those phenomena, the ability to perceive that dimension can be totally suppressed. I certainly believe that medical training that obstetricians have quite specifically suppresses any elements of perception that would allow this kind of numinous element to emerge in that situation, and it even goes so far that it suppresses quite systematically the emotional element. To show any emotions while you are conducting a delivery would be seen certainly as a kind of professional flaw, you know. You are trained specifically in medicine to face these things, birth or death, suffering and so on with a certain kind of professional equanimity. When we do this work, for example, in groups when somebody would just relive birth, it is for many people who are present there such a powerful stimulus that they would go through very, very strong emotional reactions. And it happens that there could be several people in the group who would actually have their own birth process triggered. So sometimes it's almost like a chain reaction. So you have to expect that participating in actual biological birth would also stir up very powerful emotions if you are not guarded, if you are not specifically trained to suppress them, or if you let the even get to you, if you just don't focus on certain chains of professional activities.

David Cayley
These chains of professional activity are precisely what lead to routine interference with birth. At one time, at the time I was born, for example, mothers were often drugged unconscious at the moment of birth, while a sluggish, also drugged baby was pulled into the world with forceps. Today, the use of knockout drugs has been largely eliminated, but epidural anaesthesia remains common. Forceps are now generally used more prudently as well, but the rate of Caesarean sections has trebled in less than 15 years.

David Cheek is a San Francisco obstetrician and hypnotherapist, and he believes it is critically important that a mother be able to welcome her child at birth.

David Cheek
The mother being put to sleep for delivery with an anaesthetic so that she isn't awake to welcome her baby, as all mother mammals do -- they lick their young, they nurse them right away -- can be very disruptive to the child. Things of this sort in obstetrics. We often put people under drugs that make the mother so drowsy, so drugged that she isn't able to say hello to her baby, and a baby feels rejected. And this shows in a film that I made a number of years ago of two women that could not hear their mother speak, and they showed how it was when they really were born, feeling miserable and alone. And then we got them to hallucinate how it would have been using their later knowledge of their mother, and it's beautiful to see the change in expression, the change in their reactions. And I've had mothers and daughters who didn't get along ever because each thought the other one didn't love them, who have suddenly realized that they had a very close relationship once they understood that it wasn't the baby's fault, it wasn't the mother's fault, it was the doctor or the hospital that gave the anaesthetic.

David Cayley
Obstetrical intervention takes place in response to what are presumed to be real physical problems. But here once again we run into our assumption that physical and psychological problems represent different orders of reality. David Cheek believes that many complications of pregnancy and childbirth have a psychological origin, and can therefore be anticipated and often avoided.

David Cheek
The mother who originally doesn't want to be pregnant may get to worrying about the baby. Is it normal? Did my thoughts affect the baby? And she may not sleep that well, she may have dreams of the baby being abnormal as she approaches term. This may make her develop a toxemia, or to bleed, or to be afraid to see the baby, and actually hold back in labour. So that I really can't tell you whether it's the baby or the mother that makes the difference, but I do know that it's very important to explore the nighttime sleep processes. I used to do this with all my obstetrical patients. I'd go over a night of sleep when they'd come in for a checkup, and ask the fingers were there any troubled dreams or thoughts last night. I used to teach them that if they awakened during the night feeling scared, to be able to analyze what they were thinking about just before they got scared. Because often the sources of premature labour, the source of hemorrhage, the source of the beginnings of high blood pressure late in pregnancy were due to repeated nighttime sleep processes.

David Cayley
By exploring these processes, Dr. Cheek believes that complications of pregnancy can be detected and dealt with. His technique involves the use of hypnosis, along with something he calls "ideo-motor questioning." This involves questioning the inner or unconscious mind directly by assigning two of the fingers to answer yes or no. Here he gives an example of the use of this technique.

David Cheek
A woman can call you at 2 o'clock in the morning saying, "I'm hemorrhaging, doctor." And in order to keep her from concentrating on the fact that she is hemorrhaging and that she's afraid, I ask her, "Now, let me see, which is your yes finger?" in about that tone of voice. Instead of saying, "Oh my God, we'd better get you into the hospital," I just ask her, "Which is your yes finger?" That makes her have to go back to when she was quiet in the office in a relaxed state, she is flashing back to a previous hyponotic state. And I've had people tell me, "Well, I called you because I'm hemorrhaging but it isn't running down my leg any more. I've stopped bleeding." But you say, "Well, let's find out what made you do it in the first place. Come up from when you fall asleep to the moment something's happening that makes you bleed. And as your yes finger lifts, just tell me the first thing that comes to your mind." And they'll say, "I'm dreaming that I'm miscarrying the way I did the last time, two years ago." And you say, "Does your inner mind say that your baby's perfectly okay?" You ask that question in a positive term, do you see? You don't want to suggest that you think something's wrong with the baby. So, "Is your baby okay?" And they'll say, "Well, my yes finger's lifting. Gee, that makes me feel much better." You say, "Okay, give me a call tomorrow." You don't say, "Call me if you do any more bleeding," but you get a report back the next day. They'll call you if they start to bleed again, but you do not want to suggest that something bad will happen.

And in medicine we're doing this all the time by getting informed consent, for example, we're really suggesting to people that we expect them to have trouble when we do an amniocentesis, for instance, to see if an older woman has got a deformed or abnormal child. That poor woman may have to wait anywhere from two to six weeks before she knows what's happened with the baby -- the studies take that long. Well, in the meantime she's going to be afraid to think "I have a baby." She doesn't want to get too attached to it in case something's wrong with it. And we feel that this may be very harmful, and we should give a great deal of thought to the repeated amniocenteses that are done, mainly for curiosity of the physicians. I think there's much too much invasion of a woman's body during pregnancy. We treat it as though it's a disease, as Grantly Dick Reid said, childbirth is a natural process, it shouldn't be treated as a disease.

Tom Verny
All of us have been acculturated to believe that birth is painful, and so it will be painful. And all the doctors who are around you who look after you will say to women during pregnancy, "Don't worry about birth, when it gets painful I'll be there, and I'll be able to give you an anaesthetic or I'll be able to give you a painkiller." Now what that does in a very subtle, or not so subtle fashion really, it produces a hyponotic effect on the woman. It really is an indirect suggestion which says "You will have pain during this," and so she will -- she usually does. So that we are just surrounded, our whole society insists on pain during birth. People are really not brought up to respect children, people are not brought up how to deal with women during pregnancy. I mean, an awful lot of social changes need to occur before we can have the kind of non-traumatic birth that I would like to see. So at the present time when we have to, I think, work for is to make the birth process truly joyful, happy, relaxed, so that it would be a true welcoming of the child to this world instead of the aseptic, technical birth that characterizes so many of today's hospital births.

David Cayley
The justification most frequently advanced for this technical and often repressive hospital regimen is safety. Something might go wrong. And the idea has been that such problems cannot be anticipated, they will occur in unpredictable statistically random ways. But perhaps this is also wrong. Perhaps we simply fail to attend to the signs that are there. A story from Portland obstetrician Bob Doughton illustrates the point.

Bob Doughton
This woman had five consecutive nightmares that her baby died at the very moment it was born. So at the very moment that her baby was born, the baby died. Now the doctor is being

called up in the perinatal death conference at her hospital for improper medical care. And what's so is, the lady never told the doctor that this nightmare was going on for her, and the doctor never asked her about dreams, because they don't ask you to ask that in obstetrical schools. And here was then this tragedy in the making, and the doctor is now in trouble because of her nightmare. And I maintain that if a woman has nightmares about the baby dying during her pregnancy, this case is extremely high risk, and is to be considered that way. And it should not be considered a normal case except that she had a nightmare. Now, you see, physically there wasn't anything that would indicate this was going to happen. And I was horrified to hear this. As a matter of fact, I started crying, that this woman -- I said, "Why didn't you tell him?" Well, her experience was that people always made fun of her dreams, you know, and I understand the poignancy of that. I understand that. But you see most people are into shuddering, just like you did, when they even hear the story, and yet that doctor and that patient didn't think that that made any difference because it wasn't real.

David Cayley

It is Bob Doughton's view that the mother's attitude is the single most important influence on the pregnancy and the birth, and in The Secret Life of the Unborn Child, Tom Verny cites a number of studies which support this conclusion. When proper attention is paid to this attitude, Dr. Doughton believes that it is possible to have confidence in the outcome of labour in advance, and this confidence eliminates the need for many standard precautionary interventions in labour.

Dr. Lewis Mehl, a physician from Berkeley, California, also believes that complications of pregnancy and childbirth can be anticipated. And for this reason, he feels that birth at home can be safe. In the early 1970s, Dr. Mehl and his associates did a study of home birth in which over 1,000 women delivering at home were matched medically with the same number delivering in hospital. The study found fewer complications at home, but Dr. Mehl now believes that this can be explained by motivational factors. He has since adopted what he calls a holistic model of risk assessment.

Lewis Mehl

What we've been doing since then is we've been doing profiles of individual women in terms of predicting at 36 weeks whether their outcome will be normal or abnormal. What we found is when we look at every aspect of a woman's life, that we're over 96 per cent accurate in terms of predicting whether she'll be normal or abnormal. In the medical model, the best they can do is about 60 per cent. As it's being practiced now it's very content oriented. You get one point if you've had an abortion, you get one point if you're over 35, you get one point if you weigh a certain amount, and it's all things that can be put on a form and checked off.

There's a saying among obstetricians that one-third of every low risk mother becomes high risk during labour, and what we've found is that if you use a holistic model, that's not so. What we do is more process oriented in the sense that if a woman is over 35, we say to ourselves, well what is the context of her life or the process of her life about which she would choose to have a baby now? Or if she's had a previous abortion or a previous traumatic first pregnancy we say, well how is that life experience different from who she is now? So we look more at the process of life as opposed to just the simple history. So to me the better argument now is to say, look, it's really possible to predict the kind of outcomes that someone will have. It's not a statistically random fact. In one study that we did there were 380 women, and of the ones that we predicted could deliver at home, only two had problems and ended up going to the hospital. And those two just had not emergency problems at all, just little problems. And so what we believe now is that if one uses a holistic approach which doesn't fit into the way obstetricians practice because it requires a lot of time -- it does fit into the way midwives practice, however. But in terms of using that kind of risk assessment, it really is possible I think to have very safe home births.

David Cayley

Birth at home is one of the expressions of a growing popular movement which is challenging medical control of childbirth. This movement has had a variety of aims ranging from reforming hospitals to ending the legal jeopardy in which midwives must now practice. Until recently, it has been quite distinct from political feminism which has concentrated on issues like day care and abortion. But Sheila Kitzinger believes that at least in Britain, there are now signs of convergence.

Sheila Kitzinger
I think feminists, certainly in Britain, are coming to see that part of reclaiming our bodies is our right to express ourselves through our bodies with joy and with real uninhibited spontaneous feeling, and to do our own thing in childbirth. To breast-feed our babies when we want to, where we want to. To have society provide places where we can breast-feed our babies easily, so that we don't have to just breast-feed them in smelly lavatories. And I think feminists have joined hands in Britain.

It actually happened after we had what has come to be known as the Royal Free Protest. There's a big London teaching hospital where the professor in the spring of last year stated that in future, every woman in his hospital must deliver lying down until, he said, it was proved that it was safer for them to do it in another position, or would be as safe to do it in another position. And I got together with another woman. We decided to help those women who were going to have their babies in that hospital, to go to another hospital to have their babies where they would be able to be in any position which was comfortable for them, and to also have a meeting of all the women who had had their babies happily in that hospital and been able to adopt positions of their choice. And we thought we might get about 80, 100 women. And in the end, it got around on the grapevine, and more and more women got interested. And then the head of the police, Scotland Yard, rang me up, pointing out that to have a protest meeting opposite the hospital wouldn't work, there wasn't room, and we had to move to Parliament Hill fields. And on that day, 5,000 people turned out on the streets to protest. And that was when it happened! There were old ladies with grey or white hair, there were the Catholic mothers of six or seven, there were nurses, midwives, medical students. There were women with newborn babies cradled against their bodies, and with baby buggies and push chairs. There were whole families, there were lesbian feminists, students -- everybody. And we all joined together and became one common cause.

David Cayley
Popular mobilization has also been accompanied by changes in attitude within parts of the medical profession. Their numbers may still be few, but there are now doctors who are practicing a holistic style of obstetrics. One such is Michel Odent, a general surgeon who runs the obstetric unit of a public hospital in the town of Pithiviers in France. He describes the evolution of his thinking from the time he arrived in Pithiviers in the early 1960s.

Michel Odent
I understood better and better that sometimes it would have been possible to prevent a Caesarean. I had the feeling that often the midwives used to disturb the physiological and natural process of childbirth. And sometimes I used to ask them some questions, for example, why did you break the membranes, or later, why do you cut the cord that way, for example. They always answered, it's what we learned at school. They just repeated what they learned at school. So together we tried to be more critical and we tried to have another view of obstetrics. And we tried first not to disturb the natural process. And this is the opposition between our attitude and the conventional attitude. In the conventional place, the first aim is always to control at any time, to know exactly what happens, to know at any time what is the rate of the baby's heart beat for example. To know at any time any detail concerning the process of childbirth. To control is always to disturb. To control is always to interfere. When an event which is a part of sexual life is concerned, if you want to control people during intercourse, you'll disturb -- it's the same. So our main attitude at first was to help the physical process. And it looks simple to say that, but it's really to create something completely different. And when I say not to disturb it, it's also not to disturb the first contact between mother and baby. So we started from a conventional attitude and positively we could reach another way, another approach of obstetrics.

David Cayley
Dr. Odent believes that a woman in labour needs to achieve an altered state of consciousness in which inhibition and all upper brain activity are reduced. He feels that this is essential both for the progress of labour and for the bonding of mother and newborn after birth. But he notes that the conditions which would foster this state of mind are rarely present.

Michel Odent
There are some very simple factors which are completely forgotten in our obstetric hospitals. For example, a strobe light will disturb a woman in labour, will stop the labour sometimes. It's easy to show that a woman who is not in a

familiar place, who is not at ease, who is not like at home, will have a more difficult delivery. And it's easy to observe that if a woman as early as the first stage of labour does not feel completely free to be in any posture, to express freely all her emotions -- and you cannot express freely your emotions if your body is not free, the labour will be more difficult. So there are some very simple factors we have to observe not to disturb the process of childbirth.

Sheila Kitzinger
I think we've actually imposed on birth in our western societies a male view of sexuality. When a man has an ejaculation, there's first of all tension, engorgement, then ejaculation, and it's all over. In the second stage of labour, the expulsive stage of labour, each contraction is often treated by the staff trying to help the woman in exactly that way. They say, "Take a deep breath, and hold it -- and now, come on, push! Push! Push! Come on, you can do better than that!" And then it's over, and they wait for the next one. And this isn't a female rhythm at all. When women really listen to their second stage contractions, they come in waves, and there are waves of desire to push with each contraction, inside each contraction. This is exactly the same as the female orgasm, which isn't a one-off thing at all. There are waves of mounting desire, each culminating in fulfillment, and there is a fall away of the wave, a sort of space, a trough in between the waves, and then another wave builds up. And this is the female rhythm. And I think we need to rediscover the female rhythms in childbirth in order to really be in tune with our bodies and be able to go with our bodies instead of fighting them, or trying to dominate them, or running away from the sensations we experience.

David Cayley
For this to happen requires an atmosphere that is both free and supportive. This support can sometimes come from a husband or partner, but it may also need to come from another woman who is felt as caring and experienced. As a result, a growing number of women are choosing to be attended in labour by a midwife. Mary Sharpe, who spoke on the practice of miwifery at the congress, has been present at the birth of two of my own children, and her remarks conclude tonight's program.

Who should be present at a birth?

Mary Sharpe
I think people who care, and who are careful -- full of care. Who are quiet. Who say very little, so that there's a lot that is allowed, so that any way that the woman wants to go, her stamp of what happens comes out. We should be much more invisible. We should really be attendants and be very, very careful of everything. Everything matters! Absolutely in our whole life everything matters. You know, the careless way we speak to one another, or the careless ways we treat our children. Every single thing matters, you know, the light in the room, the warmth, the blankets that may be around the mother, how cold she is, how warm she is, what people are saying. To really understand that everything matters and not to be too precious, but to be aware of that. Tension can enter when we get too precious or too over careful. So to have a certain relaxation within ourselves, all of us, I think anybody who's there, to try to be open to what's happening, but to be careful.

David Cayley
The allowing attitude, from your side, suggests that from the other side what should happen is that the couple, the mother in particular, should be able to be expressive in birth. Is that right?

Mary Sharpe
Oh yes. Woman are. I'm feeling so much that birth is an incredibly -- well, we know it's creative. I mean it is creation itself. But the ways in which women move and work through their labours and through their births, the way couples work through their labours and births -- those ways are amazingly creative as long as we don't try to say how a woman should breathe, how she should stand, how she should sit, how she should walk. How she should manifest as she's giving birth. And we allow, we pay attention to what she's doing and support that. And women are enormously creative, and the sounds they make are gorgeous and wonderful, and we can help allow them by saying things like, "Let us know how it feels. Let us know with your voice how it is for you." Women, I think, would do that automatically if they hadn't been taught controlled breathing, if they hadn't been made to feel that they mustn't express themselves noisily, otherwise they'll be letting their partner down in a certain way, or they'll be losing control or losing it. And so sometimes by just saying something simple as just "Tell us all how it feels," that allows a woman to release something in her throat, make some noises,

whatever. I mean, not to say to write any sort of scripts that women have to be noisy, either, because some people want to be very quiet. I tend to be quite quiet and inner when I'm labouring until I actually start to push. And that's just my way, I guess. But yes, the variety of ways in which women express themselves is just extraordinary. And one as a birthing attendant can feel privileged, only really privileged to be present in the force of that energy and that creativity.

Series Credits

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Transcripts by: Multi-Media Transcriptions, Toronto.

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Dear Listener,

I have listed here all of the relevant publications of which I am aware by people who were heard in my series "Being Born". A number of the people who were featured in these programmes are working doctors, therapists and educators who have not published on the subjects discussed in the series. If you are interested in a specific person who does not appear in the bibliography, please write to me in care of IDEAS and I will put you in touch with him or her.

Yours truly,

David Cayley

David Cayley

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This IDEAS series "Being Born" was prepared by David Cayley, with production by Bernie Lucht.

Transcripts of the series can be purchased for $5.00 from CBC Transcripts, Box 500, Station A, Toronto, Ontario, M5W 1E6.

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 coooperate, 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 wih its 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.