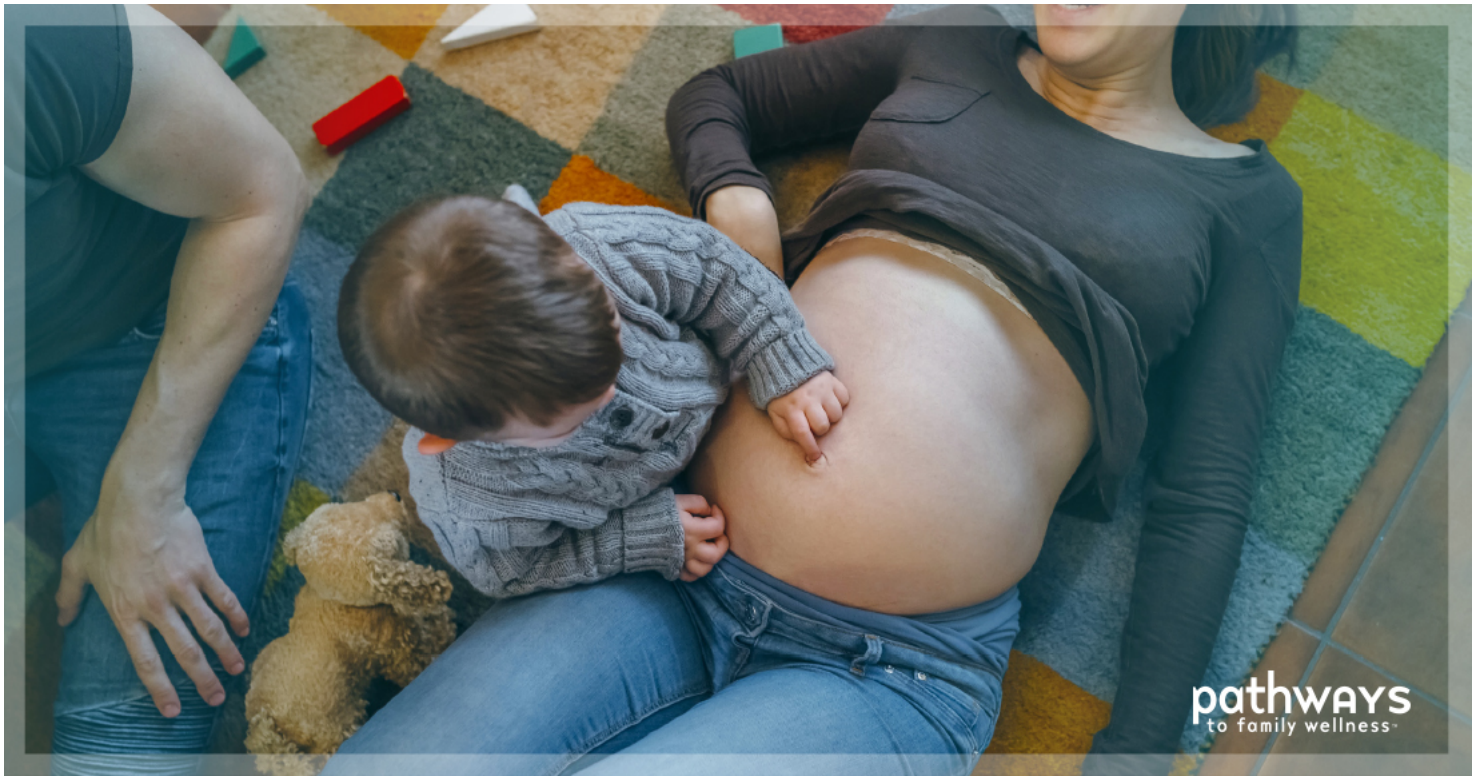
If I were to walk into a room of mothers and declare that it was complete nonsense that birth was painful, I would expect outrage and anger in respone. Yet the idea that birth may be painful for the baby as well as the mother carries very little weight. As most of the pain for mothers is caused by the contact between the baby's head and shoulders and the mother's cervix and pelvic bones, it is surprising that so little attention is given to the experience of the baby and what the consequences of that may be. This is especially true when we consider how soft and thin the bones of a baby's cranium are. That babies are deeply affected by the way they are born, and that this has profound consequences throughout life is, in my experience, a reality I have come to accept without reservation.

My concern here is not with how birth "should" or "should not" be. More than enough men have interfered in a process that in traditional cultures has been the exclusive territory of women. My concern is to advocate for the babies whose voices are not heard, and to draw attention to the cultural blind spot that exists around the ways in which birth and our womb experience shape our sense of who we are and the kind of world we live in. Pre- and perinatal psychology is a relatively unknown branch of psychology that is concerned with this earliest experience. Over the past few decades, a growing body of evidence has emerged from a variety of sources, such as ultrasound data, fetal origins research, consciousness studies, field theory, and cellular biology, which gives credence to the experiences of psychotherapists, body workers, and other practitioners in their clinical work with clients, where very early memories emerge.



The Internal World of the Baby

We all hold experience in our bodies. The concept of “body memory” is well known to many body-oriented practitioners. As we grow, we are not educated or encouraged to pay attention to our internal world of sensations and images. Our cognitive understanding becomes the priority, and we gradually lose touch with the flow of embodied experience that also informs us, until it becomes like a whisper in the shadows, rather than the rich source of awareness and sensitivity it might otherwise be.

Babies are deeply immersed in their embodied experience, which is immediate and vital. They do not have concepts or social mores to distract them and express what they feel without inhibition. This takes the form of what Terri Karlton, founder of the Institute for Pre and Perinatal Education, calls “baby body language,” and a whole range of emotional expressions, from radiant joy to intense despair. It is as babies that we begin to learn what is and is not acceptable, as we are distracted from certain experiences and rewarded for others. It is not incidental that we tend to call calm babies “good.” However, a calm baby is not always a content baby. She may also be a baby who has given up on the empathic response she is seeking.

It is well documented that babies thrive on empathy. They respond to facial expressions and tones of voice like partners in a dance. What is less understood is that, as well as expressing their present-moment needs, babies also need us to respond to the experience they are holding in their bodies, which is left over from their birth or womb life. Babies are much more in contact with this body memory than most of us are as adults. One of the reasons that babies often cry when they are tired, or at a certain time in the evening, is because they are no longer being distracted and begin to feel their embodied experience more acutely. We may also experience this to some degree as adults, as we relax or drift into sleep. We start to become aware of aches and pains that we did not notice in the day. We experience flashbacks of arguments or other disturbing events. We may feel anxiety, as concerns that we’d forgotten during the day suddenly resurface. Babies are just the same, except that they do not have the story in words—only in sensation and image.

Needs Crying and Memory Crying

One of the most useful clinical skills I learned from Karlton was to distinguish between “needs crying” and “memory crying.” Needs crying is when a baby is expressing an immediate need, such as being hungry, uncomfortable, over-stimulated, under-stimulated, or tired. These are basic needs, and when they are met the crying stops. Memory crying is when the baby is experiencing sensations and images that relate to an earlier experience, such as a moment in their birth that was overwhelming. This type of crying is associated with repetitive body movements, such as frantically pushing or “paddling” with the legs, swiping an area of the head, or pulling an ear again and again. These movements are sometimes expressing an impulse that got blocked, such as the attempt to push through the birth canal that became overwhelmed by anesthetic coming through the umbilical cord. It may indicate a place where the cranium became compressed by a pelvic bone or the baby became disoriented and lost. There are times in the birth process where babies do not know if they are going to survive. Their bodies are under intense pressure, flooded by stress hormones or drugs through the umbilical cord, or deprived of oxygen as the cord gets compressed during the contractions. Babies express the powerful emotions that any of us would associate with such intense experiences: rage, panic, sadness, disorientation.

Babies feel silenced when memory crying is responded to as if it were needs crying. After a while they may learn to give up on expecting empathy. This resignation can be mistaken for contentment, as the baby appears calm. Imagine the following scenario: You are coming home one day and you are accosted by a stranger who pushes you into an alleyway and threatens to hit you if you don’t hand over your money. You hand over what you have, and he shoves you backward so you fall roughly to the floor. Scared and disoriented, you slowly get up, orienting to your environment to see that he has gone. Seeing that he has made off, you begin to shake, but your first thought is to get to safety. So, pulling yourself together, you make your way home. When you arrive, your partner is there to greet you. Your feelings well up, and you start to shake and cry. What you need more than anything at that moment is to tell your story and have your partner listen. But imagine that, if instead of listening, your partner tells you to “shush” and stuffs a doughnut into your mouth. If this were to happen enough times, you would give up trying to tell your story. Initially you might feel absolutely furious, but in time you might become resigned and swallow back your feelings. On the surface you might seem very calm, but underlying that a great deal of stress and resentment would be cycling inside you.

This situation is analogous to the babies who are memory crying and are responded to with a breast thrust into the mouth or insistent shushing. Where the analogy breaks down is that we would have to be ridiculously insensitive to misconstrue the cues of the adult partner who is expressing distress after a traumatic situation. As parents, we are often confused by a crying baby, and don’t know how to respond. We have only ever been taught that babies cry because they are hungry or need to have a diaper change. We have never been told that babies

communicate to us about the stresses and traumas they encountered during birth, and that empathic listening can help them release that stress.

Karlton stresses the value of “accurate empathy.” This may come in the form of mirroring a body movement and acknowledging what you see and hear the baby express. For example, saying “You look really sad now,” or “I can hear how angry you are.” Babies recognize when we meet them with accurate empathy. Baby body language is very exact and, with training, it is possible to identify the exact stage in the birth process that the baby is telling us about.

Supporting Parents One of the most important factors of working in this way in clinical practice is to help parents to understand the difference between needs crying and memory crying. It asks them to undergo a huge paradigm shift. Another clinical consideration is the tolerance threshold of the parents. It is hard for parents to listen to their baby’s story, as it is often painful and makes parents aware of how hard the birth process was for their baby. Yet it is the listening to and acknowledgment of the pain that allows the baby to let go of it. I have seen this happen so many times in clinical practice that I do not doubt its efficacy. As babies release stress, their bodies soften and they are able to inhabit their bodies more fully. Many symptoms—such as colic, which is often simply misunderstood memory crying—disappear as the underlying trauma resolves. Repetitive behaviors and body movements that were cues to pay attention are no longer expressed, as the attention has been given.

Helping parents to read baby body language and the emotional nuances of their baby’s expressions awakens in them a new depth of appreciation for the innate wisdom of their baby. What seemed incomprehensible now makes sense. Involving parents in the process and working with their permission every step of the way empowers them and engenders the confidence and awareness to continue supporting their baby outside of the sessions. As symptoms diminish and communication becomes easier, the family bonds deepen. The confusion and tension created by a baby who cries for no apparent reason puts a huge strain on family life. Constant crying disrupts relationships between parents and babies, and among other family members. It puts huge pressure on parents and creates a great deal of anguish as parents try their best to meet present-moment needs, but nothing seems to help. No one has ever told them about memory crying, and they are at a loss for what to do, which generates a sense of helplessness and undermines parental confidence.

Consequences of Unresolved Trauma

It is hard to acknowledge the pain that babies go through to get here. This may be one of the reasons that it is so hard for us to look at birth trauma. Yet if we do not look at it, we leave babies to carry it on their own. Perhaps we find it so hard to look at birth trauma is because it touches our own unresolved pain. This operates on many different levels: physical, emotional, and psychological. On the physical level, if we do not resolve the birth patterns, which may involve compressive and rotational forces held in the body, we grow into them. Although we adapt around these tensions to some degree, the adaptive patterns themselves introduce new strains into the body. As we grow older this interweave of birth and compensatory patterns create a myriad of health problems. The most obvious of these are back problems, migraines and headaches, dental issues, muscle tensions, and organ dysfunctions.

Unresolved trauma also acts within the nervous system, sensitizing it to stress that evokes survival responses based on early overwhelm, rather than at a level appropriate to the present moment issue. Childbirth pioneer Dr. Michel Odent likens this to a thermostat that has been set too low, so that it comes on when it is not needed. This tends to make emotional self-regulation difficult and creates ongoing problems in relationships with others. When we are under pressure or going through a transition of some kind, these survival responses are most readily stimulated. These may include separating out from mother in infancy, going to nursery or school for the first time, puberty, leaving or moving to a new home, or starting a new job or a new relationship.

The psychological consequences of unresolved birth trauma are also woven into our lives in numerous ways. Babies who felt disempowered by a medical intervention may grow up to feel disempowered in the world. Babies who felt an intervention as invasive may resent and reject help later in life or become extremely antiauthoritarian. Those of us who felt rescued by an intervention may develop a lifelong tendency to want to be rescued by others when we feel under pressure.

But it is not just interventions that set up these attitudes and beliefs. At various stages in an intervention, free-birth babies have intense stressful experiences that can set up strong beliefs about the world and who they are in it. One reason for this is that the nervous system tends to make more neurological connections around events that we experience as stressful or life-threatening. This prioritizes us being able to identify and predict danger later on, thereby maximizing our chances of survival. The upside of this is that it lays down the foundations for skills and attitudes that we might find very useful. The downside is that these attitudes may run us in an unconscious way that does not always serve us and limits our capacity to develop other skills or make other, more appropriate choices. It is important to realize that these are not theoretical considerations, but very real issues that come up in the therapy room when working with adults. Many therapists, including myself, did not begin our careers thinking that birth had such a profound impact on us. Our clients led us to that conclusion; we did not lead them.

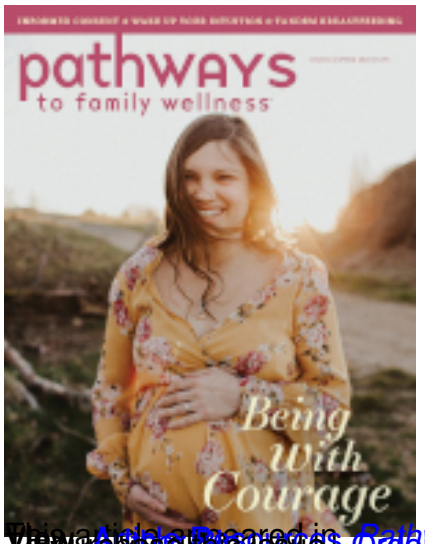
It is important, however, to realize that early trauma is not simply the product of the birth. Birth is just one event, albeit an extremely important one, in a continuum of experience. How we are related to and communicated with in the womb sets its own emotional tone. How we are listened to after we are born is as important, if not more important, than what the birth itself was like. If we are listened to with accurate empathy, we are able to release tension and clear stress hormones out of our bodies. If we are listened to, we develop self-esteem. We will know that the world considers us worth listening to, and that it can meet our need to be heard. The great gift of acknowledging birth trauma is that we also recognize babies as conscious human beings who have experience and can communicate that experience to us.

As I have worked with these early processes in my practice over the years, I have come to feel that much of the low self-worth and sense of being bad or wrong that so many of us carry is due to the lack of awareness of how conscious we are in the womb and at birth. We need to be held in consciousness to trust that we are okay and the world is okay.

Traditional cultures have long known what pre- and perinatal psychology is discovering in our modern age. Anne Hubbell Maiden and Edie Farwell illustrate this in their book, The Tibetan Art of Parenting: “Before conception, or preconception, couples prepare themselves in many ways. It is an important time to prepare body, emotions, mind, and spirit so that all is in readiness to invite a child into the womb.” As Mark Epstein writes in his 2001 article “Dharma and Psychotherapy,” when the Dalai Lama first met Western psychologists, he was “completely puzzled at the notion of low self-esteem that he kept hearing about. It was utterly foreign to him.”

According to Sobonofu Some of the Dagara tribe in West Africa, “Most people around the world don’t think about the possibility of children being so highly sensitive and easily influenced at such an early stage of life, but they certainly are—even while they are in the womb. In fact, most think that when children are hurt they will not remember it when they grow up. On the contrary, children will store all the hurt and have a hard time healing later on in life unless these wounds are addressed earlier in life.”

Listening to memory crying and hearing the painful birth story of babies is addressing these wounds. It is not easy listening, but, in the long run, it is easier than not listening.



This article appeared in *Pathways to Family Wellness* magazine, Issue #65.
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