

Talking Points & Resources

Hello Pathways Connect Group Participants,

Preliminary note: There is no wrong way

To run your Pathways Connect Gathering, the steps below are to help guide you. However, we encourage you to embrace the flow of your gathering and allow for your meeting to take on its own momentum in whatever direction it might go.

Step 1: Select topics

Prior to your group gathering, find and select one or more of the magazine articles that you found interesting and want to share. Pick topics that make you passionate, as these are the easiest to talk about and spark discussion.

Step 2: The Gathering

Welcome everyone present in the group and ask each person to introduce themselves and share a little about themselves. Be sure to share about yourself as well.

Step 3: Introduce the topic

Share with the group your topic and why you chose it, why it interests you, and the importance you see in it. Summarize the article (some article summaries are provided below). You can read the entire article or article summary out loud to your group and share your thoughts at this time.

Step 4: Encourage conversation

We provide questions after each summary section that will help people to engage. Make use of these questions or devise your own.

Step 5: Make the chiropractic connection

At the end of each article summary are notes about how this topic relates to chiropractic. If you utilize these meetings to educate parents on the importance of chiropractic care you will be benefitting your office growth and the health of your community.



PW #60 Introduction

TAKING THE STEP • STAYING THE COURSE • LIVING THE JOURNEY

This edition of Pathways has some key features to highlight.

First, notice the three sections listed above. These were devised to help the reader peruse the articles in the magazine more efficiently.

The first section, *Taking the Step*, printed at the top of each of the first 9 articles in this issue, makes up the introductory and informative portion of the magazine that aims to help readers cross the threshold to the new model of health and well-being expressed by our authors. It is our largest section in this issue, and has the bulk of the information about chiropractic, birth, and family well-being.

The next section, *Staying the Course*, brings us deeper, sometimes to more controversial topics and discussions and sometimes into greater subtleties surrounding the topic of parenting, mothering, and the choices that lay ahead for each new family.

Living the Journey, the final of the three sections, is for readers to enjoy some topics of contention that won't leave you feeling tense but rather inspired. It's a grouping of articles that are deep in their effect for anyone who's open to ponder them.

While nobody can make another person take the step in life, stay the course, or live to their highest potential, this magazine is simply dedicated to the fact that such a journey exists, and we hope to offer some resources and a community that helps to light the way.

Also,

Make sure to look at our double-page spreads and infographics found on the following pages, Pg. 12, 16, 38, and 54. These are specifically designed to easily share the chiropractic philosophy and purpose, as well as the Pathways Connect community to friends, co-workers, and other practitioners.

This issue is truly one to build bridges!

And now, to our article summaries.

PW #60 Talking Points, Group Questions, and the Chiropractic Connection**TAKING THE STEP*****The Real Causes of Birth Trauma*** by Jessica Austin

Can childbirth for women be as stressful as war? According to the National Post, the answer is yes. 1 in 13 women experience Post Traumatic Stress Disorder after childbirth.

In her article, Jessica Austin examines the source of birth trauma as stemming from unnecessary medical interventions and feeling mistreated by care providers. According to a prominent birth trauma expert and research psychologist at the University of British Columbia, Dr. Kalina Christoff, these are two of the biggest reasons women experience childbirth-related-PTSD.

There's a misconception about childbirth PTSD that says that it mostly occurs in women with traumatic histories. But as it is stated in the *DSM-IV* manual for psychiatric illnesses, "The severity, duration, and proximity of an individual's exposure to the traumatic event are the most important factors affecting the likelihood of developing PTSD," not "prior trauma." According to Dr. Christoff, "Even the healthiest individual can be traumatized by a sufficiently strong traumatic event."

There's another misconception which Jessica Austin highlights, which says that PTSD in childbirth is due to the fact that birth is unpredictable and frightening. From this line of thinking, the reason we are seeing high rates of PTSD is because women are expecting a normal birth and are shocked to find themselves being rushed to the operating room because of some medical necessity. "Helplessness," "fear," and "horror" can certainly make for a traumatic experience after such an event, but it brushes the real issue quietly under the rug. "The real question is," says Austin, "Why are so many sudden 'emergencies' occurring?" Or, to put it another way, "Why aren't women having normal births?"

The sad answer is rather simple, and it doesn't have to do with the nature of birth being somehow fundamentally dangerous. The truth is, we administer far too many *unnecessary* interventions because we fail to honor women's normal physiological function which is what makes for a normal birth.

Austin explains how creating *new* traumas through unnecessary interventions seems to have been brushed aside by scapegoating and blaming women for the poor outcomes in birth. According to Austin, people often say things like, "A woman suffering childbirth-related PTSD is traumatized because she is prone to anxiety, or has not recovered from her past traumatic history...or was not properly prepared for how unpredictable birth is and how quickly it can

turn into an emergency situation.” These sentiments just help to protect current birth practices which have, unsuccessfully, attempted to control the very complex process of birth. It is common to distract attention away from the current model of care. This model, which has led to some profound changes in the way we are giving birth as a species, is also reframing the ethically and legally-backed informed-consent practices, treating them as inconsequential and burdensome. Nothing could be more false.

Informed consent, or asking for permission and giving relevant evidence-based information for the available choices, is basic to an ethical medical model. And it is the absence of informed consent that best captures what’s really gone wrong in the world of birth. The *real causes* of birth trauma in women, feeling mistreated by care providers goes hand in hand with this issue. In Austin’s words, “Having medical procedures done without proper informed consent or the opportunity for refusal is commonly what leads to women’s feelings of ‘helplessness, fear, and horror.’” Even well-informed parents—educated on the risks and benefits of birth related medical interventions—are often pressured or bullied to conform to hospital recommendations regardless of their stated wishes.

“Let’s instead look at the responsibility of medical professionals to honor a woman’s right to make an informed choice about her health,” says Austin, “and at the real problems of unnecessary medical interventions.” From there, you can be confident that women will be able to have birth in health and dignity, as their innate biology has designed it to be.

See also, *Is Your OB Recommending An Induction at 39 Weeks*, on pg. 17

Questions for discussion:

- Have you ever experienced a home birth, in person or on video?
- How does a hospital birth differ in respect to the providers that are chosen?
- Can you provide another reason why you would want a hospital birth other than: “in case something goes terribly wrong?”
- When you choose the setting of your birth, do you have your baby in mind more than yourself?
- Is it possible you’ve been led to think a certain way about your upcoming birth after conversations with certain people? How do you feel about the values you’ve acquired from these encounters?

Chiropractic Connection

The real cause of birth trauma begs us to ask the question, what can be done about it? If it’s true, at the heart of the problem, there’s a basic lack of appreciation for women’s normal

physiology, perhaps we can begin by focusing on what that normal physiology *is* and ways to best support it.

Chiropractic is a bio-physical manipulation or adjustment to the body's bones and ligaments and at the same time an enhancement to the nervous system's function. For birth, these adjustments can prime the body for the birth process to unfold the way nature designed it physically. They also afford the body the ability to harness its own innate physiology. Nothing could be of greater significance for pregnancy and birth than normal physiological function. By working with the nervous system, chiropractors can help make great improvements to our physiology since the nervous system is fundamental to the coordination of these intricate systems and processes.

Modern living standards have stacked things against normal physiology. From individually acquired habits to culturally acquired norms and procedures, we have tended to obfuscate the role of normal physiology. In order to regain the exceptional capacity that's inherent to each individual, we need to open up to an appreciation for what is possible. Just a quick search on the internet will unveil a community of women who know the real extent that birth can have for an emotional, physical, and spiritual unfolding unlike anything else.

On an individual level there's a lot you may feel you need to do to prepare for birth. Chiropractors offer an amazing complimentary approach to your individual efforts by providing a holistic, to-the-source, model of care that can liberate the nervous system, relieve tensions, and restore balance to the structure and physiology of the body. Specific, qualified adjustments can also provide the baby with more space in the womb to find an optimal position for birth by addressing ligament and structural tensions around the uterus. Chiropractic is truly one of the best kept secrets for maternity care. In the process, many moms learn about the birth process, pelvic mechanics, and what's to be expected in the baby's descent through the birth canal. And then of course, with the body's physiology cared for in a holistic way, the birth process can unfold according to its natural capacity when it's ready.

TAKING THE STEP***What About the Baby?*** by Anne Margolis, C.N.M**Article Summary**

Referencing Graham Kennedy's book, *Birth Trauma—A Baby's View*, which states, "The birth process is more than just the means through which we come into this world—it is the first major period of transition in our lives," Anne Margolis shows us that, far from a having a passive role in the birth process, the baby is in fact highly active and involved. "When baby is ready," says Margolis, "it is her biological priority to navigate down the birth canal."

Each birth involves the active participation of mom *and* baby. It is a natural dance of which babies are exquisitely sensitive and aware. They are, in fact, conscious, says Margolis, according to decades of research in neurology, embryology, and psychology. Being conscious, babies are vulnerable to the imprinting of traumatic events during their early lives, including birth. "Babies are far more conscious than we realize," says Graham Kennedy. "Unlike adults, babies do not have the option of fighting or fleeing as a response to threatening or overwhelming circumstances. As a result, the only option left available to them in these circumstances is to freeze...This makes babies in birth much more vulnerable to the effects of overwhelm and traumatization."

"Just think for a newborn," says Margolis, "what it's like for them to sense a hooked object breaking the water bag, have an internal probe screwed onto their head to monitor continuous heart rate, be pulled out by forceps, vacuum, or cesarean, have their umbilical cord immediately clamped, be born into a world of bright lights and rough handling by strangers, get tubes stuck down their throats, have their vision blunted by antibiotic ointment in their eyes, be given injections and blood tests, be taken away by strangers to be left alone for hours in hospital cribs," to name a few of the routine and standard practices in most hospitals today.

"The standard, technocratic birth today just doesn't encourage a safe, quiet, intimate, and private environment for mother and baby to flow naturally within," says Margolis, and it might be added that the recorded outcomes of hospital births don't include the negative effects of trauma that may have reached systemic levels in previous and current generations. In fact, according to Margolis, "eighty percent of children with sensory processing disorder, ADHD, developmental delays, and autism have a history of birth trauma," as recorded by their primary caregivers.

To put the effects of trauma in perspective, Margolis asks us to think of an adult who's in a stressed or post-traumatic state. "Poor appetite, trouble sleeping, expressions of angst, irritability, and irregular breathing," are just a few symptoms that come to mind. Babies are not

so different. If you have a baby with, “increased heart and respiratory rate, increased startle response, reactivity, jerky movements, irritability, fussiness, being inconsolable, excessive crying, or not crying at all, poor sleep, feeding difficulties, bonding issues, decreased eye contact, etc.,” then don’t discard these symptoms as simply those of a “difficult” baby. They could be indications of trauma locked into their bodies.

William Emerson, an authority on birth trauma in infants, states, “Most parents and professionals consider it ordinary for infants to awaken during the night, cry for long periods, have gastrointestinal distress, or be irritable. Few parents or professionals have seen trauma-free babies, so few have experienced babies *who are symptom-free*.”

But according to Emerson, “The effects of early trauma do not have to be a life sentence.” There are ways to remedy past traumas. The first step always begins by seeing babies as they really are—“thinking and feeling beings that have a big job to do in transitioning from Mama’s womb to the outside world.” And, “while it may not be written in our conscious memories,” says Margolis, “experiencing birth remains in our very cells.” Through empathic understanding with young infants we can begin to translate for them a solution to their prior traumas.

See also, Anne Margolis’s Feature article *Home Sweet Homebirth*, on page 8 and *When the Drummers Were Women* on page 31

Questions for Consideration:

- Would you like to share the story of your own birth, how it has been told to you from your parents?
- How does it feel to consider the baby responsible in some way for the birth process?
- How much of the outcome of a birth is really in the baby’s hands?
- What are the features that make a given event traumatic for you? Can you empathize with a baby in birth using these features?
- What does empathizing with your baby in utero do to your confidence in a successful birth?

Chiropractic Connection:

Trusting your body’s ability to birth eliminates the need for most procedures which are basically predicated on the expectation of failure. Oftentimes, false signals and readings from these early procedures and tests, especially that of fetal monitoring, leads to further invasive procedures, without due cause. It is a well-known fact in the birth community that invasive procedures do not lead to statistically better birth outcomes, but in fact lead only to more invasive procedures, resulting often in Cesarean sections. Demanding informed consent for any and all

procedures, and exercising your right to say no, will help eliminate these unnecessary practices that can cause escalation. Recognizing and trusting your body's ability to do what it was designed to do, will help prepare you to give birth normally and in a way that is most safe as it will be most likely physiologically driven.

Chiropractic can be vital to help enhance your body's physiological processes, and increase your ability to trust in the process of birth. Furthermore, it will help you to achieve optimal fetal positioning and pelvic balance, which will result in less tension on the baby for birth. With less reliance on drugs due to the exceptional physiological function of a well-adjusted body, the baby will be able to perform in a way that leads to a feeling of accomplishment for both him and the mother.

Now should the need for intervention arise, or should the birth process unfold in a traumatic way, with or without external procedures, the model of chiropractic works to help correct any misalignments to the infant's spine, neck, and head, that may have occurred. With early detection and appropriate care, the infant can advance in life without any deleterious effect from ongoing patterns of trauma.

TAKING THE STEP

Newborns, Infants, and Chiropractic by Larry L. Webster, D.C.

Article Summary

According to Abraham Towbin, M.D., a Harvard University pathologist, “precipitous delivery techniques,” can result in spinal injury. He states that 90 to 140 pounds of pull pressure is not uncommon in the normal delivery process. Robert Mendelsohn, M.D., reflected on this sad reality when he said obstetricians are trained to intervene, and that this interference adversely affects the physical or intellectual capacity of the child in a substantial percentage of cases.

Larry Webster, a chiropractor and the founder of the ICPA, discussed the topic of chiropractic for children early in his career all the way until the year he died in 1997. Can chiropractic help children? According Webster, “The effectiveness of chiropractic for children has been a long-standing premise in the profession, and clinical results supporting this have been obtained for years.”

In a paper published as far back as 1987, blocked nerve impulses at the atlas are shown to cause many clinical features from central motor impairment to lower resistance of infections, especially in the ear, nose, and throat. “Chiropractic examinations are of decisive importance for diagnosis of the syndrome,” says G. Gutmann, M.D. and author of the above paper. He concluded that amazingly successful results occur with the implementation of chiropractic care.

The results of his studies were based on 1,000 infants with atlas blockages. In one case, an 18-month-old boy with relapsing tonsillitis, frequent enteritis, as well as a host of other health challenges and difficulty sleeping, upon the first adjustment of his atlas, demanded to be put to bed and slept peacefully until the morning, followed by a clearing of his conjunctivitis and his disturbed appetite returning to normal.

This is but one of a series of cases displayed herein by Dr. Gutmann who concluded from his studies that approximately 80 percent of all children are not in autonomic balance due to atlas blockages or subluxations, and that he has been, “constantly amazed how, even with the lightest adjustment with the index finger, the clinical picture normalizes, sometimes gradually, but often immediately.”

Viola Frymann, a colleague of Dr. Gutmann, in continuation of these findings examined a group of 1,250 babies five days postpartum and showed that 211 suffered vomiting, hyperactivity and sleeplessness and that 95 percent of those suffering revealed cervical strain. “Immediate quieting, cessation of crying, muscular relaxation and sleepiness,” occurred after a release of this strain by specific manipulation.

It is the opinion of many chiropractors that the most relevant cause of neonatal spinal injury comes from longitudinal traction during delivery that's combined with flexion and torsion of the vertebral axis. Such a delivery technique still common in western birth settings, may serve to elicit a quicker delivery, but at a great cost—a cost that is almost always below the radar of diagnosis.

Aside from addressing the strain from birth for infants, chiropractic can be the solution to other children's health difficulties, even and especially after, "all else fails." For Larry Webster, chiropractic was the solution for his own problems involving pneumonia and chronic asthma that occurred on a regular basis in his younger years. It was only after a dismissal from the hospital and a poor prognosis that his father took him to see a chiropractor, "as a last resort." After a brief period, the asthma disappeared and the complications ceased.

A similar story can be found among many children past and present, including children with behavioral and developmental problems, and there is even cases of 4-year-olds with Down syndrome improving dramatically in their ability to maneuver and vocalize their thoughts, after only a few months of chiropractic care.

"Chiropractors all over the world are caring for these cases and others like them, often obtaining dramatic results," says Webster. Now it is no longer conjecture whether children can be helped under chiropractic care; "Chiropractic can change lives."

See also, *Birth, Baby, and Breastfeeding* on page 36 and *Chiropractic and Children* on page 38.

Questions for Consideration:

- How did you first hear about chiropractic?
- What is the driving force behind parents seeking out chiropractic?
- Have you ever seen drastic improvements in your children's or other children's lives as a result of chiropractic care?
- What might be the way you would describe chiropractic to someone who's never experienced it?

Chiropractic Connection

Chiropractors have maintained the value of care for children since its inception. It was only later when the ICPA developed the integral role of chiropractic for pregnancy, birth, and infants. Knowing what the chiropractic philosophy is about, we can easily see why such an extension to children not only serves to help children, but makes inherent sense. Children are in the time of their lives most involved with growth, learning, and change. Along the way, they are bound to stumble, feel intense feelings, and incur strains to the nervous system that can easily bury underneath the influx of new activities. The value of chiropractic during the formative

years of life is a practical approach for the enabling vital expression to make its way in the child's life, uninhibited by structural misalignments to the nervous system. For infants who have such misalignments due to events in pregnancy or birth, the model of chiropractic care could not be more appropriate to ensure the future of that child's health as it relates to his or her nervous system function.

STAYING THE COURSE

Co-sleeping and Biological Imperatives by James McKenna, Ph.D.

Article Summary

Co-sleeping is a term rife with confusion. Definitions are important here. The term co-sleeping refers to, “any situation in which a committed adult care-giver, usually the mother, sleeps within close enough proximity to her infant so that each can respond to each other’s sensory signals and cues.” Room-sharing, therefore, is a form of co-sleeping, always considered safe, and always considered protective.

In fact, room sharing halves the chances of an infant dying from sudden infant death syndrome or from an accident according to multiple epidemiological studies. “But it’s not the room itself that is protective,” says McKenna. “It’s what goes on between the mother (or father) and the infant that is.”

The unquestionable safety of room-sharing and the clearly established benefits of it, and the fact that this is a form of co-sleeping, is often missed by governmental recommendations and authorities whose stance assumes that parents should, “Just never do it.”

Bed-sharing, another form of co-sleeping can be made either safe or unsafe depending on the knowledge and care of the caregivers, but it is not intrinsically one or the other. Often news stories talk about, “another baby dying while co-sleeping,” but they fail to distinguish between what type of co-sleeping was involved, and what specific dangerous factor might have actually been responsible for the baby dying. Was the baby sleeping prone, which is an independent risk factor regardless of where the baby is? Was the baby on a couch or sofa, which is an intrinsically dangerous place for an infant to sleep? Without discernment, co-sleeping can and has been lumped into a one category term which overlooks not only the safety of co-sleeping, but the biological incentives for it which clearly saves lives.

Co-sleeping functions biologically, which means there’s a biological reward for those who practice it, similar to how taste buds reward us for eating what’s overwhelmingly critical for survival—i.e. fats and sugars. The rewards of co-sleeping include biological cue-signaling which positively affect physical and psychological health through an increase in the regulatory functions of an infant’s breathing, body temperature, absorption of calories (digestion), stress hormone levels, immune status, and oxygenation. In addition to the on-demand breastfeeding that is allowed by bed-sharing, the biological and psychological incentives behind co-sleeping are profound.

Despite our cultural and technological changes that have redefined adult schedules in many ways, infants are still born in the world of primitive living with all the biological expectations

that existed millions of years ago. Human infants are the most neurologically immature primate, with only 25 percent of their brain volume achieved by day 1 of life. This unique characteristic could only have been possible alongside the mother's continuous contact and proximity. As it turns out, "the mother's body proves still to be the only environment to which the infant is truly adapted, for which even modern western technology has yet to produce a substitute."

Everything the baby does only makes sense in the context of his mother's environment, a biological reality apparently dismissed by those that argue against any and all bed-sharing and what they call, "co-sleeping."

If given a choice, according to findings at Notre Dame on mother-sleep studies, human babies strongly prefer their mother's body to solitary contact with inert cotton-lined mattresses. In conclusion, McKenna reminds us that in order to have informed parents, and therefore safer sleeping practices, we must stop misrepresenting the true function and biological significance of co-sleeping and dismissing it under the contention that it is inherently dangerous which is disingenuous and in most cases, the opposite of what's true.

Questions for Consideration:

- What are some risk factors involved in the topic of infant sleep that you are aware of?
- Why do you feel that bed-sharing has been dismissed by government and other authority's recommendations?
- Why might room sharing be so effective at decreasing the chances of SIDS?
- Do you know of other cultures where co-sleeping is the norm?
- Can you describe what you imagine an infant feels in the absence of a caregiver's presence and explain why you feel that way?

LIVING THE JOURNEY

Rereading How Children Learn by Peter Gray, Ph.D.

Article Summary

To summarize John Holt's conclusions in his book, *How Children Learn*, author Peter Gray uses two sentences extracted from its pages: *Children don't choose to learn in order to do things in the future. They choose to do right now what others in their world do, and through doing they learn.*

"Schools try to teach children knowledge that may benefit them at some unknown time in the future," says Gray. "But children are interested in now, not the future. They want to do real things now. By doing what they want to do, they also prepare themselves wonderfully for the future, but that is a side effect."

To elaborate further on this fascinating perspective, Gray tells us that, "Children are brilliant learners because they don't think of themselves as learning; they think of themselves as doing." Gray's colleague, Kerry McDonald, (also author of *Time To Opt Out* on page 48) makes this point very well when speaking about her young unschooled daughter who loves to bake. In Kerry's words, "When people ask her what she wants to be when she grows up, she responds breezily, 'A baker, but I already am one.'"

John Holt, who was an astute and brilliant observer of children, observed children in their most natural, free condition. "If he had studied some species of animal, instead of human children," Gray states, "we would call him a naturalist." It was through his naturalist methods that he came to his fascinating conclusions about children and the nature of their learning. Holt, when he wrote his book *How Children Learn*, was trying to figure out how to become a better teacher. By the time his second edition came out, it appeared he took to the belief that teaching of any sort is usually a mistake, except in response to a student's explicit request for help.

Gray quotes one of Holt's later insertions to his updated edition of *How Children Learn* as saying, "When we teach without being asked we are saying in effect, 'You're not smart enough to know that you should know this, and not smart enough to learn it,'" and also, "The spirit of independence in learning is one of the most valuable assets a learner can have, and we who want to help children's learning at home or in school, must learn to respect and encourage it."

In conclusion, Gray reminds us that, "Children learn best when they are allowed complete control of their own learning. Or, as the child would say, when they are allowed complete control of their own doing." This makes sense, not as a license for laziness as some people may interpret it, but as a natural outgrowth of perception that comes after a deep period of

empathetic understanding about the natural state of children's learning and how best to support it for the sake of a truly realized potential in life.

Read also, *The Early Childhood Technology Debate*, on page 62.

Questions for Consideration:

- Do you have any friends or relatives who chose homeschooling or unschooling?
- What are some school options that might serve your child outside the scope of traditional schools?
- As an adult, what does learning entail for you? Is learning more stressful or is it exciting the way you would hope it to be, and why do think it is that way for you?
- What are a list of things you did not have to "teach" your children, but which demonstrate their genius ability as human beings?

Chiropractic Connection

Children are vibrant, energetic, and full of vitality when they are playing and learning. Being as they are, flexible, agile, and open-minded, we can learn a lot about *ourselves* and our own limitations by observing our children. Children are in a process of development where they learn some of the most complex operations without any formal instruction. This involves much of their common language as well as most motor skills needed to become independent. What we learn from children is that much of life's organization and development is innate. All that a person needs is a guide to help when there is an explicit need. The bulk of learning, in general, is acquired via the innate drive to learn, or to put more accurately, an innate drive to do.

This innate drive to do is natural to a healthy nervous system. But what few people understand is how the nervous system can be dampened by certain postures. When allowed to exercise their freedom to do, children will choose active motion over passive reception 9 times out of 10. But our schools seem to reverse this ratio, making 9 out of every 10 hours of school related activities, passive reception involving sitting down in chairs.

Chiropractors are in a unique position to help remedy this cultural norm foisted on kids by addressing the chronic tensions that occur in the body from a sedentary posture. While it cannot solve the issue by itself or make sedentary posture something other than what they are, it can help alleviate the deleterious effects they have on the balance of the nervous system.

Additionally, active doing, on the other hand, involves taking some steep stumbles from time to time. Spills and falls can themselves result in acute spinal tensions that often leave an invisible trace, if not a clearly observable distortion to the structure of the child's body. Chiropractors

are a vital part of addressing these concerns and can serve the family's overall well-being over the course of the developing years.