

Chronic Grief-Spiritual Midwifery: A New Diagnostic and Healing Paradigm

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Full Text: "The science of unitary human beings portends a new world." Martha Rogers 1991 For several decades we have been in the midst of a shift in consciousness which began with the ancient messages of "unbearable compassion" and "unconditional love" given to the planet in the early teachings of the Buddha and of Jesus Christ. This message has been sidetracked away from mainstream western society for centuries. In fact, it was used historically, to further the old fear-based paradigm of original sin and suffering which became doctrine in the fifth century, with the adoption as doctrine of Augustine's discussions on his own process. Many Crusades were launched on the basis of this doctrine, in particular the crusade against women which lasted from the seventh century to the seventeenth century. Women were the major healers and herbalists of the middle ages. The fear carried in the archetypal memory of women continues to haunt us, and because nursing has been largely a women's profession, I believe we have been influenced deeply by this archetypal fear. In more recent years western society seems to be moving towards a "compassion and unconditional love-based" ideal. This model is being chronicled by many writers, among them scientists from physics, biology, the environmental sciences, nursing and the medical sciences. (Prigogine 1984; Capra 1995; Kühn 1962; Rogers 1991). These writers believe that societies all over the planet are approaching a critical point when the way people view themselves and the way they think about their relationship to the planet will stem from a core of compassion and responsibility for self. This shift in consciousness has been quickening, and accelerating in the past thirty years, indicating that many of the ideas which were considered with suspicion in the 1960's have now entered the mainstream of thinking. SEPARATION FROM SELF The shift in consciousness has brought people face to face with the fact that they can no longer hide from this archetypal pain, and from these deepest fears. Instead of turning to the taverns, hotspots, and their addictions for self-comforting and self-medicating, people are going to twelve-step meetings and into therapy. Those clinicians who call themselves psychotherapists have had a large challenge in the past three decades to change the old image that psychiatry and psychoanalysis carried; the prejudices against psychotherapy are diminishing in the population at large. Nevertheless with the upsurge in insurance companies taking over the mental health field, people have become fearful of getting their diagnoses on the computer, and thus into the public domain. It has been documented that a diagnosis of depression lost a woman a job she was seeking, and she had to sue to get redress. SPIRITUAL CRISIS VERSUS FEAR BASED DIAGNOSES The Diagnostic and Statistical Manual (DSM) carries a number of what clients have experienced as "fear-based" diagnoses. It describes people who fall into certain categories of the medical model of disease (not dis-ease). These categories such as major depression, borderline personality disorder etc, to my mind as an anthropologist, actually describe persons who have been in "spiritual crisis" as far back as they can remember. They say "all of my life I have felt this way." This is the standard phrase often offered when presenting themselves for healing. They are continuing to grieve the loss of attachment which befell them at preverbal time periods in their lives. Attachment and bonding are supposed to create a deep connection for us with those who are significant to us at those early stages in life. If the significant persons are not themselves connected to Self/Spirit, then they cannot offer it to their babies. So, more fundamentally most of the clients we see, including ourselves, are grieving their very early separation from Self/Spirit. They are suffering what I call the "broken baby and lost spirit" syndrome. DEVELOPMENTAL LAYERS There are many layers to chronic grief. The diagnostic categories of the DSM, instead of being helpful to me in my practice, have proven a hindrance because they do not provide a compassionate and loving roadmap for the healing process

of the persons involved. These categories simply provide a label which elicits from me and my clients, a "so what?" response. Even more terrifying, they elicit the thought that there is "nothing that can be done" except to take medication. These categories in other words neither offer hope, nor compassion. I have struggled with this over the years because the next question is "well, what do we do now?" Talking about it does not seem to help because the wounding is so often at a preverbal developmental level, and the client feels so "young" and so vulnerable that they are heavily defended. My clients, colleagues and I have developed a roadmap which is replicable and which gives the clients specific tools and specific steps to take in their own emotional, physical and spiritual healing process. You will notice that we do not call them "patients"-instead we call them "clients" or "students." This changes the equation from the professional having the power to "fix" to a co-creative effort. The process of thinking developmentally, and doing "developmentally diagnoses" (Levin 1985; 1986) provides immediate information as to where the traumas are located and what the immediate interventions may be. The developmental diagnosis is accessed by listening to the client's metaphors as they describe their discomfort, and by the use of applied kinesiology muscle testing, to pinpoint the developmental stage at which the trauma occurred (Walker 1992). This information also provides immediate relief to the client NOW, because their suffering has a basis and is no longer a mystery. The unknown is probably the most terrifying aspect of being human. Defending against that terror is what motivates so many dysfunctional and inappropriate behaviors. Chronic grief is therefore more easily and elegantly dealt with by focusing on a particular developmental point where the traumatic imprinting was stamped on the personality. For example, if the trauma imprint occurred during the birth cycle, then that imprint will resonate throughout the person's system all of their life, coloring, and being exacerbated at each subsequent developmental stage as they move through life (Emerson, 1992; Chamberlain, 1990; Verny, 1988). If there is no mitigation of the traumatic imprint it will be exacerbated by life's other traumatic events, causing a compounding of the original imprint (Janov, 1983).

NEUROBIOLOGICAL LAYERS In chronic grief, we are not only dealing with psychological traumatic imprinting, we have also to take into account the structure of the human nervous system. In addition, we have to take into account the electromagnetic aspects of trauma. As we all know, the brain is divided into three main parts. Each of these parts has a crucial role in the healing process. The reptilian brain governs our autonomic and automatic functioning. We used to believe that we have little or no control over this part. Now we know that with deep meditation, and the ancient yogic practices, we are able to have some "control" over this system. The mid brain, also known as the Limbic system (I call it the dog brain because of the way in which we react so strongly and immediately to certain stimuli). The limbic brain may be the most important part of the central nervous system in healing deep psychological trauma because it is quite automatic and responds in a kneejerk manner to sight, sound, smell and taste. This part does not take kindly to archaic triggers and responds immediately and defensively with fight, flight or freeze, depending on how we have been trained to respond to perceived threats. It is as if the switch for the sympathetic nervous system stays "ON" all the time. The action of the limbic systems also depends on how practiced we are in "staying in the NOW." The third part of the brain, the cerebral brain-the neocortex and cortex are the thinking and spacial parts of the brain and govern our social skills, knowledge, integrity, understanding and much more. This latter part of the central nervous system has little or no control over the other two brains, again depending upon how adept we are in meditation and yogic practices. This part is most easily reached with "words" and it is also helpless in the face of the "needs" of the other two parts. It is also a scientific fact now that every cell in the body had a little neurohormone factory in it, thus extending the nervous system beyond the actual neural pathways, and beyond these three well-known parts (Walker, 1992).

NEUROGNOSIS AND THE BODY ELECTRIC Neurognosis (Laughlin 1996) is the "nascent rudimentary knowledge available to experience and cognition by virtue of the initial organization of the fetal and infant nervous systems." According to Laughlin "Neurognosis is the first conscious stance we take as fetuses and infants towards the world." This "cellular memory" (Farrant 1990) from its earliest period as an egg and a sperm is structured to intuitively reflect and comprehend the structures of the quantum universe and to reveal and

meet that structure within its conscious processes by way of imagery, metaphor and performance. Because we are electromagnetic bundles of particles and waves, we resonate to the enveloping environment as an egg, a sperm, an embryo and a fetus, as a neonate, small baby and later child we pick up and resonate to whatever is going on with our mother and of course the father or consort. If we are conceived in rape, we will carry the rape resonance in our cellular memory until the energy is released. If we were products of attempted abortions, that experience too, will resonate through our system. Our neurognosis of any of the imprinting traumas will continue to reverberate as perturbations in our electromagnetic field until such time as it is identified, externalized and released. These memories are carried in the whole body electric and not confined to any one of the three brains. Therefore, chronic grief may be carried in our cells, and in our electromagnetic body, in the aura, in the meridians and acupuncture points and in the chakra system which are yet another source of "knowing" about our archaic and archetypal experiences. Following is a case told by a psychiatrist about his own prenatal experience: When he was in Primal therapy he was addressing the rage he felt against his mother. In exploring the roots of his rage, he discovered in his process, that he had been a twin, and that his mother had undergone an abortion, removing the other twin, his brother, but not him. Later, she was surprised to find that she was still pregnant with the narrator of the case. By accessing this memory, he was able to release himself from his rage and loss. He was able subsequently, to corroborate this information in an interview with his mother. (Reported in a pre- and perinatal psychology workshop in 1991)

ALTERED STATES OF CONSCIOUSNESS Accessing and releasing archaic and archetypal information: It is mainly through altered states of consciousness (ASC) (Tart 1975) that these memories are accessed. The mystical brain-body has numerous ways of accessing such information. Dreams, fantasy, guided imagery, hypnosis, mandalas, visualization, meditation, direct body work, auric and pranic healing, meditational practices, neurolinguistic programming, eye movement desensitization and reprogramming, applied kinesiology, journeying on the medicine wheel, drumming, rattles, music, sacred substances, depossessions and past life regressions, are among the many ways in which the DNA, cellular, akashic and archaic and archetypal information can be garnered from the mystical brain/ body and made conscious. Becoming conscious is the goal of the Spiritual Adept, and the longing of most people who have decided to be seekers for Self/Spirit. The ability to experience ASC is the key to accessing the resources of the archaic, archetypal, and ancient memories. The ASC is the key to deep psychic energy release and the consequent healing which accrues. Both the practitioner and the client must be adept at accessing ASC, and the synergistic effect of this type of collaboration brings about the psychic energy release and the healing experience. It is mainly with the ASC that the "busy" brain the cortex and neocortex can be bypassed and the traumatic imprints discovered and energetically defused. As the roots of the Chronic Grief are systematically addressed and the turbulence i.e. the chaos in the system is addressed, the sufferer has fewer and fewer episodes of distress, and grief, and more joy. Feeling good is a powerful motivator and the clients sooner than later become attached to the good feelings and the greater self-esteem accruing. They are then more willing to cultivate the ASC and work harder at staying in the present waking consciousness of the Blissful variety, eschewing and resisting the old pull to despair, disassociation, and chronic grief.

ENERGY SYSTEMS Some of the more recent methods and tools for inducing ASC and accessing and releasing chronic grief are applied kinesiology, (Diamond 1985, Walker, 1992) accupressure, coupled with thought field therapy (Callahan, 1994), eye movement desensitization, and reprocessing (Shapiro, 1994), and neurolinguistic programming, holographic patterning, and touch healing, among others. These healing technologies utilize the electromagnetic field of the client in pinpointing the specific source of distress and releasing it energetically by means of muscle testing, acupuncture points, touching, tapping, and eye movement. Practitioners of these interventions range through the gamut of mental health professionals from nurses to social workers, chiropractors, to psychologists and the rare and occasional psychiatrist. There are even a number of "city shamans" who show up at the trainings and they are often delighted to find the ancient teachings which they gained from shamanic sources are now going mainstream. The use of rattles, finger tapping, finger snapping, clicking, drumming, music, voice

tones, body motions and other central nervous system drivers in the induction of ASC, are becoming common place among the tools being used to bring about healing of a very deep and lasting variety. SPIRITUAL MIDWIFERY In most cases the chronic grief is associated with the deep separation from Self which when coming in the preverbal stages of life make it impossible for the client to deal alone or cognitively with these traumas, talking about it simply does not help. The practitioners are aware that they are often addressing such profound metaphors as spirit loss, spirit possession, spirit deposal, various psychosomatic ills, post traumatic stress disorder, anxiety, and phobias of a large variety. Freeing a client of chronic grief which is at the foundation of these dis-eases allows them to have more space for Spirit in their Beings. The reconnection with Self/Spirit is a form of rebirth, and hence the designation of "Spiritual Midwifery." Developmentally, if the trauma is preverbal it can only be accessed through the ASC and almost never through cognitive approaches. THE PANDIMENSIONAL HUMAN BEING AND THE SHIFT IN CONSCIOUSNESS Chaos theory and the theory of "dissipative structures" (Prigogine 1984) from physics, help to understand what is happening on the planet. Many mental health professionals and clients are becoming more conscious of their pain, and are unwilling to resort to old addictive behaviors anymore. It is important for mental health professionals to change with the changes and advance more rapidly to the new paradigm. We must be cognizant of the energy technologies now useful in healing not only emotional disorders such as chronic grief, but also the many physical disorders which are rooted in chronic grief. It is important to recognize that all is One, and that all life is connected. It is imperative to accept the hypotheses put forth by Capra in *The Web of Life*, and by Martha Rogers in her notion of the pandimensional Human. More and more young people are experiencing deep discomfort with their archaic and archetypal memories and are seeking relief in addictive behaviors. How much better to be addicted to the healing of oneself than to street drugs, nicotine, alcohol, food etc.? The birthing of the Spirit is the imperative for the healing professions as we have entered the twenty-first century. SUMMARY AND CONCLUSIONS While the DSM categories are useful for statistical and insurance purposes, I have sought a more holistic definition of dis-ease more consonant with twenty seven years of practice as a psychosocial nurseanthropologist, shaman/healer. In this article, the definition of chronic grief is explicated and the developmental aspects of the imprinting traumas are reviewed. The various layers of developmental, neurobiological, neurognosis, electromagnetic, auric, meridians, acupuncture points, and chakric layers are referred to. The tools for accessing ASC and the imperative that ASC are resources for healing are reviewed. The more recent tools based on the electromagnetic field of the body are mentioned. The fact that chronic grief is, in the author's view technically a spiritual crisis is explicated under the designation of "spiritual midwifery." The imperative lies in that it is clear that the paradigm shift described by Kühn, Ferguson, Capra and others in the 1960's and 1970's is upon us. As is often the case, when new events occur in history there is often a struggle to maintain the old model as Tennyson said in his well-known poem that starts with the phrase: "The old order changeth, giving way to the new" and the struggles are evident in the increased chaos being reported from emergency room personnel to mental health centers' increased enrollments, HMO and insurance companies being more interested in the bottom line than in the original humanitarian purpose of hospitals and hospices. In the face of the chaos which comes before a paradigm shift, health professionals have to choose how they will serve. We can elect to cling to the old, and refuse to learn anything about the new until we get swept away with the old, or we can join the knowledge explosion and learn the new ways to deal with what is troubling out clients. We can choose how we will serve. References REFERENCES Callahan, Roger. (1996). Thought Field Therapy Training Workshops with Helen Tuggy Ph.D. Capra, Frijtov. (1996). *The Web of Life*. Bantam Books. New York. Chamberlain, David. (1988). *Babies Remember Their Birth*. Ballantine Books. New York. Diagnostic and Statistical Manual. American Psychiatric Association. Washington D.C. Diamond, John. (1985). *Life Energy*. Taragon House. New York. Emerson, William. (1993). *Pre and Perinatal Trauma Workshops*. California. Farrant, Graham. (1993). *Cellular Memory*. Pre and Perinatal Association of North America Newsletter. Janov, Arthur. (1964). *Imprints*. Houghton Mifflin Co. New York. Kuhn, Thomas. (1962).

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