

## Interview with Suzanne Arms

**Bio:** Suzanne Arms is an author, teacher, photojournalist, practical visionary and activist. She is a mother and grandmother, and strong and vocal supporter of APPPAH, a champion of midwifery and empowered women and a passionate and compassionate speaker. The second of her seven books, *Immaculate Deception: A New Look at Childbirth*, was named a best Book of the Year by the New York Times in 1975 and sold over 250,000 copies. Arms received a Lamaze Lifetime Achievement Award and was named A Living Treasure by *Mothering Magazine* for her work as an agent of change. Arms is working to bring an understanding of the critical nature of the primal period to the professionals and the public, and to help transform how we bring babies into the world and how we shape the architecture of the human brain and the mother-baby bond. In 2003, she founded *Birthing The Future*, a nonprofit which creates educational media and hosts international symposia and roundtables on the roots of love and violence, wellbeing, and illness, from which she also makes films. Her one-hour documentary, BIRTH, about what needs to change in maternity units in hospital - and why, and how - will be released in 2015. [ [www.BirthingTheFuture.org](http://www.BirthingTheFuture.org). ] Contact Arms at [suzannebirthing@gmail.com](mailto:suzannebirthing@gmail.com).

***The early pioneers of this field of pre-and perinatal psychology tended to be psychologists or psychotherapists, focused mostly on how to uncover and heal from birth trauma, more focused on the adults healing from their birth experiences as babies, and then it seems that there's this other world of the midwives and doulas who advocate for natural childbirth and gentle methods that would help prevent traumatic births. But you are referred to as one of the "Grandmothers of the Birth Movement" and, as a social activist, it seems as though you bridge these two worlds – the pre- and prenatal psychology world and the birthing world. Can you speak to that - this bridging of those worlds in your work?***

I do think I bridge both. I certainly have a foot in both worlds. I'm bit of an odd duck in this field in that I'm not a health professional. I'm an educator and advocate. My background is in literature and in the fascination that began when I took some anthropology courses in college.

I think what threw me into both of these fields is the fact that my family was a perfect storm, a case study for pre-and perinatal trauma – undiagnosed, unnamed, and unaddressed, for number of generations. And I, for some reason, became the person who could not tolerate the secrets and the lies in the family. Soon after the death of my beloved brother from suicide, at the age of 28 and on my birthday, I remember saying out loud into an empty room, "I will break the cycle of dysfunction in this family, or die trying." Of course, I come from a rather dramatic family.

I came from two well-educated and very intelligent parents, both schoolteachers, who, despite unconsciously inflicting their unresolved trauma onto the three of us children, they also prized learning and thinking, and they taught me that I could do anything I desired. But I was born close to the end of World War II, in 1944 and my father was one of the "2nd wave" of ground troops who took the dead bodies out of the concentration camps. So he brought that trauma home from the war. It was only as an adult that I learned about the trauma he'd experienced as a young child. My mom and dad, like many, appeared to function in the outer world. But inside the home was a different story, with physical, emotional and sexual abuse, and my mother trying stoically trying to hold everything together. She was the keeper of the secrets.

In 1949, when I was 5, we lived in England for a year because my dad was an exchange teacher. I started school in the bombed-out, traumatized city of London and danced in the

Wimbledon Ballet Festival as Little Bo Peep. (*laughs*) I had this side to me that wanted to perform, to express myself that creatively. But, like my father, his father, and my brother, I've always been troubled by episodes of great anxiety and deep depression and an inability to regulate my emotional states very well.

I trace my emotional instability back to my mother's high level of stress when I was developing in her womb, a traumatic birth, lack of breastfeeding, having to sleep in a separate room, and the resulting insecure bonding. I was fortunate in that I was a wanted child. I didn't have a name for primal trauma until I got involved with APPPAH. All I knew was there was something deeply wrong in my family, and like most children, I thought the problem was me. Now, with the understanding I've gained from pre- and perinatal psychology, I know it had not only to do with how I came into the world, but also with the impact of war trauma and the resulting abuse from my father, and prior to that, historical trauma in my great grandparent's and grandparent's generations. On my mother's side, my Irish grandfather came from parents who'd endured the potato famine; and my deaf grandmother's parents were traumatized survivors of Russian pogroms inflicted on Jews in the Ukraine. My father's side I know much less about, except that his mother was very narcissistic and his father an alcoholic and what was then called manic-depressive. Passion, melancholy and unresolved grief runs like a river in my family. And I'm sure I'm not unusual in saying that unhealed trauma in our family is multi-generational.

As I began to be aware of my own inability to lead the life I wanted to lead because of my unpredictable bouts of acute anxiety, depression, and self-doubt, I was very sensitive to the trauma I saw all around me in the world, and I was thrust onto a path of healing. That began before I entered the field of birth. And I certainly wasn't consciously aware of this when I gave birth to my daughter Molly. Before I knew my birth story, my brother's birth story, my sister's, and my mother's and her mother's, I was already in psychotherapy for depression. And I had begun practicing yoga and doing dance, which helped me cope.

When the pre- and perinatal psychology movement began in the U.S., I had already written *Immaculate Deception*, was known for being an advocate of mothers and midwives, natural childbirth and breastfeeding, and home birth. Then I read Thomas Verny's book, *The Secret Life of the Unborn Child*, and brought him to Palo Alto, California, to speak. That was in the early-1980s. We filled the room with 400 people. He spoke almost entirely about the baby, and I was left feeling that his message could cause a lot of women to feel guilty about how they birthed their children. It was certainly the first time I thought seriously about what my daughter Molly must have experienced in birth. Afterward, I urged Dr. Verny to found a national organization similar to what they had begun in Europe. Perhaps others did as well because he went on to found what we know today as APPPAH.

In the first years of its conferences that I went to, I found myself disbelieving a lot of the ideas and questioning the research, especially that babies could remember birth. I remember one conference in particular, standing in the back of the room as Bruce Lipton spoke about consciousness of cells; I actually walked out. I came from a scientifically conservative and doubting background, and I'd never heard any of this information before. That was years before the term "epigenetics." So I've come a long way. Whenever I went to one of the conferences, I would drop into an altered state, wandering the halls like a lost Alice in Wonderland, frequently crying, but not knowing what I was crying about. That was in the late 1980s and the 1990s.

In early '70s, I was living in Marin County, northern California, at the very start of what became the home birth and "lay" midwifery movement in the United States. And it was this return to midwifery, which began in various states as college graduate women starting attending their friends' births, reading obstetric textbooks, and trying to understand things they saw happening in labors of their women friends. Although I didn't get to have a home birth, as I wanted, that underground movement deeply affected me. I asked some of the midwives to let me go to home births with them, to photograph. That was in 1972. I'm still grateful to those midwives and to the mothers who let me, a stranger, be present at their

births, the most private of experiences.

I eventually learned that in my own birth I had been very traumatized and almost died. At the end of labor, as my head was emerging, the nurse forcibly held my mother's legs together and pushed my head back with every contraction, because the doctor refused to come in. It was his night off. In 1944 for a nurse to allow the baby to come before the doctor arrived would mean losing her job. By the time he did come, and I was allowed to be born, I was nearly dead. What I know now is that babies can handle being a long time in the birth canal, as long as there is continual progress. But they can't easily tolerate making no progress. So the feeling of the nurse's hand forcing my head back into the birth canal - must've been an excruciating sensation for me. Also, as I learned later, my mother had already lost two babies just prior to me, one to abortion and the other to late miscarriage. So I developed in the womb of a woman who was grieving, though that wasn't something women were encouraged to do consciously in those days. So, as I was trying to be born, there was that sense of the impossibility of getting out, along with the unexpressed grief of my mother, and what I experienced later, during some deep work with Ray Castellino and also Mynra Martin, the fear the nurse had, that I might die before the doctor arrived. But I was not privy to any of this knowledge consciously until years after I gave birth to my own daughter. I just knew I felt compelled to be at births, to research what was going on in birth around the country, and to tell the story of what I discovered: what was wrong with birth in America.

My brother's suicide happened five years prior to my daughter Molly's birth; and I brought that sense of wanting to heal myself and my family to my pregnancy. So, with my personal and familial experiences, and what was happening on the West Coast of the U.S. in the early 70s, and then the pre- and perinatal psychology movement, how could I *not* become a spokesperson for change? So, that's where I am today, still working on my own healing and wanting to help heal the world. And it's been both a blessing and a curse.

***Yes, that's quite a journey.***

And it's still going on, my wanting to be a voice for transformation, for the Mother Earth, and my embarrassment that I still am working on my own healing, and my desire to not be out in public when I'm going through difficult emotional times.

***I was going to ask you how you got interested in birth and pre-and perinatal psychology, but you've covered that one.***

I was such an outspoken advocate of midwifery. But I never felt the urge to be a midwife. And I never felt the urge to be a psychotherapist, even though so much of my speaking and writing is through the lens of psychology and the psyche. It was my birthing of Molly that thrust me into my life's work. My legs were not held together for Molly's birth. In fact, I worked hard to get a natural birth, finding the only group of obstetricians who were known for helping women have natural childbirth, and then going to the only hospital in the San Francisco area known for natural childbirth. But it wasn't to be. And as I look back now, I can see that it was the unresolved issues from my own birth, of which I was not conscious, that led me to have the complicated and traumatic birth Molly and I had and then led me to researching and writing *Immaculate Deception* and, from there, to pre- and perinatal psychology and issues of early trauma.

My labor with Molly was 28 hours of narcotics alternating with stimulants, then anesthetics, then more narcotics, more stimulants, and more anesthetics. In fact, every drug given to me (which of course went right to my baby) was later taken off the market after being proven dangerous to babies. After all those drugs, I was allowed to push, on my hands and knees on the delivery room table. But Molly didn't descend, so she was pulled out with forceps, done very gently, I must say, so she had no sign of physical trauma on her head.

I didn't want any of the drugs they gave me! But in the hospital setting, I did what

many women do in labor – reverted to being a little girl trying to please everyone, not daring to question anything. I had what would surely have ended up a cesarean today. But back then it was just a typical medicalized vaginal birth, followed by some hours of separation from my baby. And I had a traumatized daughter. Molly and I went home from the hospital, and I had a spinal-induced headache for two weeks, and she cried a lot. We had to forge our bond with unresolved trauma. It was fortunate that Molly was a planned and wanted child and that I breastfed her for three years and slept alongside her and wore her in a soft baby carrier the first year. We'd had a really good pregnancy, except for the fear I had that I might die in childbirth. Now I understand that was a result of the traumatic way I'd been born.

So my whole life really set me up for the work I do. I have great empathy for pregnant women, who are socialized to be terrified of their own bodies and of the birth process. At the same time, I want to hold women to a higher standard because I know the mother is the one whom the baby depends upon. To a baby in the womb, she is their world. Everyone else is a field of energy that surrounds the mother. That field of energy around her is, of course, very important. How she is treated by the father (or partner) and by everyone close to her greatly affects her feelings - about the pregnancy, about the baby growing inside of her, her body's ability to give birth, and about being a mother. But it's all being filtered through the mother.

Over my years of work, I have listened to women talk about their births and midwives talk about the challenges they face in a society where birth is medically dominated. And I have this passion to get people to wake up to the way things are and change it. It's not just about choice! It's about taking responsibility for the fact that we women *are* the world to these babies. So, I'm a baby advocate *and* I'm a pro-choice advocate, because I want all babies to be wanted. I see both sides: the woman's and the baby's.

Birth is the nexus of virtually every major issue. It's a sociological issue. It's a sexual issue, a psychological issue, an economic issue, environmental and ecological issue – because of all the toxins from our environment that are in women's bodies, and in the womb and in breastmilk. It's a political issue too, because it affects everyone! I feel strongly that, *when* we can get it right at the beginning of life, it will be so much easier to create a world without so much violence and war.

***Beautifully said. I agree, wholeheartedly. As you mentioned earlier, when we talk about the consciousness or the sentience of the unborn child or when we try to educate about how whatever is happening can affect the baby in the womb - this can often be interpreted as blaming the mother or inducing guilt in her in some way. How do you work with that when you're talking to moms and educating them, without blaming them?***

That very question came up today. A woman I've known for a long time teaches prenatal and postpartum massage that takes into account the consciousness of the baby as well as the woman. She said that she was no longer using my film, *Giving Birth*, in her training. She found that in this new generation of people coming to her courses, and they come from all over the country, they are defending hospital birth practices and medicalized birth. They get upset when they see my film because they think I am going to make women feel guilty or question the rightness or appropriateness of labor induction, epidural anesthesia and cesarean. These three interventions, by the way, tend to create complications and are risky for the woman, the baby, for the brain development of the child, and for the mother-baby bond. Yet these practices have become the medical "standard of care." Then there is circumcision and artificial formula feeding, both of which are considered lifestyle choices. Yet all five run counter to natural physiology and the biological imperative for healthy brain development and bonding. The problem is that our culture has created a system that goes completely counter to what the human body-mind is asking for, what nature has designed to work best. And they affect how a baby feels about the world and how a mother responds to her baby and feels about herself.

So to get back to my woman friend teaching massage, I said, "You don't have the right *not* to show them that film. But you may have to lead into it in a way that challenges them to rise up above their fear of not being politically correct." She may have to teach them to say to their clients, "I want you to show you a film that may raise some deep issues about birth and might be challenging for some of your massage clients. But it goes into important issues and we can talk about it afterward." Only now, is the use of artificial oxytocin and the epidural being studied scientifically for their impact on the baby's developing brain. And in these early studies, both are found to affect the baby's learning ability even at the age of five. And we've known that they affect the woman's mothering style and how frequently she picks up the child at the age of two, as well as whether she breastfeeds and for how long.

What to my mind is required today is that we challenge our own preconceptions about birth and question the way that we have been socialized and marketed to. *And*, that we be willing to raise issues that make ourselves and others uncomfortable.

I am talking to two different audiences. If I'm speaking with a pregnant woman or a new mother, I am very careful of the language I use, so that I don't cause her to get defensive or feel guilty. I am very careful to sidle up alongside her just as you would in an aikido move I talk with her about the fact that she has been socialized to be as afraid of birth as she is. Or if she's already had a baby and she had a difficult experience, or about the fact that she and her partner really didn't get all the information she needed in order to be able to make the best decision for herself and their baby. If she hasn't yet had the baby, I'll try and show her that she has more choices that she might think she does. To a woman's who's already had her baby, I'll say how sad I feel that she's now arrived at the other side having had real choice taken away from her. I let women know when they've been denied access to the truth and denied support for making choices that were different than what the hospital or doctors or standard medicine wanted them to make. I will first talk about how lovely her baby is or how lovely she looks in pregnancy. I'll try to woo her before I question anything. Because women have been made to feel guilty so easily and are today often very defensive about their upcoming birth or the birth they had.

Now, if I'm talking to a group of doulas, I speak very differently. I challenge them to question the reason they are doulas. Many of them will say, "I just want the woman to have a great experience." "I just want her to feel good about her birth." To which I say, "And what about the baby?" Feeling good about the birth in the moment might be trumped by feeling good about the birth in the *long* run because they dared to question and challenge things and found the courage to follow their gut feelings and do things differently. I try to paint the long-term view of what it is to be a woman or a baby who's not had a good birth, or who's had trauma. Or it felt good in the moment and then she later discovered that she has a baby who spits up all the time, or cries a lot of the time and won't sleep. Or maybe a toddler who is acting out in lots of rage, who had all kinds of interventions in birth and ended up with vacuum extraction in birth (or cesarean) or didn't get to have any labor. How satisfied is this woman going to feel when she has a child who is very difficult to be around? That child, I tell doulas, is really struggling to get comfortable in his or her body. How fun is that for the baby?

I am asking people to really look at the short-term pleasurable effects of choosing anesthesia, for example, or allowing the labor to be artificially started with a dangerous drug called Cytotec (misoprostol) versus going through the challenges of waiting for your baby to start labor two weeks after your supposed due date, even when you feel sick and tired of being pregnant. But it's not easy to raise these issues.

So when I'm talking to doulas, and also to midwifery students, I might say something as outrageous as, "So, I'd like you to question whether you are an advocate for natural birth who *also* wants to support women in having the best, most normal birth possible and feeling the most comfort they can, *or* are you really taking a cop out way which is saying 'I will do whatever a woman wants of me so that she feels good.'" Here's what I would if I had a woman interviewing me about being her doula and telling me that she was planning on

having an epidural, I would say to her, “That’s great that you decided you’d like a doula and I would love to support you in this birth. I’m going to have to charge for \$500 more than my normal rate, because I’ve found that when a woman has an epidural, she doesn’t experience as much of her birth and *I’m* the one that carries her birth; and that’s exhausting for me. So I will use the extra money from your birth to provide services for a teen mom or other woman who can’t pay for a doula. If you’re fine with that, then I would love to be your doula.” And these doulas look at me like, “Wow, I never thought of that!” (*laughs*) They’ve not been trained to see themselves as an advocate for the biological process: the physiology, psychology, and neurobiology of what science has now proven is needed to grow a healthy human being and create the strongest mother-baby - and father-baby - bond. I believe that transforming our human consciousness, and practicing what’s called “attachment parenting” is as important as having choices.

**I think you hit the nail on the head with doulas. I’m a doula and that is a real challenge. Many doulas don’t even know about pre- and prenatal psychology. They are woman-centered, as are many midwives, and they forget about the baby and they don’t know about possible long-term effects of interventions on the baby’s life.**

And it is understandable that doulas and midwives are women-centered, because women have been oppressed and marginalized in birth for so long and socialized to feel shame and guilt at the drop of the hat. It is understandable. We *must* be on the side of the woman. But it shouldn’t been an either-or situation, either the baby *or* the woman. If we understand that the mother and baby are one system, from even before conception until the first year after birth, then we understand that what you do to one of them, you do to the other. By making a false separation of the two of them, we’ve made them opponents. Such that if you’re a woman advocate, you can’t be a baby advocate; if you’re baby advocate, you can’t be a woman advocate. And I’m saying, if you realize they are one system, then you must stop doing what we’ve systematically been doing to them for a century: stressing them and separating them, without regard for the long-term negative impacts on the individual, the family, the community, *and* society.

If we let people know we are mother-baby advocates, then it’s an easy step to take to helping them see that birth is also a human rights issue: how we treat women in birth and whether they have access to good food, safe housing, emotional support, and prenatal care, and whether they have access to family planning and contraception and, when necessary, abortion. It’s a human rights issue whether a woman has access to a midwife and chooses to give birth out of hospital. But it is *also* a pre- and perinatal psychology issue, because everything affects the baby.

If the mother’s deepest needs are being considered, then we will automatically care about the baby, we’ll be caring about her physical and emotional, intellectual, spiritual, sexual, and social needs, body-mind-spirit, in the context of the whole. Then we *have* to talk to this mother about the importance of breastfeeding because not only will breastfeeding make a difference in the bond between her and her baby, but it is also going to grow a healthy gut and gut-brain connection for her baby and a proper jaw and teeth alignment, and prevent obesity. And it’s going to make parenting less stressful and more pleasurable, which is a win-win for the whole family. And we will naturally want to explain that breastfeeding is going to prevent certain kinds of cancer in her for the rest of her life.

But, first, we have to understand enough about this system called the mother-baby, and have a few facts in hand. Then when women or men start to narrow their eyes or shut down, we can give them a piece of information that might make their minds open back up again.

What better field to be in than working at the beginning of life? You’re working at the beginning of a family. You are working at the beginning of a mother-baby system. You are working to set right the centuries of patriarchal domination and suppression of women and

of the feminine and of everything that has to do with our bodies and our connection to the earth and to spirit. And you're working in accordance with natural biological principles. I mean, what could be easier? (*laughs*) Well, you're working *against* virtually every industry that has been set up in newborn and maternity care to make money. In fact, not one drug that has ever been given to a woman in labor or in pregnancy has ever been studied long-term and found to be proven safe for a baby's developing brain - not one.

I have to give credit to our wonderful activist and maternal-child health advocate, Doris Haire, who died at the end of 2014. She was one of my mentors. She was a woman who said in a talk around 1968, "You would be better off going to a hotel to have a baby and hiring a nurse than going to the hospital!" And her husband was a hospital administrator and she knew she was talking about because Doris got to visit hospitals all over the world, traveling with her husband. She was a layperson who put on maternal-infant health conferences. She wrote a pamphlet called "The Cultural Warping of Childbirth" for the ICEA, the International Childbirth Education Association, which in those days was a radical group. She put on these conferences for nurses, doctors, physical therapists, childbirth educators, and others in the mid to late 1970's. And 1,500 people would fill a huge ballroom in New York City. I went to those conferences. She brought people from around the world who had scientific evidence about the impact of induction of labor and episiotomies. I stand on the shoulders of some magnificent people, and the whole field of pre- and perinatal psychology is filled with these incredible pioneers.

**Yes, absolutely. I was struck when you were talking about bringing Thomas Verny to California to speak and how you packed a room of 400 people. I'm so interested in how big the pre- and perinatal psychology movement felt then and how now it doesn't seem to have quite that energy.**

Yes, let's talk about that movement to transform society by transforming how we do the beginning of life. Social change is a funny thing. It's affected by individual personalities who were born at certain times in history when there was ripeness. As somebody who studies astrology, there are certain periods that are ripe for different kinds of consciousness. One of those periods was the mid to late 1960s. It was the arrival of inspiration, idealism, and revolution that was nonviolent. It never occurred to those of us in the peace movement in the late 1960's that it would become as hard as it has. It never occurred to us that there would be such a push back of ultra-extremism, ultraconservatism, and fundamentalism all across the world.

It's the same thing in the birth movement. In the very early days of the birth movement, the 1940's, Grantly Dick-Read, a physician from England, was trying to speak to obstetricians about the importance of natural childbirth. He was saying how women have an instinctual knowing about birth and if they could just be allowed to breathe calmly, they could birth. There was no movement then. That was a solo heroic effort by a compassionate physician.

In the early 1950's, there were pioneering and gutsy women who refused to be drugged in labor at Yale University Hospital and a few other hospitals around the country. They weren't a movement either. They were gutsy. In the late 1960s, coming out of this whole burgeoning of consciousness and back to the land and natural foods and the beginning of ecology, when we started seeing smokestacks spewing gray smoke as not just smoke but actually toxins and the word "pollution" came out, that was the beginning of the midwifery movement and the homebirth movement. Now *that* was a movement because suddenly all across the country and in fact in different parts of Europe and Canada at the same time, people were beginning to do the same thing. They were saying, "Hell no! I won't go to war." "Hell no! I'm not going to eat processed food with artificial additives." And "I'm going to have my baby at home." That was very gutsy. There was an upwelling of people doing this all over the country around the same time. This was the time when a few gutsy men were also

handcuffing themselves to their wives or partners in labor, in order to not be separated from them at the birth. So, a movement began.

**Tell me about your writings and how they connect to this movement you're describing.**

My first book was *A Season to Be Born*. My daughter's father, John Arms, urged me to write it because I was so terrified of birth. At the time, there was really nothing out except *Thank You, Dr. Lamaze* and Elisabeth Bing's book, *Six Practical Lessons for an Easier Childbirth*, and Grantly Dick-Read's *Childbirth without Fear*. That's all we had then. They weren't enough for me. John urged me to write the story of my pregnancy in the form of the diary, and he would photograph it. He said, "Write your deepest feelings; and this will help you through." That became my first book – my words and his photos.

I went on to write *Immaculate Deception* in the mid 1970's. My writing of this book was fueled by the sense of indignity and injustice and outrage I had that grew over the months after Molly's birth. The question became more clear in my mind, "What happened to me?" I can laugh now and say, "What was the truck that hit me; and who was driving it?" I wondered if I was the only one who felt that way. And as I began interviewing women and researching in med school libraries, and reading about the history of obstetrics, I began to see that this was all part of a movement to take birth away from women.

When my second book, *Immaculate Deception*, came out in the mid 1970's, it just seemed to hit to the right chord. Why? The timing was right, maybe. I was put on the *Today* show where Barbara Walters interviewed me and I was on *Good Morning America*. Bam, it was out there. And with it, the anger that I didn't even see in the book was out there. Some women not only saw that anger but were so grateful for it. Midwives and some nurses were outraged at being witnesses of or participants in what they felt were crimes against women. Medical students and interns in hospitals, some of whom had been radicalized by seeing medicalized birth, realized something terrible was going on. Anyway, my book, and Ina May Gaskin's book, *Spiritual Midwifery*, which came out before mine, catalyzed this growing movement. And the French obstetrician, Frederick Leboyer's, *Birth without Violence*, came out when mine did. At that time, in 1975-80, when we held an event, people came.

I can remember an event that took four weeks to plan. We were going to show *Birth without Violence*, I was going to speak, and there was going to be a panel about what was happening with birth. We publicized as best we could; and 900 people came. Now, to get five people in a room is difficult. The cesarean rate was only 10% back then. I had to fight with my publishers to convince them that the US had a 9 to 11% cesarean rate. Today nobody bats an eye at a hospital with a 40 or 50% cesarean rate. The whole country has a 33% cesarean rate.

**Why, despite the catalyzed birth movement, are things getting worse?**

I think what we're seeing, not just in birth, but in all the major social, environmental, and human rights issues is that things are coming to the surface. The wound is open; pus is coming to the surface. And it is ugly. It appears like things are getting worse. But actually, consciousness is rising, like an undercurrent. You can feel it. It's raw. But it is out of the closet.

So that's where we are right now. And I'm hopeful, despite things getting worse with birth and the rise of extremism of all kinds. I'm hopeful because, where things are good, they are better than ever. Those families who are taking a whole different tack to birthing, rearing, and educating children, are rearing a generation of children who are incredible beings. Are they a minority? Oh yes. Are we going to see things shift? Yes. They must shift. Because the way things are is unsustainable. The amount of toxins, the amount of die off of the species, the amount of damage we have done to this earth. What is going to be the thing



that pushes us over the edge and wakes us up and forces humanity to make major changes? I think it will be Mother Nature, things outside of our control. Suddenly, even extremists will have to work with others. We are at a crisis point in birth and with many things. But it's a good time to be alive. Painful, yes. Do I get outraged? Yes. Do I get discouraged? Yes. But I'm glad to be in this movement to transform consciousness, and birth, and to heal trauma and learn how to prevent it. And I'm continuing on my own healing path at the age of 70. But that's not to say it's easy.

I want to let people know that a sustainable and healthy future for humanity and this earth starts with transforming how we bring humans into the world. I want people to hear this who are passionate about having everyone earn a living way, and passionate about social justice, and the environment and climate change, and weaning ourselves off of fossil fuels. I know a lot of us are frustrated. But we cannot give up at this point. We have such fine scientific evidence on our side. We have ancient, earth-based wisdom on our side. And we have our intuition, that still small voice that has not been destroyed. And we have these glorious children who some people are raising.

Something is happening, and those of us who are in this movement for transforming human consciousness and health have to stick together. Are we preaching to the choir? No, no. We are making a bigger choir, and we are deepening the resonance and harmony of our voices. We are creating more subtle music together. It is really important to not let the world tell us that what we say doesn't matter. It *does* matter. And we are *not* alone.

**Indeed. Thank you for that.**