochemical and electrochemical change that allows only the chosen sperm to enter.

Sperm activity is frantic, active, driven and rapid, whereas egg activity is slow, like an ancient ritual slowly executed while gracefully dancing down a long hallway. Both men and women store sperm and egg memory cellularly.

Definition: Sperm memory holds an implicit knowledge of intense teamwork, fear of failure, life and death competitiveness, and/or a fear of being completely consumed if successful.

Key Feelings: Drive, aggression, completion

Symptoms: Sperm shock can manifest as insecurity about maleness, action or success, impotence, premature ejaculation or inability to orgasm, confusion about one's direction, disorientation, chaotic behavior, fear of failure, fear of being consumed by another's energy or presence, fear of being overshadowed or undermined or overwhelmed. Spasms, tics, seizure like behavior, jerky, awkward movements, and being accident prone along with a fear of competition or a drive to compete can reflect sperm experience. Procrastination and perseveration, as well as malingering (healing never happens; there's always something else) can reference the sperm journey.

Behavior in Regression: Agitation, frantic action, fast rhythms, twitching, tics, jerky, sudden movements, compulsive cracking and rotating of joints, especially ankles and wrists, head thrashing. Restlessness, nervous scratching and agitated activity.

Witness Support: Help sequence movements with a focus on integration. Slow movement down.

Areas of the Body to Notice in Regression: Joints, Pelvis, Ankles, Wrists, Legs.

Key Sacred Sites: 16, 17, 23, 24

Key Meridians: Liver, Gall Bladder, Kidney, Bladder

Key Extraordinary Flow: Diagonal Mediator, 16-17-18-19, 23-25

Key Element: WATER

Key Resolution: No Comparisons/See the individual/Go With the Flow

Resolving Awareness: Finding the natural rhythms of success and satisfaction. Emphasize process over achievement.

The Healing Process: The sperm journey is healed when tendencies to procrastinate, waver, go off course, or be distracted are corrected. Being direct, forthright, unafraid of confrontation, and moving ahead calmly with perseverance in life is the antidote. Partnership that supports differentiation is the blessing of healthy union that restores harmony in this area. Enmeshment and dependency are counter-productive.

IMPLANTATION AND THE GREAT PLACENTA

The period of implantation and the building of the great placenta represent a significant crossroads in the life of the developing being in utero. The conceptus that truly cannot complete the manifestation process has an opportunity at implantation to end the saga of life this time around. If implantation does not occur, the fertilized egg (called a blastocyst at this point) is shed as menstruation occurs. Hardened tissue, fibroids and cysts make implantation very challenging. Or, an embryo can implant at ectopic or abnormal sites which will result in abortion or the death of the mother from internal bleeding. Embryos that are victorious in the implantation stage, no matter what obstacles they must overcome, have made a strong statement about their tenacity and commitment to life.

Definition: Implantation describes the process by which the embryo completely embeds itself in the endometrium. It occurs during the first week after conception.

Implantation is thoroughly completed by the second week in utero. Within twelve days the embryo has burrowed into the uterine endometrium. This is a major embryonic task because the territory of the mother's interior is immunologically foreign to the embryo.

Implantation leads, virtually simultaneously, to the co-creation, by mother and child, of the placenta. The fetus contributes significantly to the placenta by making antigens on the placental surface that completely block any rejection of this foreign organ by the mother. In over fifty years of research, no one has been able to explain why the mother's body does not reject the placenta. What occurs at this crucial stage of life defies all the laws of immunology and transplantation.

The placenta substantiates the mother-child relationship. It forms a model of relationship that imprints itself hormonally on the baby. The maternal and fetal blood flows remain separate, establishing a necessary and clear boundary. The mother either provides or withholds blood flow to her baby via the effect of her thoughts, emotions and behaviors. If she is angry, stressed or doesn't want to be pregnant, her body will distribute stress hormones to her baby which narrow the blood vessels and thereby limit the blood supply to her child. If the pregnant mother is relaxed and happy, the blood flow to her baby will be abundant.

The placenta both separates and connects mother and child. The placenta is a protective barrier, but not entirely so. Its permeability is the subject of

inquiry into the impacts of environmental toxins and the manipulation of DNA by

contaminants. When mothers make choices by educating themselves about these toxins and avoiding them, they contribute to the protective function of the placenta. The mother's body and experience is, as Dr. Christiane Northrup says, an "external placenta" since it is what mother does that determines whether the baby feels protected or vulnerable.

Threats during this crucial developmental sequence revolve around the endometrium's receptivity to the embryo. This is determined by the fluidity of hormones that can make the uterine wall fertile soil or unfriendly ground. The presence of cysts and tumors play a role in this receptivity. The entire spectrum of ease or difficulty of implantation tells us if shock is likely.

Key Feeling: There is a place for me vs. I do not have a home.

Symptoms: Frequent relocation, inability to feel at home or to feel "part-of" a home or family, restlessness, not settling in anywhere, agitation surrounding nourishment, hoarding food, over-eating, under-eating, bulimia, assimilation difficulties, elimination difficulties, circulation problems, anemia. Relational difficulties of all kinds. Unable to feel comfortable in a room. Not having a sense of belonging. Inability to feel full or nourished. Discomfort in one's own home. Bloating. Candida. Crone's Disease. Endometritis. Diverticulitis.

Behavior in Regression: Restlessness, inability to make a comfortable womb surround, unable to make a womb surround at all, not knowing where to be for the regression. No sense of comfort or ease or how to attain it.

Witness Support: Encouragement to find one's own space and to feel what it is like when this is successful and satisfying. Recommend slowing down enough to determine if one is comfortable and staying in that comfortable place for longer and longer periods.

Areas of the Body Site to Notice in Regression: Forehead, head.

Key Sacred Sites: 13, 20, 21, 22, center of palm

Key Meridians: Stomach, Spleen

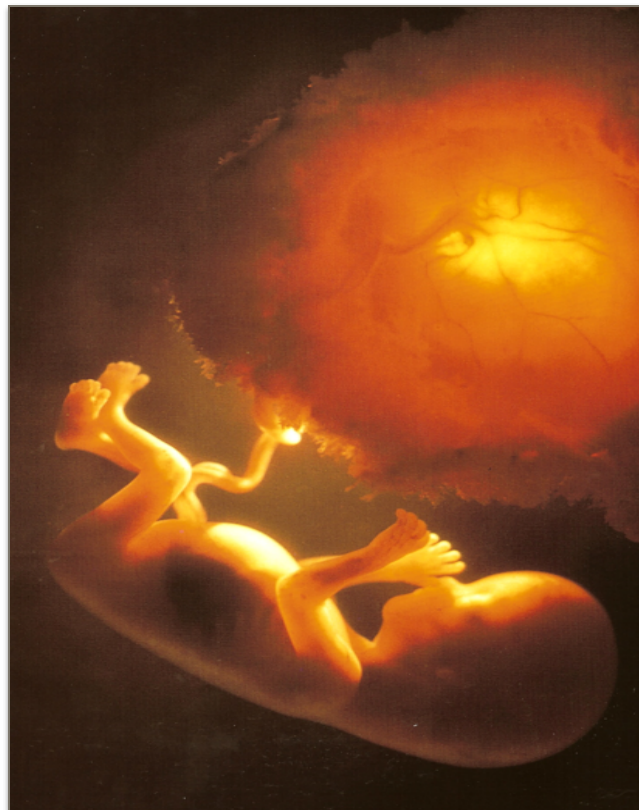
Key Extraordinary Flows: 13, 14, 20-21-22, Main Central

Key Element: EARTH

Key Resolution: I can claim my space.

Resolving Awareness: I am at ease and at home.

The Healing Process: The process that transforms implantation shock is one of making a home within one's body, but also in the world. This primary obstacle is overcome when there is a feeling of contentment in the world, a sense of belonging in all or most circumstances, and a consistent, sustaining experience of comfort and ease in one's home and with others. Actually building a home or home-making or "nesting" somewhere and feeling sanctuary in one's chosen home is a wonderful sign of resolution.



DISCOVERY

Definition: The term "discovery" refers to the recognition by mother that a child is present within her. The precise time when discovery occurs varies. Some women realize that they are with child at the moment they conceive. Others sense the presence of their baby even before conception. In many ways the earliest discovery is optimum as it provides support for manifestation. It validates the journey from non-differentiation to substance, just as birth marks the transition from prenatal life to postnatal life. Being welcomed at these transitions encourages health.

From the bio-chemical standpoint, cells begin to pump signals to the mother in the first days after fertilization. When the embryo is embedded in the womb (implantation), these chemical messengers multiply.

The secretion of the hormone called HCG (human chorionic gonadotropin) speaks clearly of the presence of a successfully embedded embryo. HCG initiates a hormonal cascade in the mother's body, prodding it to secrete progesterone so that menstruation will not begin.

Discovery is a crucial interlude for welcoming and recognition. It establishes the relationship between mother and child. It is the first test of attunement. How and when discovery occurs is a prenatal threshold for development. Whenever discovery happens, it is enhanced by celebration, acknowledgment, and joyous communication.

Key Feeling: I am seen, welcomed and wanted. I am a source of joy.

Symptoms of Discovery Shock: If one has not been "discovered" or if discovery has been a negative experience, there may be an obsessive need for validation. Lack of validation may become a signal for despair, withdrawal, and collapse. Rather than risk rejection and lack of recognition, the individual may become isolated, avoiding intimacy. Alternately, one can become addicted to repeatedly getting recognition and be unable to live without it. There may also be an inability to receive recognition or to be satisfied with what one does receive.

Behavior in Regression: Loneliness. Feeling cold. Experiencing utter silence. Unresponsiveness. Looking for something. Waiting. Rigidity. No images. Feeling that there is no stimulation, nothing to respond to. Darkness.

Witness Support: Encourage the identification and expression of needs. Use imagery to develop self-recognition. Repattern loneliness by awakening awareness of spiritual support. Stimulate the sensation of being seen; acknowledge the prenatal baby's suffering. Validate the choice to continue to manifest.

Areas of the Body to Notice in Regression: The chest and particularly the center of the chest (thymus) are the primary anatomical regions that reflect discovery shock. The adrenals may be another significant site.

Key Sacred Sites: 13, 23

Key Meridians: Lung, Large Intestine, Kidney, Bladder

Key Extraordinary Flows: 13, 23-25

Key Element: AIR/METAL

Key Resolution: I recognize and appreciate myself. I have worth and value.

Resolving Awareness: I have resources that express my self love.

The Healing Process: Healing discovery shock revolves around self-recognition and unconditional self acceptance, under all circumstances. Self-love is linked to spiritual love and is often sealed with a deep, abiding and profoundly personal relationship to the Divine, in whatever form is comfortable for the individual. Cultivating and sustaining resources that produce this quality of complete acceptance in an ongoing way, are the keys to thorough resolution.

TOXIC WOMB

Definition: Pervasive toxicity in utero can be caused by:

- Consistent arguing between parents and/or family members;
- Domestic violence;
- Environmental toxins, contaminants and pollutants in the home, the air, on the grass, soil or water where the pregnant mother lives;
- Alcohol use;
- Cigarette smoke;
- Drug use;
- Caffeine use;
- War and political tension;
- Ongoing stress, including financial stress;
- Rejection from disapproving family members
- Depression;
- Chronic anxiety and insecurity;
- Insufficient or inadequate nutrition;
- Lack of gestational attunement;
- Persistent expectations projected onto the developing being, such as sex preference or the belief that the child will save a marriage or make life worthwhile;
- Desire to miscarry or abort;
- Sense of child as shame with a plan to give up child for adoption;
- Need to hide pregnancy;
- Unacknowledged loss of twin; or
- Haunted womb.

This is not an exhaustive list of causes for a condition of toxic womb. One person reported that her mother was a working scientist conducting experiments with formaldehyde and other chemicals and this gave the prenatate the deeply felt experience of toxicity. Another person said that her mother worked with very disturbed patients in a psychiatric ward and her mother's sense of fear and burden from this job penetrated to her baby in utero. There are many variations on the theme of toxic womb. The overall sensation is that the womb is poisoned rather than a joyful container filled with love and support.

Pregnancy is a porous time and the world penetrates and communicates with the developing baby through the mother's body. It is up to the family to create a protective shield for the child. Failure to do so can result in the experience of a toxic womb.

Key Feeling: The world is poisoned. It is not safe to be here.

Symptoms: Auto-immune disorders. Paranoia. Environmental illnesses. Chronic fatigue. Allergies. Feeling vulnerable to toxins everywhere. Isolationism.

Behavior in Regression: Disgusted, nauseated, recoiling, and fearful, contracted, pulling in and/or pulling away. Non-contactful. Tight. Resistant. Shut down. Expressing lack of safety and vulnerability, no matter what is done to create safety. Feeling overwhelmed and overpowered. Feeling congested; needing to cough out fluids or throw up.

Witness Support: Encouragement to push out toxins through sound, movement and expression. Allow rage to sequence through as non-cathartically as possible. Use breath to release toxicity and create sense of self. Cultivate imagistic shields of protection and boundaries. Differentiate from toxicity.

Areas of the Body to Notice in Regression: Core, pelvis, chest. Pay particular attention to respiration.

<p>Key Sacred Sites: 3, 11, 13, 14, 15, 23 Key Meridians: Liver, Gall Bladder, Lung, Large Intestine Key Extraordinary Flows: 5-6-7-8, 14, 23-25 Key Element: WOOD</p>
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Key Resolution: I can protect myself from toxins.

Resolving Awareness: I can set boundaries. My body is strong.

The Healing Process: Healing may focus on repairing adrenal depletion and/or cleansing the liver and colon. Building physical strength, endurance and the capacity to push out toxins is a corollary to building strong, healthy personal boundaries. Physical exercise is extremely helpful.



HAUNTED WOMB

Definition: Loss makes its mark on tissue. Scarring is a hieroglyphic, and the cave drawings on the womb are read by the inhabitants. When a child is lost, either through abortion, miscarriage, as the result of an accident, a chromosomal abnormality, twin loss, or any reason whatsoever, the story of that loss indwells the mother's body and meets the next conceptus.

New conceptions are protected from experiencing their uterine home as haunted when the parents resolve previous losses through ritual, expression, spiritual process, and communication with the unborn. The womb can be cleared energetically with awareness, meditation, prayer, ceremony, and the creation of art, such as the reciting of poetry that mourns the loss, a dance or a painting. The idea is to cleanse the energies of the past and welcome in the new.

There are many reasons why the haunted womb phenomenon has not received much attention. One is that early miscarriages and losses of twins are often not recognized. Women are not prepared to identify them and they are regarded as insignificant. As we become more sensitive to prenatal life these primitive beliefs are changing. Shame can be attached to an early loss, and this too has prohibited communication. There are subtle feelings of

failure and inadequacy. Even though this is ungrounded, such confusion persists. The old paradigms surrounding embryonic and fetal life discount the value of gestational attunement. We are now riding the new wave of education and awareness, so that this restrictive thinking will disappear. We are fortunate to be entering a time when antiquated beliefs are giving way to truth.

Key Feeling: Life is tragic.

Symptoms: Unexplained sadness and depression. Avoidance of intimacy. Resistance to having children. Tendency to be secretive and not share feelings. An extraordinary emotional fragility, hypersensitivity and chronic vulnerability to feeling offended or unrecognized may also be symptomatic.

Behavior in Regression: Sad, withdrawn, lonely, disturbed, troubled, and at the same time, hyper vigilant.

Witness Support: Inquiry. Attunement to cellular awareness. Support investigation through intuition. Discourage maudlin distress. Believe all feelings can be trusted.

Areas of the Body to Notice in Regression: Face

<p>Key Sacred Sites: 2, 4, 10, 13, 15, 19 and High 19, 20, 26 Key Meridians: Lung, Heart, Triple Burner Key Extraordinary Flows: 4, 13, Main Central, 15 Key Element: AIR/METAL</p>

<p>Key Resolution: Life is joyous.</p>

<p>Resolving Awareness: My home is my sanctuary.</p>

<p>The Healing Process: Acknowledgement that the child who comes in is not responsible for what happened in the womb before their arrival. This may involve requesting the parents to perform a ritual of closure or ceremony of completion regarding previous losses, including abortions. This acknowledgement includes the belief that the conceptus does absorb the energies that inhabit the womb. For this reason, women need to be educated about how to clear their womb for conception. Because a haunted womb is an elusive experience and the sensations surrounding it are often mysterious, it is very helpful to verify the historical information with parents.</p>



TWIN LOSS

Embryologists estimate that 30-50% of us were conceived with a twin. Dr. David Chamberlain (author of *The Mind of Your Unborn Baby*), reports that: "In a study of 6000 pregnancies, 188 twins were identified by ultrasound but only 86 were delivered." Drs. Landy, Weiner and Corson, investigating the "vanishing twin syndrome," found twin loss to occur in 21.9% of 1,000 pregnancies, as identified by sonogram."

Twin loss occurs with greater frequency than had ever been previously suspected. Knowing this now, we have the opportunity to provide resources to recover from what has heretofore gone largely unrecognized.

There may still be people who question the value of exposing such an early shock and inquiring into it. "Doesn't this just create more suffering?" they may ask. "And it's over now. Why revisit it? What's the point?"

With twin loss, as with the recovery of all early memory, we must repeat, like a mantra, that it is what is held in denial that is the most damaging, not what is brought out of hiding. This, combined with the trust we cultivate in implicit memory, the capacity of the body to re-member itself, is the foundation the nervous system needs to find harmony.

Definition: Twin loss refers to the experience in utero of losing a twin, at any stage of pregnancy. The focus in the resolution of this shock is on the experience of the surviving twin who witnessed the death of a sibling.

Key Feeling: Something is missing.

Symptoms: Twin loss shows up most dominantly in relationships or the absence of relationships. The constant quest for partnership and despair about finding a soul mate are indicators of an earlier loss. Dissatisfaction with partnerships or never feeling fulfilled in relationship also may point to twin loss. Survivor's guilt is frequently a component. Fear of being powerful, of expansion, moving forward and occupying space, getting attention and

being rewarded for one's accomplishments are the mysterious and paradoxical struggles of a twin loss survivor.

The survivor of twin loss has difficulty believing he or she deserves to be recognized. This may be seen as shyness.

The surviving twin may have an implicit feeling of responsibility for the loss of his or her sibling. This can be accompanied by feeling helpless in the face of death, or having an overwhelming, chronic fear of death. Loneliness is frequently a theme for twin loss survivors. This may be expressed by a driving need to socialize, with desperation to be with people. Generally the feeling that something or someone is missing is pervasive.

Structural issues, such as subluxations, torsions, or chronic displacements, as well as accidents and injuries, may be organized to point to the way the twins were situated in utero.

Behavior in Regression: Turning or curling in the same direction repeatedly. Reaching for someone or something else. Distorted expression as if one has seen horror. Crying. Sobbing. Sadness that cannot be soothed. Overwhelming grief.

Witness Support: Serving as the witness for someone who shows indications of twin loss is tricky. It may take a while for the truth of twin loss to become clear. The witness must be patient. Frequently witnesses have intuitions about twin loss or think they can surmise twin loss from what they see in a regression. And they may be right. Nevertheless, it is important that the person who is regressing make their own discovery. The witness has to contain her intuition and wait for the story to unfold organically.

Areas of the Body to Notice in Regression: During regression, the individual's body will likely reveal the physical relationship they had with the twin. The arms may reach out as if to touch someone close by.

Key Sacred Sites: These will vary depending on the physical relationship in utero between the twins, but 13 and 26; the key Fire Element points are likely to be involved.

Key Meridians: Heart, Pericardium, Umbilicus, Lung

Key Extraordinary Flows: Main Central Vertical Flow, Supervisory Flows, 16-17-18-19 Flow, 26 Flow

Key Elements: FIRE and AIR

Key Resolution: I am not my brother's keeper. It is OK for me to act on my own behalf.

Resolving Awareness: I use my power for good.

The Healing Process: Letting go and differentiating the past from the present is the treatment plan for the resolution of all shock and trauma, but in the case of twin loss, there is a necessity to do these things diligently and consistently. This is because the burden of guilt and grief in twin loss can be all consuming. The survivor of twin loss often struggles with self confidence. He or she may be constantly looking for permission to just go ahead and live! There is a contradictory need to be big coupled with a craving for validation or encouragement from someone else. It is through self-acknowledgement, self-recognition and self-worth, however, that the Healing Process succeeds. Ultimately the survivor needs to let go of the lost twin.

ANNIHILATION IDEATION

Definition: Annihilation ideation, or feeling a projected desire for the death of a child developing in utero, is surely one of the most severe forms of shock. Despite the fact that conditions can be so deplorable as to utterly unnerve a pregnant woman, projecting a death wish onto the vulnerable embryo or fetus is preventable. Resources can and must be made available as soon as possible for any woman in this predicament. The lives of children must always be protected.

I was told an inspiring story in this regard by a mother who was in an abusive relationship. Her husband was a sociopath, but he disguised it so well that it took a long time for his mental illness to be revealed. He was adept at manipulating facts and pointing the finger at others while making himself look good. When his wife was pregnant his abusive behavior escalated, which is not uncommon among perpetrators. After a row, he called the police and named his wife as the abuser. He was so convincing that the police arrested this woman in her fourth month of pregnancy and imprisoned her.

Sitting in her prison cell, the mother-to-be reflected on her situation. She was in great despair but she knew that she had to protect her child from the desperation and hopelessness she felt. To preserve the life and spirit of her child she assured her baby that while mommy and daddy were having some big problems that all would be well, and that love was present. She told her baby that mommy and daddy would take responsibility for their problems, so not to worry, just go on growing! This is the courage we must have to differentiate our problems from the lives of our children. Many women, feeling trapped in a desperate situation, wish for the death of a child, rather

than allowing the child who has already overcome so many obstacles to survive, to be a source of inspiration and encouragement.

Key Feeling: My life is always in danger. I have to be on guard.

Symptoms: Abortion survivors struggle to claim the right to exist. They are frequently suicidal and self-destructive. Depression is a common theme. Feeling suffocated or dominated by other people's needs is another sign of annihilation ideation. This can result in asthma or other respiratory illnesses.

Abortion survivors tend to have the biology of despair. This can compromise immune function and can be the basis for autoimmune disease. Dr. Christiane Northrup provides validation for this correlation:

"My clinical experience and a significant number of scientific studies suggest that the seeds of autoimmune illness are sown in early life. One of the most common seeds is the belief that one is on some level unacceptable or unlovable. The immune system carries out that belief and attacks the body."

Feeling unworthy, unattractive, unable to succeed, and unable to do enough to prove their worth, is the tendency of the survivor of annihilation ideation. These individuals are frequently over-achievers, always on the go to alleviate their own self-negation, or under-achievers, certain they will not make the cut.

The research of University of Washington neuro-psychologist Geraldine Dawson shows that babies born to severely depressed mothers have decreased brain activity in the frontal and limbic areas of the brain where joy and compassion are stimulated. Thus, the mother's despair can lead to depression in the offspring that may not be expressed for many years. Learning disabilities may also be the outcome of this lack of stimulation to the creative centers of the brain.

Behavior in Regression: When asked to create a womb-surround, or womb-like place for regression, abortion survivors frequently do not know how to respond. They tend to minimize their needs and avoid comfort, especially physical comfort. They are the least likely people to ask for support or help during a regression, or at any time. They will tend to be self-contained and fiercely independent. Annihilation ideation is one of the strongest threats anyone could ever experience. It is like being hunted by a murderer or stalked by a psychopath. The primitive brain is forced into constant alert. Panic, or its corollary, complete collapse, will become evident in a regression. Those who have experienced annihilation ideation carry a

deep rooted despair about a life coupled with a fighting spirit that is undaunted by any obstacle.

Witness Support: The witness provides the support, or alternative perspective, to repattern the strong sympathetic and/or parasympathetic tendencies of the abortion survivor. For this survivor, the layers of dominance may be tightly meshed, creating a mixed dominance. The calm but alert attention of the witness is essential for the delicate unraveling of this magnitude of shock. The witness should be highly skilled as they are likely to be required to navigate strong outbursts that verge on the cathartic. It is, however, necessary to steer these expressions artfully so as to knit the nervous system together rather than add to its dissolution. Multiple sessions will be required and these should be paced by the survivor.

Areas of the Body to Notice in Regression: Entire body.

All the Sacred Sites, all the Ordinary Meridians, all the Elements and all the Extraordinary Flows are impacted by Annihilation Ideation. Recovery is a demanding undertaking, requiring consistent treatment.

Key Resolution: I have the right to live in joy and abundance.

Resolving Awareness: Whatever death wish was projected at me came from a place of ignorance and confusion, and was not ever about me. Rather it was about the one who did the projecting and so I return that energy to that individual so that they might have the opportunity to heal. I can turn away from the projection, and let it wash off of me completely, and go on and meet my destiny of joy and abundance.

The Healing Process: The process of finding health, love, vitality and community requires that the abortion survivor differentiate thoroughly from annihilation ideation. The survivor must know, in every cell of their being, that the victory of life is their truth, and that this is purposeful, and all to the good.

This completes the survey of the primary obstacles to development in the prenatal period. What follows are the primary obstacles to development in the birth process.

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The birth journey is designed to be an exciting, victorious voyage initiated by the baby with mother as team-mate. It is intimate, bonded cooperation at its best. It is the dance of life. Restoring the power and thrill of success to the process is always the way of healing. Whatever can be done to move in the direction of awakening a sense of victory and of being received with adoration, welcoming and delight will transform any injury from this time.

STAGE ONE: INITIATION

Definition: Stage one is the initiatory cycle in the birthing process. It is when the baby has intimations of change and makes the first hormonal gestures towards launching the journey through the birth canal. This can be a tenuous, determined, fearful or confusing time. Needless to say, all previous in utero experiences lay the groundwork for initiation.

Notice how you feel whenever change is about to happen but before it actually occurs, such as when you are preparing for a trip, or when you are going to encounter someone or something new, like a blind date, meeting your in-laws for the first time, or traveling to a foreign country. These feelings will reveal how you felt at Stage One of your birth. For all of these situations you have probably done some research, like reading books about the place you will visit. This is what it is like for the baby who has done nine months of research and preparation, learning about the world that awaits, but at the same time not having been there ever before and therefore full of anticipation.

The physical stimulations of initiation are also new experiences. Hormones are aroused that are purposeful, designed to fuel the necessities of birth.

The baby is flooded with these new sensations and they stimulate the anticipatory energies that will drive the muscular marathon ahead.

Key Feeling: I am aware of a need for change and action but I do not trust it. Or: I have got to take some action now, regardless of the circumstances! There is no time to waste! Let's get on with it.

Symptoms: Hesitancy, insecurity and reluctance to initiate a new beginning, a new relationship, a new venture, or any new experience. Stubborn reluctance to leave the familiar even when it is uncomfortable. Holding on to the past and staying stuck, or, the corollary of rushing headlong into the unknown.

Behavior in Regression: Holding back. Curled up tightly with no movement. Sense of being constrained but with no action to change the situation. Or, agitation and a sense of urgency to do something; restlessness.

Witness Support: Encourage attunement to the layer of sensation that is buried under the feelings of constraint or restlessness. Suggest honoring that layer of feeling rather than the feeling of inability, restriction or urgency. Orient towards intention, purpose and confidence; a sense of trust that may be buried but which is nevertheless there. Let that knowing drive the action that is about to happen. Explore cooperative relationship with mother. This dynamic will shape initiation and all the birth stages.

Areas of the Body to Notice in Regression: Entire body.

<p>Key Sacred Sites: 1, High 1, 2, 4, 9, 11, 12 Key Meridians: Liver, Gall Bladder, Umbilicus Key Extraordinary Flows: 5-6-7-8, 15, 23-25 Key Element: WOOD</p>

<p>Key Resolution: I am prepared for success. Resolving Awareness: My sense that the time for change has come is accurate and I feel confident about moving forward. I will get the support I need as I proceed. The Healing Process: Recognizing the signs that point to change and being clear and confident about honoring them is the key to empowerment during Stage One. Experiencing change as positive regardless of what others think is another sign of health. For instance, feeling free to change careers, location or relationships when you know they no longer serve you and doing this with commitment and joy, letting go of regrets about what you are leaving behind, and knowing, without question, that your need for support will be met, is the way of growth!</p>



STAGE TWO: NAVIGATION

Definition: Once the initiatory phase occurs, the next challenge for the baby is navigation. The shape of the mother's pelvis is a crucial determining factor, as is how the baby's movements forward implicate the umbilical cord. A narrow pelvis can exert restrictive pressures, making the baby feel suffocated. The umbilical cord can entwine the baby's body in any number of ways to impede or even completely halt movement. The protruding lumbo-sacral promontory can pose a significant navigational obstacle requiring flexibility and creativity.

Neurological development in utero is organized to promote skill at navigation. It is also organized to promote muscular and energetic attunement between mother and child.

Stage Two may happen for mother and baby in the hospital. The fear mother may feel there, or anywhere, can send confusing messages to the navigating baby. Adrenaline antidotes oxytocin. Oxytocin is the hormone that drives the progression of labor, so when oxytocin is antidoted, labor halts.

When labor halts, medical professionals tend to introduce chemical stimulants rather than directing attention to relaxing mom. The pitocin or other stimulants used to jump start labor are horrific for the baby to experience. If this occurs, the labor is no longer being directed by the baby. In the midst of chemical overload, navigation becomes impossible. It is like trying to steer your car when you are drunk or drugged.

If there is no interference and all the obstacles are surmounted, baby is able to successfully navigate the birth canal with mother's cooperation and feel the victory of arriving at Stage Three. The saga of birth and this stage in particular, is unique to each navigator and each story is worth hearing. One man, for instance, felt confident but squashed during this phase. Another person felt frightened to the core as she could find no way around the lumbo-sacral promontory. Somehow, though, she made it, but not without a cost as the fear she experienced drained her energetic reserves and she had to be pulled out with forceps. Another individual remembers this as a very demanding time when the cord was wrapped three times around her body and the only way she could disentangle herself was through very slow, deliberate movements, patiently choreographed to slip the strands off so that she could continue.

Key Feelings: I can't figure things out. I am stuck in the middle of things. I don't know how I got here. I could die if I don't do this right.

Symptoms: The symptoms of Stage Two shock vary, of course, according to each individual experience. However, some common symptoms from Stage Two include the following:

- ❖ No sense of direction
- ❖ Spatial disorientation
- ❖ Getting lost easily
- ❖ Difficulty with problem solving
- ❖ Dyslexia
- ❖ Fear of going forward
- ❖ Collapsing in the face of challenge
- ❖ Learning disorders
- ❖ Chronic confusion
- ❖ Desperation surrounding decision making
- ❖ Helplessness
- ❖ Feeling trapped
- ❖ Claustrophobia
- ❖ Agoraphobia

Behavior in Regression: Confusion. Going back and forth. Feeling agitated. Turning head from side to side. Moving from side to side. Inability to find a physically comfortable position.

If mom was given an analgesic, behavior may be sluggish or sleepy.
If mom was given pitocin, behavior may be jerky and spasmodic.

Witness Support: Encourage the experience of clarity and purpose. Beneath the confusion or sleepiness is knowledge of direction. Find it and then act on it. The witness can guide the repatterning of Stage Two fears and entrapments, altering the memory of terror and failure.

Areas of the Body to Notice in Regression: Face, eyes, head.

Key Sacred Sites: 4, 9, 12, 16, 20

Key Meridians: Liver, Gall Bladder

Key Extraordinary Flows: 4, Third Depth, 20-21-22, Diagonal Mediator

Key Element: WOOD

Key Resolution: I know where I am going. I have a direction and a purpose. I can chart my own course.

Resolving Awareness: If I take my time and create my space, I can find my way out of any difficult situation.

The Healing Process: Stage Two shocks are difficult and demanding to eradicate. Many people have unconscious memories of being stuck in this middle phase of the birth process. Stage Two conditions can lead to caesarean deliveries, thereby complicating the process. Regressing to the dilemmas of this sequence and repatterning the experience to create successful navigation is a potent transformational process.

STAGE THREE: PRESENTATION

Definition: This stage, which refers to the first appearance of the baby outside the womb, is about being seen. Responses to presentation have an immediate impact on the child's confidence and self-esteem. If one is greeted with anything less than delight and adoration, there is a strong tendency for the baby to absorb, on an implicit level, a sense of inadequacy and unworthiness.

Disappointment in the child's sex, for instance, would be shocking for the baby. If the baby is pulled out with hospital precision and not seen as a miracle but rather as an object to be cleansed, the result is shock. This is often the case when the newborn is removed from the family before contact with the mother.

Leland's story is illustrative. A handsome, successful businessman and father of two, he nevertheless struggled with overwhelming insecurity. He had a speech impediment and great difficulty in making eye contact with others.

He was muscular, always perfectly groomed, and his home and office environment was impeccably clean and fashionable.

Leland's birth was smooth and without interference until presentation. He was taken away from his mother by impersonal, cold hands that he recalls with a shudder. He cried desperately for his mother but to no avail. He longed for her physical presence but it was denied him for many hours. The thrill of cooperative union that he had in the birthing process was rudely stolen from him. It was not until the repatterning of his presentation that he was able to claim a much deserved sense of wellbeing and successful achievement. The victory he deserved as a newborn was reclaimed when he was 48 years old!

Key Feeling: Being seen is dangerous. I must prevent exposure.

Symptom: Insecurity and feelings of unworthiness. Inability to enjoy or feel success. Fear of success. Fear of completion. Fear of being seen and a longing to be seen. Inability to stop achieving; it is never enough. Sense of being driven without respite. Obsession with appearance. Disappointment in life.

Behavior in Regression: Hiding. Fear of eye contact. Cowering or covering face. Feet may be looking for something to push off of or some resistance.

Witness Support: Pace contact.

Areas of the Body to Notice in Regression: Head and feet.

Key Sacred Sites: 5, 6, 7, 8, 10, 16, 20, 21

Key Meridians: Heart, Stomach

Key Extraordinary Flows: 5-6-7-8, 15, 20-21-22, Main Central

Key Elements: FIRE and WOOD

Key Resolution: I am beautiful and all who see me delight in me.

Resolving Awareness: I can be seen for who I am and celebrated. I look fearlessly and lovingly into the eyes of others and I am safe.

The Healing Process: I present myself to the world as an embodiment of Spirit. The radiance of my essential self is apparent. I feel it and I reveal it. Everyone who sees me recognizes my inner beauty, and I recognize theirs. I welcome being seen. I have nothing to hide



FORCEPS

Definition: While forceps are not used with the same frequency today as in the past, they are still in use. One hospital that considers itself progressive and that prides itself on incorporating alternative treatment modalities has on its family birthing unit staff an obstetrician who routinely uses forceps. The barbaric use of tong-like tools that pull the baby out steals the victory of birth. Many hospitals have replaced the use of forceps with suction applied to the baby's head.

The impact of a forceps or suction delivery on the baby is mitigated by the intention with which they are used. With loving intention and communication the experience can be changed from invasion to support.

Cranial treatment right after delivery can erase the damages of manipulation of the baby's head at birth. Birth is a highly compressive experience at best. The compressive forces help shape the developing cranium, but they can also be damaging. There are times when the use of forceps or suction can be life saving. At these times the arriving baby can be informed of what is about to happen, and all applications can be infused with loving kindness.

Without intention and loving kindness, the use of forceps translates as a power struggle that the baby must lose. Rage is a common response to this losing battle.

Key Feeling: No one tells me what to do. Just leave me alone.

Symptoms: Rage against authority. Resistance to being directed. Vision problems. Head sensitivity. Headaches. Violent feelings towards established systems. Fierce independence. Uncooperative behavior. Confrontational relationships. Unwillingness to be a team player. Distrust. Isolationism. Aggression. Criminal intent. Intracranial compression, restrictions and lesions. Cowering in the face of authority. Obsession with authority figures. Adversarial behavior. Dominating counter will.

Behavior in Regression: Angry. Frustrated. Thwarted. Catastrophic sense of failure and despair. Deep fury and distrust. Sense of being tricked and abandoned.

Witness Support: The witness can help redirect rage to sequence through the need to push the forceps off and away. Then the chosen direction can be found and followed.

Areas of the Body to Notice in Regression: Face, eyes, head, neck.

Key Sacred Sites: 4, 20, 21, 22, 24, 26

Key Meridians: Liver, Gall Bladder

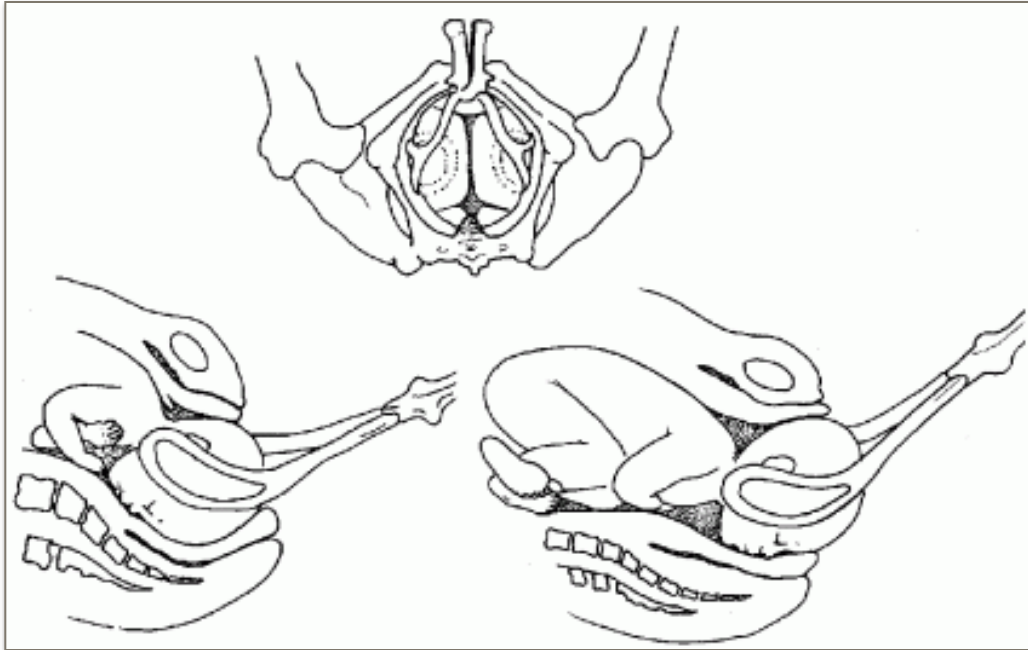
Extraordinary Flows: Main Central, 4, 20-21-22, Trinity

Key Element: WOOD

Key Resolution: I know where I am going. I can find my way. I can allow others to help me.

Resolving Awareness: I can direct myself. I have guidance.

The Healing Process: The rage at being violently and invasively redirected has to sequence through. Once this happens, it is possible reclaim the capacity to follow one's own path serenely and with confidence.



ANESTHESIA

Definition: When anesthesia is administered to a woman in labor the dosage is based on her weight. Thus, the baby is always overdosed. The American Academy of Pediatrics has issued a warning that no drugs have been proven safe for newborn babies, including obstetrical drugs. For these reasons, the use of anesthesia in the birthing process should be reserved for those times when it is absolutely necessary to protect lives.

In their book *Ghosts from the Nursery*, Robin Karr-Morse and Meredith Wiley report that "Studies indicate that the use of obstetrical anesthesia during delivery may cause subtle alterations in the formation of neurons, synapses, and neural transmitters that are undetectable at birth. One seven year study of over three thousand babies showed long lasting effects of anesthesia on behavior and motor development."

Key Feeling: Loss of presence. Powerlessness. Impotency. It doesn't matter.

Symptoms: Foggy headedness. Lethargy. Distractibility. Fatigue. Disinterest. Low motivation. Lassitude. Hypotonicity. Unresponsiveness. Poor muscle tone.

Behavior in Regression: Flat. Unresponsive. No movement. Whitened or pale skin tone. Flaccidity. Inactivity. Dissociation.

Witness Support: Inquire gently. Invite expression. Find motivation that may be buried deep but is there, underneath the anesthesia. Encourage communication. The witness' job is to stimulate action without directing action.

Areas of the Body to Notice in Regression: Entire body.

Key Sacred Sites: 1, High 1, 2, 5, 6, 8, 14, 15, 16, 23

Key Meridians: Spleen, Liver, Gall Bladder

Key Extraordinary Flows: 1, 5-6-7-8, 14, and 15

Key Element: WOOD

Key Resolution: I can throw off this blanket of fog.

Resolving Awareness: My motivation fuels my journey. I have come this far. I can continue and experience the power of my existence. It seems difficult but the more I believe and act, the easier it becomes.

The Healing Process: Fighting against the deadening and overwhelming qualities of anesthesia is not easy. It requires that we call upon our spiritual resources. When we do we are saying yes to life, and yes to our right to be here. Taking this stand is a determining moment, whenever it occurs. Physical as well as emotional detoxification are usually necessary.



SOCIAL ENGAGEMENT

Definition: The social engagement system consists of the cranial nerves that evolve from the basal ganglia. These nerves direct our spontaneous interaction with others through the eyes, by listening to what others say and responding appropriately, through reaching out and making healthy physical contact, and by enjoying community and relationship. If the people responsible for us when we are small fail to protect us, are aggressive, violating or violent towards us, or if they disappoint, reject or abandon us, the social engagement system and the cranial nerves suffer. Generally, this leads to what can be described as “people shock” or “need shock.” We cannot trust and we are unclear about how to get our needs met when these conditions prevail.

Key Feeling: Awkwardness with others and in social situations.

Symptoms: Autism and the entire spectrum of autism. Difficulties with relationships. Emotionally shut down and unexpressive. Neediness. Poor boundaries.

Behavior in Regression: Distant, detached and non-communicative.

Witness Support: Titrated interaction.

Areas of the Body to Notice in Regression: Face, shoulders, arms.

Key Sacred Sites: 10, 17, 19, High 19, 21, 22
Key Meridians: Heart, Small Intestine, Kidney, Bladder
Key Extraordinary Flows: 10, 11-12, 13, 15, and 16-17-18-19, 20-21-22
Key Element: FIRE

Key Resolution: I am part of this world. I am interested in people and they are interested in me. I care about them and they care about me.

Resolving Awareness: I have a contribution to make.

The Healing Process: Clearly differentiate past relationships from the current, supportive ones. Have authentic experiences of self worth. Cultivate empathy for others. Practice setting boundaries and respecting the boundaries of others. Appreciate each individual's unique characteristics, including one's own.

BREACH, CAESEREAN AND TWIN PRESENTATIONS

All of the conditions discussed in this directory of primary obstacles encountered from conception through birth apply to those born in the breach position, delivered by caesarean and also to twins.

In addition, breach presentations may be a demonstration of Divine Homesickness as the baby is oriented as if going back instead of ahead. Providing the treatment, therefore, for Divine Homesickness can be helpful. It is important to support the breach baby's unique approaches.

Caesarean deliveries are disempowering for both mother and child. This can be repatterned by creating the opportunity to sequence the powerful drives associated with birth. There are many games that babies and children can play to help them complete their birth experiences. These include:

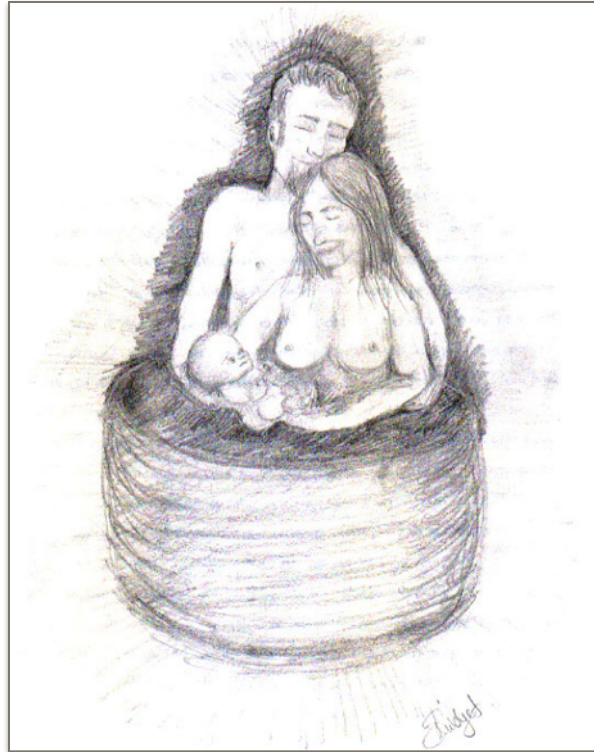
- ❖ Making birth tunnels and letting babies and children scramble through them, to be met on the other side with applause, celebration and hugs;
- ❖ Letting children make their way through turtleneck sweaters, zippered up vests and similar garments that they will naturally pick up and play with on their own ~ encourage this and celebrate the emergence of their heads;
- ❖ Letting children enjoy swinging and emphasizing the victory of them coming forward to your waiting face with the intention of empowering their capacity to push themselves forward.

Mothers who had unnecessary caesarean deliveries may experience post-partum depression. Seeking the support of a Pre and Perinatal Psychologist

can help lift the weight of this loss. This is likely to reference the mother's own prenatal life and birth. The more parents heal their own prenatal experiences, the easier it is for them to help their children. Supporting babies and children in healing is a natural, easy process that the children themselves invite if you pave the way with intention and awareness.

In twin births, each child's experience must be treated individually, while at the same time comprehending the shared dynamics of their co-habitation and the impact of the decisions made in utero for successful emergence. Again, game playing will evolve organically to repattern whatever is needed from the specific conditions of twin life. I had a wonderful time one afternoon with twin brother and sister who had been highly competitive for space in utero. The games we played allowed their in utero life to be revealed thus creating the opportunity to support the health of each of them now that they were outside in a world of abundant space. Indeed it was this differentiation between past and present that supported new dynamics between these siblings.





REGRESSION AND RECLAMATION

Reclaiming early memory is not a difficult process. What makes it appear to be difficult is the way we have been educated about it. We have been told that such reclamation is impossible. We have also been told that it is weird to even try to reclaim these memories. Mothers tend not to believe their children when they speak of remembering life in the womb. If you talk to another adult about such memories they are likely to think you need to be institutionalized. This would discourage anyone from going upon such a quest! And anyway, why bother?

The answer to this question is in the word "reclamation." We are reclaiming what is ours. If it is ours, then it belongs to us. It is as simple as that.

Dr. Thomas Verny, author of the best-selling *SECRET LIFE OF THE UNBORN CHILD* and *TOMORROW'S BABY* says that "birth and prenatal life are psychic pacemakers that motivate our subsequent life. How we enter the world plays a crucial role in how we live in it." Other noted scientists, like embryologists Erich Blechschmidt and Jaap van der Waal, as well as the noted Dr. Peter Nathanielsz, are certain that the foundation of all health is in prenatal life and birth. For these reasons the reclamation of early memory is a path to wholeness.

REGRESSION AND RELAXATION

Somatic memory can only be found somatically. Our earliest experiences were not cognitive or intellectual. They were sensory. Therefore we must return to our sensory selves, to the intelligence of being. To find this joyful, spontaneous place we need to relax. We need to drop into our bodies, into our cellular selves.

A deep relaxation is therefore the key to beginning a regressive experience. Relaxation is fostered through deep breathing. Belly breathing, or breathing like a baby, with the belly rising and falling in full waves, helps to relax. In addition, the belly breathing becomes a reference point if memory should prove disturbing in any way. Breathing is a way of grounding.

A progressive relaxation that instructs the individual to let go of tension from head to toe, moving slowly through the body, focusing on breath and belly breathing, is a good way to start a regression. This can take from fifteen to twenty minutes. Under some circumstances it can happen more quickly; under others it may take longer. You can evaluate relaxation by how full the breath is and how heavy the body is.

WHERE TO CONDUCT A REGRESSION AND THE WOMB SURROUND

The place where a regression happens should be clean, airy and pleasant if possible. There should be a good supply of blankets and pillows. These will be used in creating the best environment for the process. A variety of colors for these pillows and blankets is helpful as colors can be significant. The regression should be protected against distracting interruptions, phones ringing, etc. if this is possible.

If one person is regressing you can ask that individual to create a "womb surround" or just to use the pillows and blankets available to create the kind of surroundings they would feel most comfortable with to regress. Usually lying down on a clean carpeted floor is best since couches or treatment tables can restrict movement. The individual needs to have the option of whatever movement is natural, so spaciousness is helpful.









If a group is regressing together it is obviously impossible to provide a womb surround for everyone, but some aspects of a womb surround can be created with just blankets and pillows. The womb surround provides some illustration of prenatal memory. The womb surround mirrors, to varying degrees, the overall feeling the individual has about the womb.

For instance, if the womb surround is bare with little comfort, it is possible that the individual felt alone and without warmth or contact prenatally. If the womb surround is spacious and colorful and the person moves freely in it, then they likely felt joyous in utero. Of course, there are a variety of feeling states during the prenatal period, but there is usually a dominant theme that pervades the individual's relationship to the womb. However, if prenatal life was particularly difficult it can be extremely significant to identify the periods of ecstasy and joy (perhaps an early period when movement was fluid).

THE WITNESS

The witness to the regression needs to maintain the position of an informed, detached, fully present scribe. It is very helpful to record what happens in the regression. Since it comes from a sensory basis, it can evade conscious memory. Taking notes and reviewing the experience adds significantly to the integrative process that is crucial to this reclamation.

The witness has several tasks:

-  The witness needs to be as educated as possible about both the history of the person who is regressing and prenatal development.
-  The witness needs to direct the deep relaxation and the prenatal journey in a calm tone of voice.
-  The witness needs to record the major events of the regression.
-  The witness needs to know when to intervene and when to remain detached and separate.
-  The witness needs to provide containment or support for the person who is regressing.
-  The witness needs to assure that the individual is fully in the present before they leave the session.
-  The witness is the historian for the individual who has regressed and must keep track of how the regression influences health and wellbeing.
-  The witness has to be responsible for maintaining her own center and ground during the regression.

✚ The witness is also the time-keeper. It is easy to lose track, yet time is the reference to the present, so it must be honored. Clarity about the duration of the session must therefore be determined before it begins.

✚ The witness has to support the integration of the regressive material.

THE REGRESSION

The witness leads the regression by beginning, when the person is completely relaxed, to direct awareness to an early period. There are several ways to approach this.

You can begin with the time right after birth, or you can begin at conception. You can also begin just before conception.

Another option is to direct attention to some particular sequence in utero such as the first trimester, the second trimester, or the third trimester. Knowledge of these periods is very helpful, combined with knowledge of the individual's history based on the report they have given or a questionnaire. If you do not have this information, the regression will provide ample data about prenatal life. From some perspectives it is best to have a history. From other perspectives, it is best not to have one.

If the deep relaxation takes 20-30 minutes, then the regression should take a similar amount of time. An additional 20-30 minutes should be incorporated into the time frame of a regression for integrative and grounding purposes. Thus, the full range of time for a regression is generally 90 minutes.

During the regression, whilst memory is being reclaimed, there may be a need for support via an encouragement to move, to feel, to sound, or whatever seems appropriate during the process.

Skill in knowing what appropriate interventions are required is the result of experience, attunement, study and intuition.

Memory may come purely in the form of sensation. The person regressing needs to report on that sensation. It is at these times that the witness as scribe is very valuable.

If the person does not move or make any sounds whatsoever, despite encouragement, then this is an indication of possible parasympathetic shock or anesthesia or perhaps the presence of fear or some toxin that has

suppressed movement and expression. Under these circumstances the witness can encourage the person to “go beneath” the numbness or paralysis.

THE NON-CATHARTIC REGRESSION

There is a non-cathartic intention in all TARA Approach regressions. The individual is not being directed towards an explosive or highly emotive experience. If there is a naturally dramatic release, of course, that is not restricted in any way. In fact, there is no restriction whatsoever. The need for spaciousness, cleanliness, for air and freedom is all to encourage freedom. The prenatal experience thrives on freedom.

The non-cathartic intention is enforced by asking the individual to let the witness know if they need support. The witness should not physically engage with the individual who is regressing unless invited. If the witness feels they can do something helpful, like move a pillow or provide a cover, then the witness is required to ask permission to do or to warn the individual that they are entering their space.

Prenatal life is primarily informed by experiences of space, contact, movement and restriction. The unborn baby is hormonally in charge of their process and turns to the mother for nourishment, recognition, support and encouragement. The baby is the initiator. Maintaining this during the regression is healing in itself.

The greatest empowerment should be given to the person who is questing for early memory. The witness is the midwife or guide. While the witness can make comments that support integration, it is the person regressing who must ultimately do the integration and find a holistic perspective on the information he or she discovers.

CLOSURE

Before ending the regression, closure must be complete. It is important that the past and present be clearly differentiated to assure safety. Eye contact is a good tool for closure. The witness should not hesitate to ask the individual who regressed if they feel complete. While not prolonging the session, nevertheless it is important to assure that the individual who regressed feels completely grounded and at home in their adult body. Since the witness did not regress, he or she holds that responsibility for closure.

The person who regressed can be encouraged to journal after the session. Time can be allocated during the session for drawing or writing and then sharing with the witness. It is very helpful to have markers and big pieces of drawing paper available for this. Drawing big and recording the experience can be enormously valuable in the integrative process.

It is possible that the integrative process and the closure experience (which serves to differentiate past from present) are as central as the regression itself.

BIRTH

If the regression leads to a birth memory, then it may be important for the witness to reframe an early, negative experience. It may also be necessary to dialogue to gain a clear understanding of the dynamics of birth. Between the guide and the regressee it should be possible to do some deep neurological reorganizing of immediate postnatal experience if a birth memory should surface.

Sometimes the memory that surfaces after deep relaxation is not a prenatal or birth memory. Sometimes it is a memory of early childhood that is unresolved.

The witness needs to address this memory to clear the path to reclaiming prenatal or birth memory.

The process of deep relaxation and the regression that follows is sacred and loving. The environment should feel compassionate and safe, and at the same time clarity about boundaries and time frame must be maintained.

If possible, a follow through session should be scheduled, to integrate further the discoveries that will likely increase and proliferate after the regression. Dreams may be resources for additional information and should be recorded

These notes are insufficient to describe the magnitude and depth of the regression process and experience. My intention is that they will be a loose structure for your own creative development of this research. I look forward to how our discoveries will add to the growing literature on the importance of prenatal memory in understanding our life, our suffering, and the transcendence of pain. In particular, I believe that resolving early shock through the reclamation of memory and integration of experience is a route to ending the lineage of violence. Once we understand the importance of our earliest experiences in shaping our behavior then we will understand how

and why we must protect the children of the future from unnecessary disruptions of the primal periods of their precious lives.

CONCLUSION

The directive in overcoming the primary obstacles to complete developmental sequencing is empowerment. The celebration of the victory of life and unique individuality is at the heart of this empowerment. Empathy, compassion, and knowledge of embryological development all contribute to being creative and insightful in this essential Healing Process.

The tools of energy medicine are useful in integrating nervous system changes that begin first on energetic, etheric levels and then manifest on the physical plane.

It is really fun to use expressive avenues to stimulate neurological change, awakening buried wellsprings of creativity and joyful, spontaneous sharing. This is what healthy development invites ~ a loving community and loving relationships that meet life's challenges with cooperation and humor.