

Birth Trauma and The Eight Extraordinary Vessels

Part I of a Two Part Series By William R. Morris, LAc, OMD, MSeD

*The mother acutely aware
of the pain of childbirth*

Soon forgets

The child

But dimly aware at the time—

Remembers all his life—

The shock of being born

—Bradford Shank

In 1996, as I listened to Stanislov Grof speak on the four stages of the birthing process, a clinical model occurred to me that correlated the four nuclear vessels of the Ren, Dai, Chong and Du with Grof's perinatal birth matrices. My experiences in the areas of rebirthing, NeoReichian studies, and meditation were reawakened as I listened to Grof. This paper is a synthesis and an exploration of the relationship of the four nuclear vessels with the birthing process. [Have consistency in capitalization of vessel names; capitalized throughout or lower case throughout.]

There are few events in life more overwhelming than birth and death. Birth imprints the individual in a way that creates lifelong patterns linking the unconscious to the conscious, and the personal to the collective. The past as well as the future potential is contained as an imprint on the psyche due to the intensity of the birth experience. This critical juncture of pre and post heaven is the doorway through which myths are made and these myths are the stories of our lives.

The complex of emotional and biological phenomena experienced during birth represents an encapsulated form of change and how the individual approaches the problems of life. Intense anxiety could be associated with intense survival threat and pain associated with birth. Aggression and rage seem to be a natural reaction to threat and prolonged frustration. This situation could also provide a natural basis for Freud's

understanding of depression as aggression turned against the individual.

Examples of trauma inducing events that can occur during gestation include physical violence, sexual abuse, infections such as HIV and AIDS, Group B Strep, preeclampsia, toxemia, recreational drugs such as alcohol, tobacco, cocaine, marijuana, fifth's disease, malnutrition, psychosocial factors, antidepressant use during pregnancy such as serotonin reuptake inhibitors (SSRIs), and pregnancy in older women. During the birthing process events that can imprint the child include placenta previa, drugs, physical trauma including surgery, prematurity, caesarian section, breech, cord around the neck, delayed birth, high forceps, anesthesia, etc., and shortly after birth events such as incubation, vaccination procedures, bright lights, climate changes are all forms of trauma and shock that—according to Hammer¹—affect the kidneys and heart of Chinese medicine.

A Brief History of the Development of Birth Trauma Concepts in the West

Otto Rank was the first to describe the effects of birth on the psychosocial states of the individual expanding upon Freud's statement "All anxiety goes back originally to the anxiety at birth." Rank emphasized the birth experience as a determinant of mental life, its compulsions and its sicknesses. Rank was essentially the first to emphasize the importance of birth trauma on the development of the psyche and the corresponding life stories in his 1929 book *The Trauma of Birth*. Ironically, Freud initially lauded Rank's work but changed his position due to the potential for Rank's theories to eclipse Freud's own Oedipal theory.

Rank's influence gained breadth as his patient Nandor Fodor became a psychiatrist and focused on the formative experiences of birth,² stating, "In its

shattering effect, birth can only be paralleled by death." Francis Mott, a British patient of Fodor's, became a psychiatrist writing on the mythological and dream content of pre-natal life. He was one of the first British psychiatrists to emphasize the effects of intrauterine life. Frank Lake was also influenced by Mott's work, as was the British psychiatrist of the Object Relations school, Donald Winnicott, who recognized and worked with the impact of birth on his patients and suggested that the body retained these impacts as memories³.

Trauma Intensity

As I learned during the course of my mentorship with Leon Hammer, shock and trauma are necessary considerations in the management of the complex diseases of humanity. Physical trauma affects the smooth flow of qi and blood. Minor trauma affects local flow, and major trauma affects the qi and blood of the entire organism. Free flow reduction over time causes the heart to overwork and become taxed. This then effects the local perfusion of nutrients and removal of waste materials.

Frank Lake has articulated a theory of 'regressive therapy.' In it, there are four categories of birth trauma related to the level of intensity. The first is an ideal state that is relatively pain-free and involves no significant trauma; forward development is relatively unimpeded. This 'good' birth results in a life with challenges where any difficulties will be overcome and optimism is a common feeling. The second level of birth trauma intensity is related to a difficult dilation; the pelvis is too narrow for the head to pass and may cause reshaping of the cranium. The length of suffering and the time for the birth process is often longer than that of level one. As a result of this manageable stress, the birthed infant desires a return to the comfortable womb. At this level, the events are bearable and may be edifying, as they tend

to evoke effective and non-neurotic defenses. The third stage involves resistance to the pain where the pain is so intense that coping mechanisms begin to falter and repression takes place. In the third stage “the head is jammed in the pelvis and can move neither forwards nor backwards. The will to return to the womb is as useless as the will to move forward. Only one struggle is possible, the struggle to live in spite of growing distress, crushing of the head, and lack of oxygen. The identity of someone suffering from an anxiety state not uncommonly has this biological emergency as its primary determinant.”⁴ The fourth level Lake calls ‘transmarginal stress.’ It is so powerful that the person cuts off completely from the real self and may even turn against the self, wanting to die. It is the feeling of one in whom “the loathing of the pain of being born may be so great that the wish to die almost entirely replaces the former longing to live. In fact, the intensity of the earlier longing is transformed, mechanically and without any act of the will to the latter, at the point where sheer intolerance of pain takes over.”⁴

Arthur Janov, the originator of primal therapy, then offers hope. Those who relieve the peri-natal death experience are able to resolve fixations on death and suicide. In this thinking, the moments surrounding birth determine whether or not one will consider suicide as a serious alternative at a later age. In his theory, suicidal acts are an attempt to return to the death feeling, it is a way of recovering the original physiological experience where the baby came close to death in order to live.⁵

Basic Peri-natal Matrices of Stanislov Grof⁶

Birth matrices are general experiential patterns correlated to the stages of birth, and, according to Grof, do not imply causality. [What does “causal nexus” mean?] [Introduce the concept of 4 stages. There is mention here of “clinical” stages, as well as “birth” stages. Are these terms used interchangeably?]

The gestational stage is correlated with the peaceful and harmonious

ecstasy of the oceanic type, it is a spiritual type of ecstasy, a tension-free condition with experiences of ego loss, identification with the Universe and God, with essential qualities of love, light and security. This matrix is related to the original condition of the intrauterine existence during which the child and mother form a symbiotic unity. Unless some noxious stimuli interfere, the conditions for the child are optimal, involving security, protection, appropriate milieu and satisfaction of all needs. This symbiotic unity can have both a disturbed and an undisturbed nature.

During the contractions, feelings of antagonism with mother occur during the first clinical stage of delivery. The fetus is mechanically and chemically alienated from the mother with no possibility of immediate escape which may be later manifested as feelings of being trapped, of being hopelessly caught and overwhelmed. This episode belongs perhaps to the worst experiences a human being can have. Clinical symptoms correlated with this stage during psychotherapeutic sessions with entheogenic substances include general motor inhibition, agonizing mental pain and suffering, anxiety, overwhelming feelings of guilt and inadequacy, absolute lack of zest, selectively negative perception of the world and one’s own life, black and white perception of a world without colors, and feelings of unbearable and inescapable life situations with no hope of solution. Also the physical manifestations of depression are in agreement with this concept: feelings of oppression and constriction, loss of appetite and rejection of food, retention of urine and feces, inhibition of libido, headaches, cardiac distress, subjective breathing difficulties and various physical complaints interpreted occasionally in a hypochondriacal way. The suicidal ideation of this condition has typically the form of a wish not to exist, to fall into a deep sleep, forget everything, and not to awake the next day. It would connect with the Freudian model as episodes of early oral frustration in infancy, emotional deprivation in

infancy and childhood, and various traumatic events in which the subject played the role of passive victim.⁷

As the infant is thrust through the birth canal, synergism with the mother occurs during the second clinical stage of delivery. The uterine contractions continue, but the cervix stands wide open and the gradual and difficult propulsion through the birth canal begins. There is an enormous struggle for survival, mechanical crushing pressures and a high degree of suffocation. The system is not closed any more, however, and a perspective of termination of the unbearable situation has appeared.

The third birth stage of the “Death-Rebirth Struggle” is the stage when tremendous force is placed on the fetus as it is expelled from the womb. The mother’s womb, which for many months was experienced as a loving, benign and heavenly environment, has turned into an atmosphere of titanic force, where the young fetus negotiates life and death. The experiences of the third matrix are intensely dramatic, ominous, heavy, and place one’s self (or the collective) in immense struggles usually involving the status quo versus chaos and destruction.⁸ These can often be intensely violent times, or they can illuminate a tremendous struggle without any sense of resolution. Stan Grof describes the third peri-natal stage: “Perhaps the most striking aspect of this matrix is the atmosphere of titanic struggle, frequently of catastrophic proportions...The experiences can reach a painful intensity that exceeds by far what it seems any human could possibly bear.”⁹ When separation from the mother occurs, the symbiotic union ends and a new relationship with the mother must occur during the third clinical stage of delivery. In this matrix the agonizing experiences of several hours culminate, the movement through the birth canal is completed and a sudden relief and relaxation follow the maximum intensification of tension and suffering.

The fourth birth stage experience as described by Grof illustrates the resolution of the titanic conflict that the fetus

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has undergone. The fetus is released from the tremendously potent contractive forces of the womb and is born into a new universe, a new existential situation. The newborn child is liberated from the contractive pulsations of the womb that seemed like an onslaught of monstrously destructive energy. Here, the child experiences a sense of liberation and relief. As Stan Grof describes, "This new situation is a significant improvement over the previous two stages... A person who has overcome the enormous trials of the second and third matrices and is enjoying the experience of rebirth associated with the fourth matrix usually has triumphant feelings."

Peri-natal trauma and the Eight Extraordinary Vessels

The use of the eight extraordinary vessels of Chinese medicine has been an abiding interest for me since 1980, forming the core of my practice through the teachings of Taoism and people such as Van Nghi, Kiiko Matsumoto, Royston Low and Richard Van Buren. Over the years, I have spent much time sorting fact from fiction in the matters of the eight extraordinary vessels and found that many therapeutic conventions lack veracity in the clinical environs. The correlation of the four nuclear vessels with the four phases of the birth process appears in this article for the first time.

The Nan Jing states in Difficulty 27, 'the eight extra vessels are used to prevent flooding during storms.' This flooding is the flooding of neurohumoral chemicals that overwhelm the individual during traumatic events leaving an imprint that can be triggered by various sensory input such as odors, sounds, images and sensations. These triggers can be called n-grams by Scientologists or samskaras in the Hindu traditions. These are basically neural pathways that have created patterns or grooves in the structure and physiology of the brain in such a way that they are habituated and easily triggered, these are the material of post-traumatic stress syndrome. The du, yang wei, and yang qiao all have path-

ways that cover brain areas. The nuclear vessels all have a root within the ming men and the kidneys, thus they have a relationship to the brain in terms of the marrow relationship of the kidneys.

The eight extraordinary vessels are often used as a direct means of modulating the neurohumoral and endocrinological responses to stressful events. Kiiko Matsumoto uses the yin qiao as a focus for the treatment of habituated neurohumoral responses to stress that is often called a 'trauma treatment.'

The four primal linked vessels may be related to the four phases of peri-natal experience. These are the Ren, Du, Chong, and Dai. The coupled vessels of the Yin & Yang Qiao, and Yin & Yang Wei are related to post-natal traumatic events that push one to the edge of existence. The eight extras relate to deeper reservoirs that the twelve main channels rely upon to prevent physiological and psychological flooding when the storms of life become too intense. A reliable method of deciding when to use the eight extras is when the patient feels overwhelmed. There are few events in life more overwhelming than birth and death. The descension of the infant through the birth canal follows the pathway of the eight extraordinary vessels as they emerge from within the life-gate towards the perineum.

The oceanic experience in the womb is deeply connected to the Ren Mai. [elaborate]

The contracting phase fits perfectly with the function of the Dai Mai during labor. Traumatic events occurring at this stage can cause the individual to feel blocked and obstructed in life, according to Groff's theorem. The Dai Mai is an effective vessel in terms of suppression of unwanted feelings.

The thrusting stage shares the same name of the Chong Mai. Pelvic thrusts can bring on eruptive pushing in order for the child to exit the birth canal; there may be mercurium or blood as the intensity is peaking. The Chong Mai shares the blood component in what may be considered as the abdominal aorta.

The Du channel runs right up the spine and the child exiting the birth

canal has an autonomy that is consistent with sea of yang, which is the Du. [elaborate]

4 birth stages¹¹

1. The oceanic womb state is related to the ren mai.
2. The contractions begin under the influence of the dai mai.
3. The baby drops into birth canal under the influence of the chong mai.
4. The baby comes out relying on itself under the influence of the du mai.

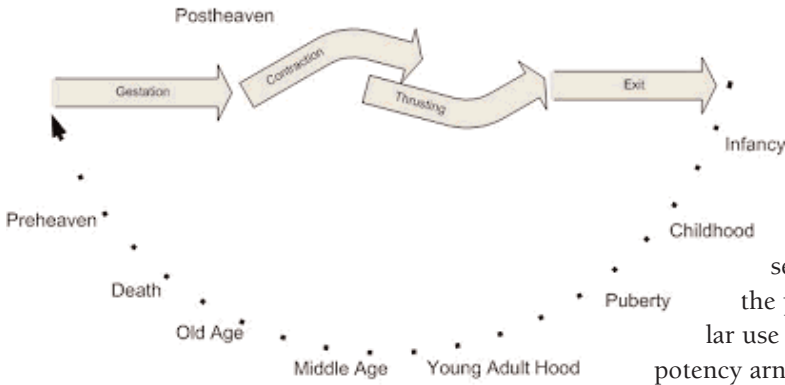
There is a history of theoretical discussion that connects earliest human biological changes and the eight extraordinary vessels. Taoist theories consider the four nuclear vessels in connection with the first cellular divisions of the developing fetus where the explosion of life within the first chromosomal connection at insemination creates the chong. As the cells begin division, the ren and du are formed. Then, as the second set of cells divide, the dai channel is formed.

This series of stages may be applied toward post-natal life events, as well. Creation and change recapitulate the birth process. An example is the teenager preparing to leave home. During pre-puberty, there is a mild state of affairs wherein the expression of the gestational stage is sustained. As the hormonal changes begin to take place with puberty, there can be frustration, depression, feelings of entrapment and an essential blocking of the will. At some point this erupts into the third matrix at the thrusting stage when the emotions become more cataclysmic and the energy is increased so that the process of separation from the parents can be realized. Upon leaving home, the youngster often feels the same levels of freedom and birth that correlate with stage four of the exit phase of Grof's peri-natal birth matrix.

An exercise that can help to define this is to study the four peri-natal birth matrices of Grof, along with the corresponding vessel. Then take any creative process, experience of rebirth or change, and analyze it accordingly.

Diagram I

Cycles of Change and Transformation Require Sufficiency and Potency of Qi



Clinical signs and symptoms of birth trauma

Clinical signs of birth trauma in the pulse include a positive ‘pericardium’ pulse (this is felt as a hard sharp pencil tip sensation in the middle of the left distal position) or arrhythmias. The hemodynamics in breeched birth or a wrapped cord is also reflected in the pulse. According to Hammer, the flat quality is found when the cord is wrapped around the neck at birth, whereas the tense and full quality is associated with a breeched birth. From the perspective of pulse diagnosis, the impact of birth trauma is a physiological, as well as psychological, event. When a condition begins during parturition or at birth, the proximal positions tend to be deep or weak, indicating a kidney yang jing depletion. These are relatively dependable signs of early trauma. A detailed history should be taken so as to rule out post-natal events as the cause for any of the signs or symptoms. A bluish-green tinge around the mouth suggests that the circulatory function was affected during the birthing process. [Explain what is meant by a “retreated, misanthropic timber.” It seems to have psychological implications. Do you mean a quality of voice that is reserved (retreated) and suspicious of others (misanthropic)? Perhaps give a psychological example for a deep or weak proximal position, as well.]

All traumatic events impact the Heart and circulation. Yu Nan Bai Yao is an effective remedy for resolution of old

traumatic events. Its use need not be limited to the primary function of activating blood and stopping bleeding. The combination of aromatic agents to open the orifices and those to dispel blood stasis can have a profound spiritual impact and resolve deep-seated trauma from the past. This is a similar use to that of high potency arnica that some homeopathic schools use for a history of old trauma.

Eight extraordinary vessel pulses

The following pulse images do not necessarily indicate pathology in the vessel. They do indicate activity. The eight extra vessels are used by the body for compensation and adaptation. Their presence signals potentially useful interventions. The four nuclear vessels of the Du, Dai, Ren and Chong are the primary correlations for the peri-natal analysis. The master-couple extensions, then, suggest post-natal adaptations to the peri-natal matrix imprint.

Part II to be continued in the next issue of *American Acupuncturist*

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