Being Born Caesarean: Physical, Psychosocial and Metaphysical Aspects

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Full Text: Headnote ABSTRACT: Only in the past 80 to 100 years have there been appreciable numbers of people walking on the earth without having been through the hitherto universal human experience of labor and delivery, the trip down the birth canal. In 1882 advances in surgical techniques made caesarean delivery a reasonably safe procedure for both the mother and the child. Before that, most of the mothers died. Now, a little over 100 years later, seems an appropriate time to look at the psychological, social and spiritual aspects of the experience of being born caesarean, especially in light of recent research1,2 that shows the importance of the birth experience in formation of self image and world view. The subject of caesarean birth is of concern to all of us. With 25 to 40 percent of all births in the United States now being caesarean deliveries, we all have close contact with caesarean-born people. Groups such as the VBAC (vaginal birth after caesarean) movement and C-sect have for several years been addressing the mother's perspective and the question of the politics of too many caesareans. This article addresses the other half of the issue: Given that there is a caesarean delivery, what is it like for the child? What are the later psychological, social and spiritual ramifications of having been born caesarean? Is parenting a caesarean-born child different from parenting a vaginally born child? My interest in caesarean birth emerged from my experience over a period of years of reliving, in dreams, meditation, therapy and body work, the patterns of my own birth, which was non-labor caesarean. After nearly twenty years of exploration, I have come to view the emerging map of caesarean birth primarily as a tool for personal growth and transformation, and only secondarily as an area of scientific research or as an explanation or justification for various patterns of awareness and behavior. The thoughts I am sharing in this article are based on my own experience of having been born non-labor caesarean, and on observations of other caesareans and conversations with their parents, spouses and siblings. Much of this is necessarily intuitive, subjective, and anecdotal, as the formal psychological studies3'4-5 of caesarean-born people noted here are only now being done, and these mostly at my urging or suggested by my book, Different Doorway: Adventures of a Caesarean Born.6 A SCIENTIFIC PERSPECTIVE As part of an ongoing discussion of the place of experiential data in scientific research, Charles Laughlin states that, ". . . in order for experiential reports to count as scientific data . . . they must be done in such a way that they make clear the entire sequence of exploration . . . they must stipulate what knowledge is desired, what procedures were followed, and what were the resultant experiences. All of this must be described in such a way that others prepared to carry out the procedures may reenact the entire process." (PPPJ, vol 6, no. 1, p. 4) In the case of my explorations of non-labor caesarean birth, the knowledge desired was an answer to the question, "What would it be like to walk on Earth in a human body without going through the usual initiatory journey down the birth canal?" The procedure followed was to take this desire as part of my soul intention in this lifetime and to find parents whose next child was planned to be non-labor caesarean-born and who had a doctor who would schedule his own wedding for my due date and thus schedule my birth two weeks early, ensuring that I would experience no labor. The resultant experiences are described in Different Doorway and are summarized in this paper. To replicate these explorations a person would have to form a "karmic" intention to be born non-labor caesarean in their next incarnation and to find suitable parents and medical support. Obviously, I am here defining a "person" as an identity that transcends the physical body. This talk of soul, incarnation and multiple lifetimes doesn't sound very scientific, at least not by orthodox standards. But in the context of the criteria quoted above and of David Chamberlain's paper "Expanding the Boundaries of Memory" (PPPJ, vol 4, no. 3, pp. 171-189) in which he concludes that memory

and consciousness transcend the body-brain, my exploration of and reports on the experience of being born non-labor caesarean are indeed scientific. LITERATURE REVIEW Prior to Different Doorway, the literature on caesarean birth included books on the mother's experience,7'8'9 government reports,10 histories of the medical procedure,11 medical books,12 and occasional references in books on psychology and behavior.13 None of these have a transpersonal perspective, and most tend to view caesarean birth as abnormal, pathological, or unfortunate, rather than simply appreciating it as different. Timothy West5 comments on the studies done so far as follows: "The only two empirical studies involving NLCB's (non-labor caesarean born people) against a control group of NVDB's (normal vaginal delivery born people) are Dennis McCracken (1989)4 and Marilyn Dickie (1988).3 McCracken's study is very strong in its literature review and theoretical foundation, but is lacking in an effective methodology. Not only is the appropriateness of his sample in question, but he uses what I believe is the wrong form of testing to detect caesarean 'differences'. Dickie, with a more appropriate methodology, uses a semistructured interview where each question has one or more answers which are hypothesized to be 'caesarean'. Although her statistical analysis is inadequate, it does appear that she obtained a significant difference between NLCB responses and those of NVDB. Her sample size is somewhat small, and she admits to several areas of bias, especially the fact that the interviewer was aware of which subjects were caesareans and was knowledgeable about the hypothesis of the study." More information on the literature appears in the annotated bibliography, compiled by Timothy West and myself, at the end of this article. CAESAREAN PERSONALITY The following summary of some of the characteristics of people born non-labor caesarean is based on my own personal process, on observation of and conversation with other caesarean-born people and on observations by therapists, doctors, nurses, and parents of caesareans. These characteristics are by no means unique to caesarean-born people; they are just more pronounced. This is a preliminary formulation of this material, and the process of gathering more information is continuing. (See the call for information by Timothy West at the end of this paper.) In a non-labor caesarean birth, union with the mother is disturbed by the anaesthesia used in the surgery, followed by the cutting open of the mother, which is on some level experienced by the child who is still unified physically and psychically with the mother. The child, still very much in a state of cosmic union, then begins to emerge into the world and experiences being unwillingly and abruptly pulled out of the womb. Though the actual birth could be considered complete at this point, I have found it necessary to include the encounter with the obstetrician as part of the birth. The struggle with the doctor who forcefully stimulates breathing is like labor, and there may be bonding with the doctor following this struggle. Soon this new bond is broken as the child is taken away to the nursery, and a physical and emotional shutting-down follows. This drama may be different for recent caesareans, as some hospitals are using local anaesthesia, allowing the father to be present, and allowing the mother to make eye contact with the baby and even to hold and breastfeed it immediately. The last stage of birth extends over a period of many years as the caesareanborn person transforms the patterns learned in the caesarean delivery and learns to make a more conscious choice to give birth to his or her self as an individual in the world. The chart in Table 1 is an overview of the non-labor caesarean perinatal experience. Among the habits, expectations, and patterns, some of them paradoxical and contradictory, that might be learned in non-labor caesarean birth are: * the expectation that nourishment will be followed by poisoning and attack; * defensiveness in relation to all approach; touch sensitivity and paradoxically a love of physical contact once the defensiveness has passed; * a habit of opening only when exhausted or invaded; * residual body-tension patterns that are different from those in vaginally born people, for example, neck tensions related to the head being pulled rather than pushed in birth;

Table 1 (Continued)

Stage	*Tone*	*External procedure*	*Baby's subjective experience*	*Comments*
5a	-	Body pulled free of uterus	Terror, loss, explosion, falling, fragmentation, loss of boundaries, explosive dying, futile attempts at control. Feeling drained as blood flows back down the cord.	Even though the body is lifted up, this feels like falling, as it is the first full experience of gravity. A shock to the whole nervous system as the body is unfolded without the preparatory stimulus of labor.
5b	-	Cutting the cord	Death, defeat, total loss of support, tension in belly.	
6	-	Stimulation to start breathing and clear lungs	Being attacked, murderous anger, fighting own breath coming as yet another strange, scary sensation, orgiastic experience of energy in the body.	Close correspondence to the feelings of BPM III*. The doctors truly do "labor" with the caesarean baby. Even though delivery is complete before this stage, it is very much part of the birth.
7	++	Possibly no noticeable act, except a doctor may experience a moment of awe and wonder	Surrender, bonding with doctor, accepting his/her help with breathing. Love, bliss, ecstasy, mergence.	This happens "accidentally" if at all. Much potential here for conscious allowing of this very important stage, perhaps with the father or the mother if she is conscious, rather than with the doctor.
8	-/0	Separation from the doctor; baby taken from the operating room.	Grey, bleak stillness, depression, some relief from all the intensity. Zero-point.	Already a re-run of being separated from the mother. Reinforcement of the expectation of abrupt separation.

Table 1

A Rough Map of How the Perinatal Realms May Look to a Non-Labor Caesarean-Born Person
(Based on anecdotal material, primarily from Jane English, organized 1987, revised 1992)

Stage	*Tone*	*External procedure*	*Baby's subjective experience*	*Comments*
0	+	Before any procedure	Primal oceanic union.	Like BPM I*, except for the mother's lack of commitment to labor with the child–in planned caesareans.
1	-	Anesthesia (general)	Poisoning, nausea, hot-cold, alone, fear, being attacked non-specifically, leaving body, quiet dying, sad at having to abandon form.	If the anesthesia is regional, there may be less sense of aloneness as the mother's consciousness is still present. The effect of the anaesthesia continues through all subsequent stages.
2	-	Incision	Shock, rape, shuddering, still drugged so unable to resist.	While it is the mother's body being cut, the child is quite unified with her in consciousness and feels the shock.
3a	+/-	First touch	Electric awakening, pleasure/pain.	Potentially a very positive greeting.
3b	+	Light in eyes and easy delivery of head.	Ecstatic explosion up into light, sense of "going home", of returning to spirit, awareness in head, not body, meeting the obstetrician's eyes, a greeting.	This stage is an upward birth, not down like vaginal birth. There may be much variation in the order of events here in different caesareans.
4	-	Suctioning	Bad tastes, awakening of the sucking reflex but without satisfaction, strange sensations, some scary.	As with all births, there is suctioning, but for a non-labor caesarean it is nearly the first contact, not filtered through the intense contact of labor.

9a	-/0	Being handled mechanically by many people.	Apprehension, seeing people as possibly bringing more of the scary intensity and separation of the operating room.	Stages 9a and 9b are of indefinite duration, perhaps lasting for years.
9b	+	Many people giving loving care and attention without demands or expectations.	Opening, accepting, feeling nourished. Cosmic Mother experience. Willingness to be incarnate.	Since the nourishers are strangers they could be anyone, or everyone, thus an experience of the whole cosmos as Mother.

*"BPM" refers to "Basic Perinatal Matrix" in the conceptual map of vaginal birth made by Stanislav Grof, M.D., Ph.D.
Overall Comments:
–Caesarean birth has an intense all-or-nothing quality, not like the give and take of the waves of labor.
–A caesarean birth is *fast*, taking only a few minutes rather than hours. Yet even within this quick experience there are abrupt swings between positive and negative feelings.
–Or, looking at it more comprehensively, a caesarean is very slow, taking years to complete the sense of being born.
–The caesarean-born child is very sensitive to the ambient tone of the operating room, especially since he/she does not have the boundary-giving experience of labor through which to filter subsequent stimuli.
–One can expect much variation among the birth experiences of different caesarean-born people. There are different medical techniques, different ambient tones in different operating rooms with different personnel.
–For more information, refer to *Different Doorway: Adventures of a Caesarean Born*, Earth Heart, Box 7, Mount Shasta, CA 96067

* dependence, a feeling of needing to be rescued, inability to act on one's own, and paradoxically, an unwillingness to ask for help; * anger toward would-be helpers who fail to satisfy on a physical level the impossible demand of total rescue; * distortion of relationship and sexual patterns with people of the same sex as the obstetrician. Expectations of struggle and defeat, and of merging, bonding, and being totally cared for; * perception of self as separate, and paradoxically, less sense of personal boundaries; * easy access to transpersonal awareness but lack of appreciation of this capability because of having less sense of personal boundaries; * continual testing of limits and boundaries; * relationship patterns that are colorful, abrupt, intense, and arrow-like rather than like the waves of contraction and expansion that would be learned in labor; * little sense of process; expectation that a relationship either exists and doesn't need to be nourished, or doesn't exist and is impossible; * being not particularly goal-oriented and feeling criticized for this; wanting to have goals but feeling unable to find any that seem real; * strong negative self-judgement for not meeting others' unconscious expectations that one know the relationship patterns and sense of limit usually learned in vaginal birth. * trust that help will always be there without one having to ask for it. Another way of conceptualizing the differences between being born caesarean and being born vaginally is the different concepts of space and time each kind of birth teaches. A non-labor caesarean birth takes about two minutes; the way things change is totally, suddenly and abruptly. You're here, then suddenly you're there. Something external got you from here to there. It's not something that emerged organically from within your own process. The lesson is that in order to get from here to there you look outside yourself and find something that will move you. There's a great ambivalence about that because this help is an invasion, intrusion and interruption which you resist. By comparison, in vaginal birth the lesson is that there's a slow process, false contractions before, lots of warning, lots of sense that something is changing. In labor you learn that you do a little bit, then you get to rest. This caesarean sense of timing may

show up later in life as an all-or-nothing quality in relationships and interactions. The dependence on external help can take the negative form of feeling angry, helpless and victimized. It can also take the positive form of being able to mobilize a team of helpers in any situation, feeling confident that help is always available. Non-labor caesareans do not experience the high-pressure squeezing of contractions and the journey down the birth canal, and thus have a different learning about space. Caesareans may not have a strong sense of boundaries and limits, of their place in the world. In vaginal birth you're overwhelmed, you're constricted, you learn that you are not the whole universe, you're not the infinitely expansive spirit. You're put in your place. Many caesarean people get "put in their place" later on in life by people who expect them to have this inborn sense of limits, which they don't have because it wasn't part of their birth learning. So over and over they are put in their place, told to not be so intrusive, often told with a lot of negative judgement. However, there is a positive side to being put in one's place. You are given your position, a ground to work from, a place from which to go forth. You have a sense of belonging, of fitting into something larger. Many of the mothers and fathers, friends, siblings, hospital workers and other people who interact with non-labor caesarean-born persons are literally giving birth to them. They are laboring with them, giving them limits and boundaries, putting them in their places. If this can be done with conscious intention, without judgements like, "You're wrong, you're bad, you're exceeding limits that you should already know," this activity creates a sense of security. It gives a sense of "This is what is appropriate given that I am in a limited human body." In life it's often good to be pushing the limits, but it's also good just to know that there are limits. There is also a positive side to the caesarean sense of limitlessness and lack of boundaries. There is an easy knowing of the reality of spirit, an unquestioned sense of living in the context of an all-pervasive perfection. However, this vastness is often not appreciated by caesarean-born people as a native gift until they have become more clear about limits and boundaries. None of these ideas about the caesarean-born person's sense of time, space, relationship and limits should be taken as absolutes. They are simply general tendencies, concepts that may be helpful in a relationship between a vaginally born person and a caesarean, or for facilitating a caesarean-born person's self-understanding and self-acceptance. A person born in a caesarean delivery after some labor will share characteristics with both the vaginally born and the non-labor caesarean-born. When a vaginally born person and a caesarean-born person relate in more than superficial ways, they cannot help but challenge each other's deeply held, and often unconscious, sense of reality and identity. It is as if they each came from different native cultures ("native" in the literal sense of having to do with birth!). In this situation a nonjudgmental appreciation of differences is an important attitude to hold. When one is in conflict with a person of a different birth learning it is important to take a "look within" moment to see which of one's own birth-based beliefs about reality is being challenged. This is especially important in the intensity of the parenting of a child who was born in a different way than oneself. CAESAREAN BIRTH AND PSYCHOTHERAPY Awareness of the material presented here will be helpful in psychotherapy with caesarean-born people. Not all of the caesarean personality traits should be regarded as problems to be resolved; many are actually gifts to be affirmed. Therapy can be a process of sorting these out and acknowledging the somewhat different native culture (once again, native in the literal sense of "natal", having to do with birth) of the caesarean-born person. When a therapist of the same sex as the obstetrician works with a caesarean-born client, much of the dependence, desperation, fear, and anger that the caesarean-born person feels about helpers are projected onto the therapist, especially when the therapy focuses on breathing. Knowledge of the origins of these feelings can help the therapist neither take them personally nor judge them negatively. Caesareans dealing with rescue/dependence issues need a therapist who trusts them to stay alive on their own no matter how bizarre and precarious the mental, emotional, and physical situation seems. With the nonlabor caesarean-born person's less well-defined boundaries, the therapist needs also to be aware that the person may not have a clear sense of what staying internalized in their own process means. The therapist may need to help them find the balance between rigid shutting-down and unconsciously identifying with everything around them. The caesarean-born person needs people who will "labor" with him or her and not expect knowledge of

vaginal birth-learning. In labor the mother and child go through an intense, potentially life-threatening process in which they establish themselves as physically separate individuals. They enter into this not knowing how it will happen but trusting that it will happen. A non-labor caesarean-born person looks for this kind of deep pre-verbal, bodily commitment in post-delivery relationships. A therapist may easily confuse this necessity for labor with manipulation and demand for attention by the caesarean-born person. In the process of transforming caesarean birth-learning, there is a need for awareness of transpersonal levels of reality in both the therapist and client. This is especially important in relation to the pattern of dependence, of intense attachment to a helper or rescuer. Chinese folk wisdom says that a baby that falls off a boat should not be rescued because it will become totally dependent on its rescuer. For me, this story was a challenge as I sought to reconcile a deep sense of dependence with a desire to be responsible for my life. Eventually I came to know that the "seed of truth" at the core of the dependence was an experience of union, of mergence. In the context of the caesarean birth experience, the way out of dependence and defeat is to know the union of the doctor, mother and child, to identify with all three at once. The release of the dependent behavior patterns comes not through effortful independence but through full awareness of inner or transpersonal connectedness in the light of which physical separation is trivial or playful. Experience of true individuality has to be preceded by a surrender or death of apparent independence or separateness. The fears associated with separateness, dependence, and defeat form a barrier of pain that has to be experienced on the way to awareness of union, to experience of the archetypal Cosmic Mother, the One Heart-Mind. In working with the apparent dependence the therapist needs to be adept at establishing and maintaining inner connection with the caesarean-born person, a connection that the person can experience as being sustained through physical separation. This inner connection forms an intermediate step toward the experience of connectedness at the archetypal level, at which point the therapist is no longer needed.14 A person born non-labor caesarean experiences a somewhat different way of being in the world and has some different illusions to transcend on the way to integrating personal and transpersonal realms of experience. Birth can be seen as a gateway between the personal and transpersonal realms. The "demons" that guard this gateway in the experience of a caesarean person are different from those of a vaginally born person. A comparison, an appreciation of differences, is useful to both in perceiving their own "demons" more clearly. A map of the experience of caesarean birth, a "Field Guide to the Demons" is a useful tool, a temporary scaffolding to stand on in the process of transformation in psychotherapy. And as with any scaffolding, it should be removed after the transformation is complete. DIFFERENCES AS OPPORTUNITY Situations where a vaginally born person is in a close relationship with a caesarean-born person, be they parent and child, therapist and client or husband and wife, are actually opportunities for both people to transcend their particular birth learning and meet at a deeper level of shared humanness. However, there is need for a high level of commitment and goodwill from both, because each will challenge the other's deeply held beliefs and self-images. Each can also offer the other new and useful patterns of behavior and consciousness. For example, a caesarean-born person can learn the wavelike give-andtake relationship pattern that a vaginally born person learns in birth, and a vaginally born person can learn the arrow-like directness that a caesarean-born person learns in the caesarean delivery. When both the vaginal birth pattern of aggressive action, of pushing through, and the caesarean birth pattern of helpless inaction, of inability to push through, are known as options rather than absolutes, one may experience a new kind of effortless action that is akin to the Chinese "wei wu-wei", action that doesn't create an experience of subject "in here" acting on object "out there." CONCLUSION It is important not to judge one kind of birth as being better, at a really deep level, than any other kind of birth. Each birth teaches different things. A soul may incarnate with specific intentions, specific lessons to learn, that resonate beautifully with a caesarean birth, while to someone else such a birth may seem violent and abrupt. While at the level of soul intentions there is no such thing as an imperfect birth, at the level of personality, of everyday life, there may be. There is a need to humanize birth. We need to make birth part of the process of human life rather than an isolated medical event, to make it as full of love and be as gentle and connected as

possible, to make caesarean birth the welcoming of a new human being rather than just a surgical process. In watching a caesarean birth, there is an astounding moment of seeing a little face come up out of the blood, and knowing that this is another soul incarnating here on the earth and this is how she or he is coming in. For a variety of reasons, many probably unnecessary caesarean births are being done, but we need to set that issue aside for a moment, and understand what the child experiences. We need to be able to not categorize caesarean birth as pathological. It is simply birth. We need to ask, "How can we do them better?" For instance, there is often soft music in family centered birthing rooms, so why not have music in the operating room? It would probably make everybody happier, including the baby. Vaginal birth has been around as long as humans have been; there has been time for folk wisdom about birth to evolve. Caesarean birth is a recent development and needs its own folk wisdom. Share this article with your friends, talk with other caesarean-born people and caesarean mothers. I have only one perspective on caesarean birth; all of you also have something to contribute. I encourage you to do so. CALL FOR INFORMATION Timothy West is preparing an article on the effects of non-labor caesarean birth on adult functioning and personality. He is looking for anecdotes, observations and research findings that point to specific behavior patterns in adults or children who are non-labor caesareanborn. This material can come from any source, including parents, relatives, health professionals or non-labor caesarean-born individuals themselves. Specific information could include but is not limited to personality traits discussed in this paper. All information will be kept strictly and absolutely confidential and will only be used in preliminary hypothesis formation in caesarean research. Please send material to Timothy West, 512 Malobar Dr., Novato, CA 94945. References ANNOTATED BIBLIOGRAPHY (compiled jointly by Jane English and Timothy West) 1. Feher, Leslie (1980). The psychology of birth. New York: Continuum. Good descriptions of personality traits associated with different kinds of birth. Interpretations are limited by its author's Freudian, mechanistic conceptual framework. This is a basic resource, one of the first to look at the psychological effects of different birth processes in a systematic way. A mainstream, accepted text in the field and, as such, a good resource around which to build further research. 2. Grof, Stanislav (1976). Realms of the human unconscious. New York: Dutton. A pioneering work that maps the progressively deeper layers of the psyche: personal history, perinatal experience and the transpersonal. Includes a detailed map of the relations between a person's vaginal birth experience and their later personality traits. 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