

**David Cayley**

At the Congress, Barbara Findeison presented a remarkable videotape, showing regressions she had done with four of her clients. The material had such emotional power, that I was sobbing much of the time as I watched. But several other people in the room seemed to be undergoing spontaneous regression themselves. Listen for a moment yourself.

"Jonathan - on videotape - throat cries"

**David Cayley**

This is Jonathan, recreating the frustration from rage he first felt in the course of a forty hour labour. Earlier in the session, he had become aware of what he thought was his mother's motivation for getting pregnant in the first place, which was to get away from home. Then he had become aware of his mother's fantasy about the girl baby she wanted to have, and felt that he was actually present as she watched some little girls at play. This was his response.

**Jonathan**

"I'm not a girl I'm a boy.... you have to put up with that.

I'm a boy, that's your bad luck.... I'm a boy.... that's what I am. It's just as good as being a girl, I don't care if you don't like it.... I'm a boy and I like it. I'm scared she's not gonna like me.... she's not gonna want me.... gonna be wrong for her.... she doesn't know yet but I know.... "

**David Cayley**

Later in the session he came forward to the delivery and experienced the emotions he had felt while stuck in the birth canal.

**Jonathan**

"I can't get out.... I can't get out.... I can't get out.... I can't get out.... Oh let me out.... let me out.... let me out, I'm stuck.... I can't move.... "

**David Cayley**

It is interesting to know that in the light of William Hull's ideas about oxygen deprivation, that Jonathan did actually black out in the course of this regression. Eventually it was his pain that brought him back from this coma, thus forging a deep and destructive link between pain and survival in his unconscious mind. Because he was finally able to get himself out, pain came to mean survival. And so up to the time of his therapy, he had always managed to make his life

hard for himself.

The idea that a baby, before or during birth, is able to form a conclusion of this sort, is basic to many of the emerging theories of pre-natal psychology. Barbara Findeison has experienced the significance of such conclusions, not just in the lives of her clients, but in her own life as well.

**Barbara Findeison**

I went into therapy about 1970, and one of the earliest things I got into was terror - just terror, panic and terror - and I would lie on the mat and tremble, with no idea at all of what I was afraid of. In fact I remember saying to myself: I don't know what I could possibly be afraid of, no one has ever laid a hand on me." I had a kind of idyllic childhood in a lot of ways, so here I am trembling, just trembling.... and it got worse and worse and worse and worse, and one day I started screaming in terror the words: "don't puncture me"! Now where that came from, I didn't have the vaguest idea. And I got into this and it would just be over and over and over hysterically I'd be screaming "don't puncture me," and I'd curl up, and try to scrunch myself underneath furniture in the room.... I was totally out of control. I was just trying to get away from something. And that went on for quite a while, and all of a sudden, one day in the middle of that I sat bolt upright, turned around, looked at my therapist and said: "I couldn't possibly be afraid of my mother, she loves babies," laid back down again and went right back into it. And eventually what I was connected up with, is that she was literally trying to puncture the placenta and abort me, and she tried it twice, and I made a bargain with her at that time which was, "don't do it to me again, and I promise you I'll always make you happy." So my entire life was spent in making my mother happy. My birth was even easy, I didn't want to cause any pain, it was a very simple, quick easy birth. I was the ideal young girl, my mother used to say to me: "You're the joy of my life, I don't know what I'd do without you." I devoted myself totally to just her, whatever would make her happy, I lived for her. And people would say to me.... might say to me, how do you know that really happened, and I'd have some facts to verify it, like she had two children, she had an abortion, she had me and she had another abortion. Beyond that, it doesn't matter whether it really happened to me or not, it's a metaphor perhaps, but what I've gained from it is my life. It's like I don't have to



live just to please you and anyone else, I don't have to deny my own wants and needs, I can say no for me too, I don't have to be Miss Mary Sunshine all the time if I'm feeling sad, and so even if it is just a metaphor, what I gained from it is so valuable that I don't care whether it really happened or not. And now, of course I love my mother and I've forgiven her totally, she was doing the best she knew how to do and she just didn't want anymore children at that time. I don't bear her any ill will at all, I had anger toward her and resentment and things like that, but I don't feel them anymore. It actually enabled me to begin to see all the good things she did do for me. And what I find true in a lot of patients is there's a stumbling block and then they are really able to receive the good that was given and is still given. And sometimes we go back and clear up that basic block, it opens a tremendous communication between parents and children, between couples, between me and my own children. And even begin to see that there is so much we can receive and give.

#### **David Cayley**

Barbara Findeison speaks of a bargain she struck with her mother during the first trimester of pregnancy. This is certainly hard to understand, but it makes more sense I think, if we eliminate a powerful source of confusion which is that -we are using words to describe what did not happen in words at all - similarly, we are using verbal thought, to try to understand pre-verbal thought. So even though we have no choice, if we wish to speak about this at all, it is still inherently misleading to speak of the baby making decisions or drawing conclusions, or whatever. Secondly, I think we need to understand as Wilhelm Reich once said that our emotions represent the life force itself - in flow - in our body. Feelings are our first language, and babies are very sophisticated in this language, long before they learn to speak. So it is possible that emotionally powerful experiences will impress the baby long before he is able to form contact. David Cheek speaks of these powerful pre-natal impressions as "imprints" a term he had taken over from the animal studies of Konrad Lorenz. He believes that since the baby is reacting to feelings that he cannot possibly interpret, his impressions may frequently - in a conceptual sense - be wrong.

#### **Dr. David Cheek**

A mother who's silent is not silent because she is rejecting her baby, but the silence is interpreted

by the baby as - they used to talk and now there's no sound and that must mean that they're not wanted - they get this feeling and they'll carry this over as what we call "an imprinting", where one impression takes precedence over later ones. So when the mother holds the baby, nurses it and says, "I love you" later, the child will feel - "you didn't greet me in the first place" - and may reject the mother's breast, in fact Dr. Verny has pointed out one case, where the baby rejected the mother who didn't want to be pregnant in the first place, rejected her breast, but did accept the breast of a substitute mother. So it wasn't something that was wrong with the mother's breast, it was just that the baby had imprinted on the impression that the mother didn't want it. But by the time she delivered the baby she had changed her mind and wanted the baby. So that this is an area of wanting to know, as much as we can, about pre-natal impressions - right or wrong - and what we can do to change them, and with hypnosis it is possible to change a person's original imprint and explain it in terms of their later knowledge and understanding, and correct behavior problems.

#### **Barbara Findeison**

The child, even later, doesn't understand why they're not just basically lovable and also the child is very subjective, doesn't understand that the mother might not even be hating the baby, but might be hating the situation, might be hating her husband, might be hating just being pregnant and being heavy and tired and that sort of thing. So we understand the child takes on and personalizes a lot of the pains that are going on in the mother's experience and sometimes tragically it's not even the baby that is the target.

#### **David Cayley**

There are a variety of forms of this idea, that a baby translates her experience into powerful unconscious impressions which then shape her later existence, as a sort of life script. The strongest form of this hypothesis is David Cheek's concept of imprinting. A related concept is found in the practice of re-birthing, an extended breathing process which helps some people to reconnect with their birth memories. The re-birthers say that at birth, a powerful unconscious impression is formed. This may have been set up in pre-natal life, and its influence will depend on whether it is reinforced during childhood, but it becomes manifest at the moment of birth. Bob Mandel is a re-birther who



does something called, "the Loving Relationships Training", in which the link between birth memory and behaviour in relationships is explored. In his address to the Congress, he spoke of a number of characteristic attitudes towards intimate relationships which are set up at birth.

### **Bob Mandel**

Another aspect of birth which I found very powerful in most relationships is something I call "the infant guilt syndrome" and what that involves is the experience of coming through the birth canal, and the mother's response to that. So I know, for me when I was coming through the birth canal, my mother was very terrified, and there was some anesthesia used, but her fear went right through my body and scared me. And what happened was that a general conclusion began to form in my sub-conscious mind, that my aliveness, my coming into life, my entry into the world was causing my mother pain. Here was my mother whom I loved and who had nursed me for nine months and it seemed like my life was hurting her. And I think a lot of people have that thought in life that when they express themselves they are gonna hurt someone, when they tell the truth they're gonna hurt someone, when they share their real feelings it's gonna hurt someone. For me, this originated in birth and I've experienced a lot of other people who trace their guilt back to the thought that their aliveness hurt their mother. Now the way this can affect a one-to-one relationship is pretty powerful, because what happens in a relationship where that same kind of intimacy is evoked that was at birth is the feeling comes up that - "I have to hold myself back to be with someone." So what people tend to do is depress themselves to protect the people they love.

### **David Cayley**

Later on in his talk, Bob Mandel reflected further on his own birth and the powerful association it produced for him.

### **Bob Mandel**

The way it seemed to work at my birth was that the guilt of hurting my mother while coming through the womb, seemed immediately followed by the pain the obstetrician inflicted on me. There I was coming through and feeling my mother's fear and pain, and then suddenly I was out and this guy was grabbing me and cutting my cord and flipping me upside down. So somewhere in my mind there was pleasure, guilt,

punishment. It's almost like the story of the garden of Eden is recapitulated at every birth. You come right out of Paradise, into guilt and into punishment, and I think that cycle is something we don't need to continue to create in our relationships.

### **David Cayley**

In the course of re-birthing or other types of regression, people recover memories of events which seem to have set the very direction of their lives. In this context, I think it is important to pick up a point which Barbara Findeison made earlier in relation to her memory of her mother trying to abort her. She said that for her, the question of whether the memory was real, is ultimately irrelevant. It was enough that the memory summarized - perhaps symbolized - an unconscious decision which had long dominated her behavior. What mattered was its usefulness, not its factual accuracy. Roger Moss is a British therapist who does a similar type of work as Barbara Findeison. He agrees that primal therapies are justified by their usefulness. And he illustrates with an example from his own experience.

### **Roger Moss**

When I was experiencing my own birth for the first time, or rather the life in the womb that preceded the birth, I had quite a long spell in which I was quite sure that the flow of the blood in the umbilical cord from my tummy - the significant flow - was outwards from me towards my mother. Now of course the blood actually flows in both directions, but I was just being conscious and aware of the blood that was going from me to my mother. And as I thought about this, I began to realize that this summed up in a very neat way the whole dynamic of my life. It was as if my mother had wanted me to come into the world for her sake, to minister to her so it seemed to me. And that I had to give, give, give in that outward direction, so I realized that is why I became a psychiatrist and why I had to give out. Nowadays that's a very useful insight because when I'm working with people, if I suddenly feel that gathering feeling in my stomach again, I say to myself, I'm doing too much, I'm giving them too much so hold back, and let them do it for themselves, and I switch off and the pain immediately goes away. So that's one way which is an example of the practical use that these explorations actually are to a person.



**David Cayley**

Roger Moss believes that many pre-natal memories are real. But like Barbara Findeison, he also feels that they have a value which goes beyond their mere factual accuracy.

**Roger Moss**

The cynical part of myself just says - Oh this may be, just a very useful symbol - but it's, of course, a symbolization everybody understands, because we've all been through birth, and most people have some education about birth processes, so it's a very easily available symbol. And it does seem, and we've heard a lot this weekend, about the way in which these symbols seem to be very widespread through our culture, through our history, through our literature, through so many things, that once you ask people to focus on it, they tune into things which are very significant and powerful for them, so even if one is only doing symbolic work, it focuses so much of life - in a very simple sort of way life is now boiled down to me, in a little capsule with one port of entry, of stimulation or hormones from my mother, and I can see life in terms of being in that little capsule, in that little room, in that little place, and the next part of the story is that I'm building up to getting out of it and going through an exit which may be blocked temporarily, and which I may rebel against, and then I eventually struggle through and get out. And so much of the process of life, dying or nearly dying, of almost being buried for a bit and then being reborn seems to be caught up in that, because once people get in tune with that, they can use it, and what we believe, and what we seem to be saying is that, people don't do this in any standard way whatsoever. They do it in the way that then becomes true for them, this is according to their history, it's tuned in on something that is true for them.

**Barbara Findeison**

I feel like the original person is more an experience of the self and that the ego is something that develops almost after, in order to be what the world and the parents expect us to be. In other words, the original being is just experiencing. It doesn't start questioning, why am I alive, or who am I, or all these heavy weighty questions, it's simply the experience of being, not caught up with fears of the past and not worrying about the future. And when the fear comes in from the mother, or the fear of survival happens to the baby, or the birth trauma, or whatever happens whenever it

happens, the fear and the pain that comes in is so tremendous, that from then on, once we forget or the veil is dropped, we spend the rest of our lives coming from survival, which is why so many people feel like they're really not in touch with themselves or they're really lost or empty inside, or that there's a void they're afraid of and something is missing in their lives. I think what's missing is them. Because they've developed, in Jung's terms, they've developed a persona. They've developed, "I've decided what kind of a good little girl my mother wants me to be, or a tough kid my daddy wants me to be, and the society wants me to be something else." And then I think because we've used those facades to cover up a lot of pain and fear, we don't want to look inside because we have a lurking fear that what's in there is perhaps pretty bad, which is true, but it's not what's basic within us. The pain only covers who we really are, so it's like it's three levels. Like originally there's this being who is consciousness, and then when the fears of the world come, wherever they come in, and the hostilities and anger that result in the child, then we have to cover up the pain. Because we don't know what to do with it, it's overwhelming, and we're terrified, in utero, we're trapped, totally trapped, all we've got is our mind. We can't get out, some babies I think probably do get out, they die. And then later of course, when we're little, we're totally hopeless and dependent too on these figures, and they may not want a baby who is in pain and they may not want a frightened baby or an angry baby. And then I think sometimes people are afraid to go within, because their survival mechanisms have gotten them survival. There's no doubt about it they have survived. But my feeling why I feel so optimistic about all this is, when I can finally manage to get a person to go through their defenses and down into whatever that fear or whatever threatens their survival. On the other side of that, we're so much more than we ever imagined we were. We can live without fear, because most of what we're afraid of isn't even here anymore. We're carrying it around from the past. It doesn't have to be that way.

**David Cayley**

The emergent science of pre-natal psychology has produced a remarkable portrait of the relationship between mother and child before birth. Study after study has disclosed the delicate interplay of maternal and fetal emotions, and shown the extraordinary extent of the unborn baby's interaction with his mother



and his world. This is a considerable achievement and a positive one, but it is not without a certain tyranny. For what science discovers is sometimes what science covered up in the first place. And so it needs noting that what is now coming to light may long have been known to those midwives and mothers who never bought into the medical model of pregnancy and birth to begin with. Sheila Kitzinger is a British anthropologist, mother and child birth educator, who has become a midwife to the whole movement for more natural and spontaneous birth. Here she speaks of what women are able to know of their own pregnancies.

### **Sheila Kitzinger**

I think one of the important things is that a woman who's not retreating from her pregnancy, trying to block it out, becomes aware of fetal movements. She notices that her baby has sleeping and waking times, that's very important, but there are times when her baby is in a nervous state, and times when her baby is very active and jumping around or whatever the play is, and times when the baby's just really sleepy. And very often after the baby is born, exactly the same rhythm is recreated. So the woman, for example, who's found out that her baby is most active in the evening, say from eight to eleven o'clock at night, which is a very common pattern, finds that her baby after birth is active just at that time too, and realizes that she already knew her baby, was in touch with her baby's rhythms. There are lots of women who are unwilling to accept that, because they haven't been helped to acknowledge that this is the case. I think too that women learned that the baby responds to their voices, to their own activities, to the types of movements, that they can play with their babies. Now I think it would be awful if they instituted special games which mothers have to play with their babies in utero. In fact, I've just been making some films for the BBC on getting ready for pregnancy and on pregnancy and childbirth, and one of our films has been on a woman's awareness of her changing body and of the baby inside during pregnancy. And we deliberately didn't want women in the film who were vocal, educated, and so we set ourselves the big task of having women who haven't really put such things into words, for whom it was rather odd, and we filmed at a London Hospital where we had two women from the Caribbean, both of whom were unmarried, and the interview was going rather stickily at first, I thought how am I going to get them to

express themselves. And then suddenly one of the young girls, grinned from ear to ear and said, "I play with my baby" and I said, "Do you," and she said, "Yes, we have games, I push with one finger and the baby pushes back." And she was doing it, and she knew it and no body had to tell her, and that was absolutely marvelous. So I would like to see women doing a lot more sharing with each other. I don't want doctors and psychoanalysts to come and tell them what to do. I hate all these shoulds, but I do want to see women doing more sharing, and I think groups during pregnancy, in which they share in their ideas and feelings and hopes and fears, I think that's a marvelous idea.

### **David Cayley**

Like Sheila Kitzinger, Colleen Stainton has been interested in what parents already know about their unborn children. Stainton is an associate professor of nursing at the University of Calgary, and a doctoral student at the University of California. Her studies have led her to the conclusion that many parents are remarkably aware of their baby's habits and temperament before birth. But she also believes that parents cannot be pushed to interact with their baby before they are ready to do so.

### **Colleen Stainton**

There are levels of awareness of the fetus that seem to develop over time in pregnancy. And that some parents, but not all, achieve this sense of their baby as an interactive person and in fact interact with it. There have been several other studies now that show that only about thirty percent of parents really become interactive with the fetus prior to delivery. We don't know enough yet to really know whether we should be doing anything to try and promote increased interaction with the fetus pre-natally, or whether that indeed pushes people too hard, toward a very important kind of thing like falling in love before they're ready. And other parents say that they really can't feel any strong feeling of bond to the baby until it's responding back, and they don't perceive that response to be till four months, when the baby laughs and smiles and coos. And other people tell me that at six months gestation they have a very responsive baby. So I think we need to look at the range in human behaviour, and the range of individual preferences, and be much more sensitive to that range.



**David Cayley**

Given this range of ways in which parents will actually come to terms with their new baby, can there be any one right way of preparing for parenthood. The resounding answer of the Congress on this point, it seemed to me, was no. Birth is too powerful, too individual, and too intimate a matter to be somehow planned in advance. But I did sense a common approach to preparation for birth and parenthood, which I will paraphrase roughly like this. Birth is a gift, and therefore it's something which we can only receive. Precise plans and expectations are an attempt to coerce nature, and can only result in guilt or blame when the universe frustrates our design. So preparation consists in aligning ourselves with all the forces that are making for spontaneous natural birth, in opening ourselves, in order that we will be able to receive what is given. One of the suggested ways of achieving this alignment, is through visualization or relaxation. These involve a process of guided imagination, which brings the parent in tune with the process of birth.

**Sylvia Klein Olkin**

The most important relaxation I think that I do is birth from the baby's point of view. We go through a birth experience with the mothers and the fathers, in most cases, where they become their babies, and they go down the birth canal and they're squeezed and pressed, but mother's there and dad's there, talking to them the whole time. And then we imagine the baby outside, how it's gonna feel and how they're gonna feel, and at that point then, they just again communicate with the baby and tell the baby that they're gonna be there all during the birth, and that they're gonna do the best that they can to make the birth easy for the baby. And then they talk to the babies during birth. I've coached a number of my students, and then attended a number of births from my students, and everybody in the room talks to the baby all during the birthing process. The babies come out, not smiling, but very peaceful, and very rarely do they come out crying and screaming.

**David Cayley**

Sylvia Klein Olkin calls her preparation for birth, Inner Bonding. And she believes that contact with the baby before birth makes for a more gradual and more natural transition to parenthood.

**Sylvia Klein Olkin**

I think it's easier to become a mother or a father because it's not a role that starts quickly the day the baby's born. You've prepared for it, you've acculturated yourself to the fact that you're going to become a parent. You know that you're a mother in the third month and you're a mother in the fourth month. Even though everybody else calls you a mother-to-be, you really are a mother. You are mothering the baby inside. So many of my students say, the baby didn't seem like a stranger, I knew that baby, I didn't know what the baby looked like, but I knew that baby, and they seem to have a much easier time adjusting to taking care of the baby, holding the baby, you know, really mothering the baby. It doesn't guarantee no colic at all!! But it does make life much easier. I see a high percentage of my students - I have a post-partem program too - and then I get to know the babies on the outside. When I meet them for the first time on the outside, they turn around and they look at me, eye to eye contact and it's "OK, now I see the body that went with that voice," they know my voice, they know that when I work with their mothers and with their fathers, often times the fathers come to all the classes, that they get calm and that the environment that they're living in is nicer, the vibes are better. I have a lot of friends, little ones.

**David Cayley**

Another approach to preparing for parenthood was offered by Pamela Borg, a psychotherapist and childbirth educator from Cambridge, Massachusetts. She calls it Pre-natal Conscious Parenting and believes that it should start, not with pregnancy, but with conception itself.

**Pamela Borg**

Ideally parents might want to consider communicating to the spirit of the child by actually talking it as if it were a human being, and sending it love, and letting it know that it will be loved, that it will be safe for it to come into the world, that they're there to give it what it needs, that they're ready to be parents, and that that consciousness should be continually communicated to the being, from before conception throughout conception. Basically what we are talking about here is love, the importance of love. If the being is conceived consciously and loved, and nurtured in the womb, it's more likely to be a healthy, creative, loving being. If it comes into the world feeling unloved, it has to struggle all its life to express its true self, it will spend most of its life trying



to heal that trauma rather than having that energy free to self-actualize, that's the basic premise. And it's very ancient wisdom, it's common sense but most of us, because we are so traumatized from our own past, don't have a strong sense of self or love of self, how can we love our children if we don't ourselves. So I encourage couples to work on themselves first, to learn to love themselves, to learn to love one another before they conceive. This is the real primary step in preparing for conception. Make sure you're clear with your own past trauma, or at least get a strong sense of self or you're not working through your unfinished business, as they call it in the trade, your unmet childhood needs and feelings. You are not projecting them into the life of your unborn child because then you won't be there to truly support and love and nurse your child for who they are and for their true creative self.

#### **David Cayley**

A point made here by Pamela Borg that to become parents we must face our own fears and uncertainty, was also picked up in a talk by Elizabeth Noble. Noble is a physiotherapist and childbirth educator with several books to her credit on preparation for childbirth. In her presentation to the Congress, she noted that many of the ways in which we prepare for birth, reflect our fear of the unknown.

#### **Elizabeth Noble**

We're all afraid of the unknowns of birth, and therefore we want a structure that is perfectly and as water tight as possible, and that's why we have so many methods about how to do this. But I feel that if we are going to be entirely truthful, we have to agree that birth is a journey into the unknown, and every couple has to kind of wing it with courage and insight. But I do feel that we have to be very careful in not conveying that there is a right way to give birth. And while there's improvement all the time, I feel that birth is a very unique experience and that any labels, even so-called good labels like "positive," "assertive" and "normal" birth are still conveying to couples, that there is a way to give birth that experts have set out in books. And that there's this outside standard that they have to meet, which gives them double trouble, I mean... you know, they've got their own birth experience and all they are bringing to it, plus this formula which has been set by people who obviously know more than they do.

#### **David Cayley**

Noble was one of many people at the Congress, who asserted that the experience of giving birth can re-awaken the birth memories of those who are present. And she stressed that the pain of childbirth is not just the physical pain of stretching, but also the psychological pain of facing all that may be released in the process.

#### **Elizabeth Noble**

Pain of birth I believe, is the pain of opening up. And it involves the heart, and mind as well as the body. The pain of letting go is the pain of letting go control, and allowing the primal feelings to surface, the feeling that we take off the lid and let all this energy from birth come up, then it's gonna bring up all the garbage, all the other problems of our own birth. Pain also I feel is the only way in our society women can ask for help and support. They come to me with a neckache because I'm a physical therapist and they don't want to go to a psychotherapist. So therefore it's OK to call for pain in birth, but not to say "I'm afraid and O my God I wish my mother was here even though I usually hate her, and I need to be in touch with female energy," they can't say it like that, and I think if we misinterpret this call for support, and we rush in with rescue measures like drugs, then, of course, what's happened is what happens all the time, experts have moved in and taken away the power from the birth process. Any of us who work with childbearing women must be so careful not to set ourselves up as experts, because however much we know about birth in general, we know nothing about a particular birth, and we must let it unfold with its own uniqueness, and support couples to seek their own style of birth.

#### **David Cayley**

For the uniqueness of each new birth to be expressed we must let go of the cycle of guilt and expectation, which ties us to past births and forces us to relive them. For Barbara Findeison this means letting go of blame.

#### **Barbara Findeison**

We have to be really careful, I think, that we don't lay the burden of guilt on mothers looking back. We really need to forgive ourselves. We've made mistakes parenting, but we've done the best we could, and that's why I feel it's so important that we get the information out to parents, because most parents I dealt with, most parents, really want to do the best for their



children, but they've been mis-taught. And because they were programmed in that way, they've just taken a lot of things that are incorrect, but I think that if mothers realize that somebody's listening inside there, there is a real sentient being they're carrying around for nine months, they would begin to be more conscious of the way they talk to the baby, it wouldn't just be an "it." They perhaps would correct, ahead of times, some of their strong feelings like it had to be a certain sex, and they instead would wish for a healthy baby and begin to talk in welcoming terms. Even to the point of explaining, "I'm upset right now, but I'm really upset because the yard work didn't get done, or whatever it is, and your daddy didn't do such and such, I'm really not upset about you."

### David Cayley

To learn to communicate with a baby before birth also requires confidence in oneself as a parent, and this may be hard to acquire in a society where parents are isolated and without cultural support. Mary Sharpe is a Toronto midwife, whom you'll be hearing more from in next week's program, when the subject will be birth itself. She concludes tonight's program with some reflections on her own growth as a mother.

### Mary Sharpe

Mothers in our culture may have to learn how to mother because they're so isolated from other women as mothers. It lacks visibility in our culture, mothering. I think that they haven't also had the opportunity of being with other mothers who experience themselves as mothers as they're pregnant. So just as for me mothering my second child was a lot easier at the very, very beginning. When Jenny was very small I didn't talk to her. When she was two weeks old, I remember changing her, and a friend of mine who was about sixty came over to visit, and Jenny was crying and my friend Barbara said, "Talk to her Mary," and I said, "What am I going to say, she doesn't talk back." She said, "You don't have to say anything, you can just go ga-ga, hello Jenny," and I started to try it. And this dear friend of mine taught me how to mother Jenny in a certain way. Then I took that experience and my two years of mothering Jenny and brought that back to my next baby, Gabrielle. And immediately as soon as she was born, I was talking to her. Then I think of Martha being born. This time, as soon as she was born, we knew her name would be Martha if she

was a she - and it's really interesting that people have said at the Conference, that women really know what sex their babies were - and this time I felt it, and through dreams, that she would be a girl. And as soon as she was born, I was able to say, Oh Martha, Martha, my Martha, and hold her and touch her. And so as I've grown in my mothering, with all my children during their extrauterine life, I feel that I've begun to grow closer to them in utero.

---

## PART III

---

### Lister Sinclair

Good evening, I'm Lister Sinclair and this is Ideas. Tonight you'll hear the concluding program in David Cayley's three-part series, Being Born. The series was made from interviews and recordings done this past summer at the First International Congress on Pre and Perinatal Psychology held in Toronto.

Now, this Congress was organized by Toronto psychiatrist Dr. Tom Verny, and brought together people from around the world who share the view that babies have an active mental life both before and during birth, and that their thoughts, impressions and feelings during this period have real and lasting consequences in their lives.

In the first program, which was called "Memories," David Cayley reported evidence from this Congress that our life from birth and before, can actually be remembered. He considered theoretical explanations of how this might happen, and what its consequences for psychology might be. In the second program, he looked more closely at the phenomenon of prenatal communication between mother and child. And tonight, the subject is birth itself. How does our current childbirth system affect mothers and babies, and what are the implications for this system of the findings of perinatal psychology?

Here's David Cayley with Being Born, part three.



**David Cayley**

Birth is a borderline between two states of existence. Labour shakes the tiny microcosm of the womb like an earthquake, and we are impelled on our journey into the unknown. New sensations, new experiences, new feelings rush in upon us as we are squeezed and then pushed on our way. A journey of inches may last for hours, and then light, new sounds, air, and if we are fortunate, the safe haven of our mother's arms. Later on in life, we will model other transitions on this first and most strenuous passage from one state to another.

In birth, new life erupts in our midst, and often it seems we are not quite flexible or receptive enough to make way for it. Birth then becomes a traumatic, unfinished event which continues to reverberate through our lives. Even normal birth can be an emotionally and physically overwhelming experience, and perhaps for this reason, it tends to cut off the memories of pregnancy and prenatal life for both mother and baby. Interesting confirmation of this idea comes from the research of Colleen Stainton, an associate professor of nursing at the University of Calgary. She has found that mothers who have known their babies well in utero do not seem to connect this knowledge with the newborn.

**Colleen Stainton**

I was speaking to a mother one day whose baby wouldn't settle, and she was walking up and down the unit -- a one day old baby. And I said to her, "What did that baby do when you were walking around two days ago when it was in the uterus?" And she said, "Oh that's when it was always really busy." And I said to her, still experimentally because I didn't know, "That's the same baby." And she looked so surprised and sat down, and when she sat down the baby went to sleep within thirty seconds. And then I used that several other times with mothers who were having babies hard to settle and found the same thing, that they were doing something different than what they knew about that baby prior to birth. And they had such incredible trouble connecting, and they looked so surprised, and they'd hold the baby out in front of them and say, "Oh, you're right," or "I'd forgotten and I didn't think of that," or whatever. And I've been interested now in the disconnection or connection between parents' perception of their unborn baby and what they indeed get to know. Because in some of the interviews I've done,

parents know a great deal about their baby, all of which is verified by the scientific evidence of what newborns can do. And how surprised they are to find the newborn recognizes their voice, that the newborn will smile, that the newborn will express anger or refuse to eat or is awake much more than they expected it to be, even though they can describe for me that this baby in utero would be awake for fairly extended periods of time. So one of the things I want to look at next is what makes that disconnection.

**David Cayley**

What are your initial thoughts about it?

**Colleen Stainton**

Well, one of the things that parents have described to me prenatally is a fairly strong sense of what the baby looks like. They have a much stronger sense of what that baby looks like than I would have thought they did, and that's been the thing that doesn't check out so much postpartum. Of course, the baby tends to look somewhat different. They dream about an older baby, they hope for a baby that's different even than their dream baby or their real baby. So they've got three kinds of perceptions there. But the baby that they interact with in the uterus, those that do interact with it, they have a fairly clear idea. And I don't know whether that difference in appearance makes the difference or whether the baby is adapting to the exterior environment, the mother is adapting to the baby being out of the uterus. Some mothers experience some sense of loss at that time, and there's just a whole period of transition. But what really fascinates me is they don't really think about that information they had prenatally. We talk about "the new baby," "the brand new baby," "new parents." We don't connect that also in our language surrounding childbirth with prenatal time.

**David Cayley**

As I listened to Colleen Stainton's tentative explanations of what she had observed, they seemed plausible enough to me. And yet I wondered whether there wasn't something more. Mightn't the discontinuity arise not just from our language, not just from the upheaval of labour, but also from the way in which we pattern childbirth as a potentially painful, fearful and dangerous experience for which one needs to be institutionalized. This patterning then separates us from both the primal and the sacred dimensions of birth. We lose connection with our



babies and ourselves. In the hospital, concern focuses on survival and certain crude measures of physical well-being. The success of the obstetrical system is measured in mortality statistics. The quality of the experience is considered an extra. Indeed, it is not at all uncommon to hear obstetricians accusing women who wish to give birth at home of self-indulgence, as if the feelings of the mother and the outcome of the birth had nothing to do with one another.

The separation of birth as a physical event from birth as a psychological event is an expression of the mind-body split which has characterized our culture generally. In fact, for the baby, until very recently, birth was not considered a psychological event at all. Psychologist David Chamberlain.

#### **David Chamberlain**

For generations, doctors have assumed that a baby doesn't really know what's going on at birth. They don't expect them to have any memory of what's done to them, they don't expect them to really care about how they're handled. They certainly don't expect them to be thinking about anything or learning anything. And for this reason, they just sort of do whatever they want to do medically to babies at the time they're born. And shortly after they're born, pediatricians have been circumcising babies without any regard whatsoever to the pain involved, and they've been telling each other all these years, passing it down from professor to student, that what you're looking at, with a baby screaming bloody murder, is nothing but a reflex. There's nothing real about that. Even psychologists up until very recently -- and I'm sure some still do -- believe that a baby is a kind of sub-human being, not all there, literally. Perhaps won't even be there for about a year in terms of real mind activity. Well, I think that this is tragic. It's been tragic as far as birth is concerned for most of us, because very few of us have been born under anything like ideal circumstances unless we were born suddenly and accidentally at home before anybody was around to interfere with us.

#### **David Cayley**

It is easy to see how the baby's experience could be overlooked by those who believed that in effect the baby was not having an experience. But treating birth as a problem in body mechanics has involved overlooking the

experience of mothers as well, and in order to do this, doctors have had to invoke the twin gods of safety and science.

Sheila Kitzinger is a British anthropologist and childbirth educator, and she believes that safety and science are sham justifications which are used to defend practices which actually have a ritual significance.

#### **Sheila Kitzinger**

They're using intervention as a series of ceremonial rites to turn women into patients and to make them become submissive and compliant. This is happening in our hospitals with a great many rites which have never been properly researched to prove that they are useful, helpful to labour. Things like shaving of the perineum, which reduces a woman to an infantile prepubescent state -- she's got a bottom like a seven year old girl. Things like using an enema, giving an enema or suppositories -- that's a ritual purging from pollution. Things like immobilizing the woman, tethering her to an intravenous drip or to an electronic monitor, showing her that the shamans and witch doctors, the doctors who have taken her for the role of the priesthood, in fact, have complete control over the inner workings of her body -- the most intimate workings of her body and that of her baby too. I think, you see, all these rights are being used to show a woman that she is helpless, powerless, to inculcate a learned submissiveness. And I see it as an anthropologist as having this very important ritual function to enforce the power of the institution. And I think we should question and go on questioning every single one of them, because we need controlled studies, randomized trials to show that these things really are effective, that they really do have use for women and for babies. And at the moment, much obstetrical intervention has not been proved useful in this way.

#### **David Cayley**

Sheila Kitzinger is not using the term "ceremonial rites" here in some loose metaphoric sense. It is her belief that many hospital practices are precisely analogous to transitional rituals which have been observed by anthropologists throughout the world.

#### **Sheila Kitzinger**

In many primitive societies, elders who represent the ancestors don masks or other frightening garments, and they terrify the initiates. The



idea is that to mark this crossing over the bridge into the next social status, to make it important, you have to introduce terror. And since people might not consider this a terrifying situation normally, you have actually to introduce three or four situations, to tell terrifying stories and so on. And I think without doctors and nurses being at all conscious or aware of this -- I'm not suggesting that it's personal nastiness -- we do actually, by taking women into alien institutions that they don't know and putting them amongst strangers, and surrounding them by machinery, and not giving them full information on which to make choices between alternatives -- not in fact often allowing them any choices -- we do artificially create a frightening situation for many women. And I'm sure you see this, for example, in hospitals with immigrant women particularly.

#### **David Cayley**

Do you think in fact ritual observances under the control of women are appropriate? Is the issue one of ritual or one of control?

#### **Sheila Kitzinger**

The issue is one of control. Who has authority? Who controls the place in which birth takes place? That's basically it, because the power is with those who control. If you have a baby at home, the doctor, the midwife, are guests at your home. I've had five children all born at home, and each time the people who came to help were guests. It was my home. My husband and I were in control. When you go into hospital, you surrender control. I think too that the issue is what the rituals are being used for. Our modern hospital rites are used to reinforce the power of institutions -- hierarchical, large, bureaucratic institutions. Now, in Third World societies, rituals of childbirth, for example, are very often used to provide a metaphor, a series of symbols which have meaning for the couple having the baby, the family, the kin group, the lineage, and the larger society. And they're also used to harness the power of natural forces. Let me give you an example of that.

In parts of southern India, a very tightly furled flower, looking apparently dead, is put beside the woman in labour. And in the heat of the labour room, the petals gradually unfurl wider and wider and wider. And she knows that as those petals open, her cervix is opening, and she knows that when the petals are spread wide, she will be fully dilated. So it is a very powerful outward

symbol of an inner physiological process, and is psychologically of course very important and emotionally supportive for her.

#### **David Cayley**

Supportive rituals of this kind actually help to advance labour. Unsupportive hospital rituals may have the opposite effect. Nevertheless, many couples acquiesce in these rituals. In her address to the Perinatal Psychology Congress, Sheila Kitzinger suggested that one of the reasons may be that they have been taught to do so.

#### **Sheila Kitzinger (at congress)**

In the past I believe that birth education has often reinforced the power of professionals by introducing yet more rules, more constraints on women, and preparing them to exert self discipline -- not to cry out, to be nice to the nurse and the doctor, to cooperate, to obey instructions, to wait to push in the second stage until you've been given permission. This issue of control is basic, for to be in control in this context is to surrender control to the obstetric team. It's called "patient compliance." And the great aim of, for example, drugs -- many pain relieving drugs used in labour is according to the blurb of the drug companies to get a "fully cooperative patient."

In many childbirth classes, and especially those taught in hospitals, women are taught to be ready to compromise, to ask for things tactfully, not to antagonize the staff, not to have preconceived ideas about what they want the birth to be, to avoid setting their sights too high, and to use feminine wiles. They are being conditioned to submission.

#### **David Cayley**

The ultimate point of all this, according to Sheila Kitzinger, is to enforce dependency. Parents are taught from the beginning that they share responsibility for their children with professional experts. And for Kitzinger, the rituals which mark the transition to motherhood indicate very clearly that ultimately it is the experts who know best.

#### **Sheila Kitzinger**

The kind of care we provide in our society, I believe, treats women as irresponsible and selfish children. They are not expected to behave like adults, they are not treated as adults, they are simply sucked into the obstetric



system. Now quite often it is a beneficent system, at other times it is not. But the whole point is that women are not treated as if they could be responsible for themselves or their bodies or their babies, and this is artificially producing a child mother who continues to be dependent, who is unable to make decisions, who becomes very anxious when she's supposed to take on the full responsibility of the baby, and who looks to experts for advice. It is a meticulously conditioned helplessness.

### **David Cayley**

Sheila Kitzinger offers an essentially political explanation for the interventionist character of hospital-based obstetrics. She sees it as a system by which men dominate women. I think it supplements rather than contradicts her explanation to recognize that there are psychological factors involved as well.

Tom Verny is the author of The Secret Life of the Unborn Child. He suggests that obstetricians may sometimes be motivated by a need to protect themselves against their own unwelcome feelings.

### **Tom Verny**

Their own birth memories, unconscious as they are, are often triggered by the experience. And each of them finds different ways of defending themselves against the anxiety that those birth memories would elicit, because they always elicit bad feelings. Birth memories are never really positive. What is positive is what happens afterwards when you see the light of day, when you come to your mother's breast, when you feel really close to her, that's fine. But the actual struggle, the actual coming to see the light of day is always traumatic. And so much of this is triggered, and so what do obstetricians do? They start relying more and more on technical interventions, because the more they can rely on technique or technical interventions, the less their own feelings can interfere with the process.

### **David Cayley**

Obstetricians of course are not the only ones who can feel stirred or frightened at a birth. Parents too may feel afraid. Mary Sharpe is an experienced midwife, and it has been her observation that fear plays a role in every birth.

### **Mary Sharpe**

I think of the moment before a woman begins to

push, or as she starts to push. There's a fear in her -- I always feel it myself, and I see it in women nearly always there's a moment of fear that hasn't come before and doesn't seem to come afterwards. She's about to give birth, she's afraid maybe for her life, she's afraid to let go maybe of this baby. I speak of it myself because I feel it every time. And I remember once just being asked, "Mary, are you afraid at that moment?" and not wanting to answer, but being so grateful that somebody recognized that I was afraid. I didn't want to say yes, I am afraid, because that didn't quite seem right either. But there seems to be a moment for me and for I think nearly all women, and I wonder whether this has something to do with a birth memory. I see it in fathers. Just recently a father who was a quite in control type of person, but as he looked at his baby coming out, and as he actually helped lift his baby -- his baby was born to the waist, and as he reached down and helped to lift his baby to his wife's breast, his breathing was so heavy, and the sweat was pouring from his face, and the tears were beginning to come. And I see it in fathers a lot, this extreme emotion and release of tension, and I don't know whether it comes from "Oh, thank God, my baby's all right," or -- but the father is very much in his feelings at that moment.

### **David Cayley**

Birth stirs many emotions within us, and perhaps it also touches something deeper than emotion. Stanislav Grof is a psychiatrist whose research with LSD has yielded valuable insight into the psychological meaning of birth. He believes that in our encounter with birth, we touch a mystery.

### **Stanislav Grof**

It certainly is true in my work. If you do regressive work -- whether you use psychedelics or whether you use non-drug techniques like the ones we have developed now using breathing, evocative music and body work -- when the regression reaches the level of let's say early postnatal life, or birth itself, or prenatal life, the experiences always would become what Jung called numinous -- they have a kind of sacred quality. You don't have the feeling that you're just experiencing something that is emotional and biological, you also have the feeling that you are participating in a mystery, that there is a sense of sacredness about it. And so in that sense there is some primary quality about these experiences which involves the mystical element. But if you are an adult observer of



---

## PART II

---

### Lister Sinclair

Good evening, I'm Lister Sinclair for Ideas. When we speak of the baby at birth as being new, we sometimes forget the fact that he or she is already nine months old. Folk wisdom allows that the baby is a distinct personality at birth, but perhaps the implications of this sometimes escape us. We may forget that during pregnancy a real person makes an appearance. That this person listens to the sounds and the voices of the world. That the fetus reacts and adapts to the changing environment, and above all, that the fetus responds to the emotional tone of the world it shares with the mother, the family, and society. In recent years a number of both clinical and experimental psychologists have begun to claim what many parents already believe, namely, that the unborn child, interacting with its environment, is actually showing a form of consciousness.

Last July in Toronto, many of those who have championed this theory in the face of academic scepticism, joined together in the First International Congress on Pre- and Peri-Natal Psychology.

David Cayley attended the Congress for Ideas and interviewed most of the participants. From these interviews and from our recordings of the Congress proceedings, he's composed a three-part documentary series entitled, "Being Born", and tonight we present part two of that series - Life Before Birth.

### David Cayley

Beginnings are always critical. It is at the beginning that any process of development is most vulnerable to disruption, and the nearer to the beginning, the more profound and far reaching will be the consequences.

The events of pregnancy therefore, have a unique importance for the unborn child. At no other time will the child's environment have as great an influence, for good or ill, as it does during these nine months.

Within the last forty years, it has been

established, beyond doubt, that the unborn child responds to his mother's emotions. He literally feels what his mother feels, but since he cannot in any cognitive sense understand these feelings, they are for him simply a given, the basis on which he builds his very sense of how the world is. David Cheek is a San Francisco obstetrician, who has pioneered the study of how pre-natal impressions influence later development. Here he relates a case from his own practice.

### Dr. David Cheek

I'm thinking of one that I just saw the other day, a woman that I've known for about forty years. Her mother was unhappy about being pregnant because the mother's brother was dying of tuberculosis. Three days before labour started, the brother died. And this poor woman who is now in her fifties, recalls in a present tense, her mother beating on her abdomen and saying: "I wish to God I didn't have this baby inside me, because if I had not been pregnant, I could have cared for my brother." And her sister, Phoebe she called her, was saying: "Don't be silly, this baby has a right to be itself and your brother was dying, our brother was dying anyhow." Now when her mother died just a few months ago, she put her arms around my patient, Margaret, and she said: "You know, I've loved you all your life, and I love you now, bye bye baby" and she waved her hand to her daughter and just died. And the daughter said, "What a tremendous relief this was because it seemed to resolve something that I've vaguely known about all my life, that I wasn't wanted, that I was a nuisance, and I've been trying like hell to be worthy of being a person, and now I don't have to try anymore".

### David Cayley

The David Cheek story, a single incident translates into a life-long feeling of unworthiness. The incident however, may simply be the decisive moment in a continuing process. Precisely how the baby apprehends maternal rejection is not clear, certainly there is a physical channel of communication via the placenta, through which the baby is exposed to the bio-chemical forms of his mother's emotion. Whether there is another psychic channel of communication is a more difficult question. There is certainly evidence, like David Cheek's story, to suggest it, but it is hard to see how it could be proved. The least we can say, is that the baby is critically dependent on the physical life-support system which centers on the placenta. If this malfunctions in any way, the



baby is exposed to the painful experience of oxygen deprivation. At its most extreme, fetal oxygen deprivation can result in what Dr. William Hull, a clinical psychologist from California, calls Pre-natal Suffocation Syndrome. The syndrome is formed when the baby actually blacks out from lack of oxygen. Dr. Hull believes that up to twenty percent of the population may have experienced this. He recognizes a variety of possible physical causes, ranging all the way from heavy smoking to a kinked umbilical cord. But he believes that the primary cause is the kind of powerful maternal emotion which might result from shock or grief.

#### **Dr. William Hull**

As far as my observation has been concerned, the emotionality of the mother-to-be is the prime factor. It is her own emotionality, that sets up the fight or flight syndrome within the mother herself redistributing her own blood supply to the large muscles, where of course she really doesn't need it. We don't respond now to fear and anger as we did thousands of years ago, but our physiology is the same. So this redistribution is taken care of at the expense of the viscera where the uterus is located, and so when the mother gets upset about something, it tends to cause a reduction of the blood supply to the uterus which means a reduction of oxygen supply to the uterus. Now the uterus will take its oxygen first, the part that it needs to survive, and the fetus gets what's left over, which usually isn't enough.

#### **David Cayley**

How is this experienced by the fetus?

#### **Dr. William Hull**

It is experienced by the fetus in about the same way that it would be experienced by you or me. It experiences seven precise feelings in a particular order. Panic, helplessness, hopelessness, exhaustion, depression, rage and breathlessness. And this becomes a syndrome for this particular problem which, once the individual experiences this to the point of unconsciousness, and unconsciousness is the key, because it's equivalent to dying. So then we feel it has this pattern of emotionality which will stay with it throughout the life until or unless it can be resolved by therapy. The fetus relates to unconsciousness as an escape from these feelings. And it has the ability to psychologically induce this coma feeling, in

other words, the fetus - or the person later on in life - faced with a problem reaching a point of maximum nervousness, all they can stand, they're so uptight they can hardly stand themselves, if they can't get out of it any other way, then they sort of withdraw from reality they sort of turn their mind off, they're not gonna be anything, they're not gonna do anything, they're not gonna feel anything, they just want out of it. It's like going to bed and pulling the covers over your head, and pretending that the world isn't there for a while, and this provides a relief.

#### **David Cayley**

What William Hull calls Pre-natal Suffocation Syndrome, is the result of severe physical or emotional trauma. Many of the events or feelings that might set it up are exceptional. Other effects are more subtle. For example the effect of a mother's basic attitude towards the pregnancy. In The Secret Life of the Unborn Child, Tom Verny cites a number of studies which have all concluded that this attitude is the single most important influence on how the birth and pregnancy go, and how the baby turns out. At the Congress itself, obstetrician David Cheek stated that a fifteen year check of his records had revealed that most complications of pregnancy and labour, occurred in cases where the mother hadn't wanted to be pregnant to begin with. And Barbara Findeison, a psychotherapist from Palo Alto California, added the idea that the baby herself knows whether she is wanted.

#### **Barbara Findeison**

I am now absolutely convinced that a child, very early in utero knows if they are rejected or accepted. And I don't mean a time where the mother feels- O gee, I wish I wasn't pregnant and maybe this isn't quite the right time - but I mean basic deep, deep feelings of rejection of - "I don't want this baby, I am not pregnant" - denial of the pregnancy and denial of the child. And the clients that I get very often go back to that. And at that point, even though we can't understand how it happened, the child gets the message of fear, gets the message of not being wanted, of rejection. And it is so deeply buried in the unconscious, that they live it out the entire life. But they aren't aware of where that decision came from. It's like they'll spend their lives chronically being nervous or feeling unworthy. Feeling... like some people feel that they don't even belong on the earth.