

## Cesarean Birth Stories

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**ABSTRACT:** The purpose of this phenomenological study is to better understand the impact and implications of a cesarean birth on later adult behavior patterns. A written survey was designed using Dr. William R. Emerson's questionnaire *The Evaluation of Obstetrical Trauma: A Questionnaire* (1997). Forty statements were developed to represent behaviors believed to relate to birth via cesarean section. Four cesarean-born women participated in the study. Each completed the questionnaire and was interviewed by telephone about the statements she thought best applied to her experience. Three themes emerged: (a) interruption, (b) motivation to achieve, and (c) offering help even when it is not requested. This study supports research suggesting that (a) people remember birth implicitly and (b) persons born by c-section share attitudes, behaviors, and other characteristics.

**KEY WORDS:** Cesarean birth, birth trauma, birth patterns

### PERSONAL STATEMENT

When my mother told me the story of how I was born, I became fascinated with the impact my method of birth seemed to have on my life. She showed me a very large scar on her stomach and told me, "This is where you came out." I was born by cesarean section.

I discovered more about my birth in a very safe group environment at my first prenatal and birth process workshop, which was conducted by Ray Castellino, D.C. At this workshop I began to re-experience my birth at a visceral level. My body began wedging itself into a wall, a position that put pressure on my head, neck, and right shoulder. I felt

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as if something within me was pushing me tighter and tighter against the wall. I became acutely aware of this innate memory that was driving me into what I thought of as an uncomfortable “stuck place.” I later learned that a study of birth memory had been conducted in which each participant was hypnotized and was asked to describe the position of his or her head and shoulders at birth. Subsequent review of medical birth records confirmed the reported positions as accurate (Verny & Kelly, 1981).

As a result of these experiences and my own birth memories, I decided to continue my studies with Castellino by taking his two-year Pre and Perinatal Somatic Training. In this training I gained deeper insights surrounding my own birth experience and how others experience their circumstances of birth. My personal discoveries have allowed me to better understand myself and my life patterns, such as why I “cut to the chase” and tend stay in uncomfortable situations, waiting for someone to rescue me.

When I was a young child I also had a recurring dream in which I was falling next to the sharp edge of a very large razor blade. As I pulled my body away from the razor's edge to avoid being cut, I would awaken abruptly. Chamberlain (1988) pointed out that dreams and subconscious feelings may reveal hidden birth memories. As I learned more about birth trauma, I began to suspect that this dream might be connected to my cesarean birth.

In my profession as a craniosacral therapist, I do what I call “listening with my hands” to the fluid motions in my clients’ cerebrospinal systems, using touch to palpably sense restrictions that may be the result of injury or dysfunction in various parts of the body. I have also learned to sit with my clients with an attitude of curious exploration. With this supportive attitude and in this safe environment, a client often finds that a surprising insight or memory surfaces. Clients have reported to me that these sessions yield insights into their birth stories and that these insights give them better understanding of their present lives. These memories are visceral in the sense that they are often experienced as bodily, sometimes muscular or skeletal, sensations. Because I have often witnessed this type of unfolding, I am convinced that the human mind has an innate capacity to recall memories that normally remain subconscious. After more than 15 years of professional experience and personal work, I have come to believe, along with McCarty (2002) and Emerson (2001), that our bodies do remember the birth experience, even if we do not. I also suspect that these memories can shape our self-images and how we see the world. For these reasons and because I was cesarean born,

I have a particular interest in the impact of cesarean birth and how others born by cesarean section experience the world. Therefore I chose to study the characteristics of persons who have entered the world via cesarean section.

### **PROBLEM STATEMENT**

Only during the last 100–120 years have surgical interventions been used as a method of childbirth. The first cesarean deliveries were performed in an effort to save a baby's life after the mother had died. Later cesarean deliveries were attempted when childbirth was not progressing well, in an effort to save both mother and baby; however, infection often led to the mother's death. With advancements in medical technology the survival rate has increased significantly, and doctors and mothers now consider cesarean surgery to be a safe and in some cases even an elective method of childbirth.

English (1994) pointed out that "the subject of caesarean birth is of concern to all of us...We all have close contact with caesarean-born people" (p. 215). According to the National Center for Health Statistics, in the period 1996–2004 the rate of cesarean birth rose from 21% to an all-time high of 29% (Martin et al., 2006, p. 3). The reasons for the increasing use of this surgery include the medical profession's desire to avoid lawsuits, mothers' requests (termed c-section on demand), convenience, the practice of delivering a mother's subsequent babies by c-section after she has delivered one baby by this method, and the general increase in medical interventions during labor (Goer, 1995).

The full impacts of cesarean birth for baby and mother are unknown, but research shows that there are physical effects and symptoms present in cesarean-born babies that do not appear in vaginally delivered babies. For example, cesarean birth deprives a baby of descent through the birth canal, the pressure of which stimulates the baby's lungs and central nervous system (Arms, 1994); and Emerson (2001) noted that cesarean-born children display particular attitudes and personality traits that vaginally born children are less likely to have: low self-esteem, difficulties with task completion, tactile defensiveness, feelings of getting "stuck," and rescue complexes.

### **PURPOSE**

The primary focus of this research was to examine the influence that being born by cesarean section may have over a person's life span.

The prevailing thinking about birth does not associate the birth experience with later non medical life events. However, findings from the field of pre- and perinatal psychology suggest that an important relationship exists between birth events and adult psychological characteristics. This study of women who have been born by either planned or unplanned cesarean section was designed to explore the possible connection of this method of birthing with the women's overall life patterns.

### **LITERATURE REVIEW**

#### *The Birth Experience*

Dr. Thomas Verny is a founder of the field of pre- and perinatal psychology. In the book *The Secret Life of the Unborn Child*, Verny and Kelly (1981) stated, "The unborn child is a feeling, remembering, aware being, and because he is, what happens to him...in the nine months between conception and birth molds and shapes personality, drives and ambitions in very important ways" (p. 15). Birth is often the first physical and emotional shock a baby encounters, and it is never quite forgotten. According to Verny and Kelly, birth by cesarean section is a further shock, a deprivation of the physical and psychological stimulations associated with vaginal birth:

Removed from his mother's uterus in an operating room, [the baby] gets no massaging or caressing. The feelings birth stirs in him often sound a discordant note. Physically, the Cesarean has trouble with the concept of space. Knowledge of his body proportions does not come naturally to him. He does not seem to know where he begins or ends physically. (p. 121)

In the article "Treating Cesarean Birth Trauma During Infancy and Childhood," Emerson (2001) argued, based on 20 years of clinical and behavioral observations, that cesarean births can cause babies considerable trauma, both physically and psychologically. The traumatic effects are subtle and powerful, occurring at the unconscious level of the infant psyche. Emerson further argued that perceived success or failure during birth underlies important attitudes people have about life. Cesarean-born babies exhibit symptoms that sometimes mirror what happened during labor and birth. Emerson reported observing particular attitudes and personality traits in cesarean-born children that vaginally born children are less likely to

have. The effects of a cesarean delivery are exemplified in the following description, obtained from an 85-year-old woman who remembered her cesarean birth during an Emerson workshop:

Well, it came to me as clear as a bell. My blessed mother, bless her heart, was cut open and they yanked me out, and hard at that. I didn't know I was born that way. But I checked my mother's diary, and sure enough I was. Now I know why I've been so afraid of people my whole life and why I've never been a touchy person. Don't like to be touched at all. My first touch by humans was utterly shocking, just disgusting. It wasn't right. And I've been mighty frightened of people and particular about touching ever since. I never realized I could learn such things about my birth. It feels much better now, though, thanks to you. I even took a hug from Rev. Parsons the other day. Imagine that. He was as shocked as I was. (Emerson, 2001, p. 192)

In the article "Being Born Caesarean: Physical and Psychosocial Aspects," English (1994) pointed out that cesarean birth is not better or worse than vaginal birth, just different. However, because the majority of babies are born vaginally, English considered that there is value in knowing what the differences are for both the cesarean-born and for persons who deal with them.

Dr. Wendy Anne McCarty (2002) is the founding chair of the Pre- and Perinatal Psychology Program at the Santa Barbara Graduate Institute in Santa Barbara, California. She wrote that for over three decades the field of pre- and perinatal psychology has been mapping out what life in the womb is like and how prenatal experiences and birth impact development and personal life patterns across the life span. Pre and perinatal psychology and therapeutic work suggest that a human fetus is a conscious, aware being and that prenatal and birth experiences often entail stress or trauma:

Our earliest experiences are embedded in our being and act as a natural filter of our perceptions and interpretations of situations, people, events and our sense of self .... We know that when a person has experienced something traumatic or disturbing, one of the most healing experiences can be to have another person hold presence, listen and acknowledge what happened and our experience of it. It is also known that denial, discounting, or not believing something happened or could be remembered can exponentially complicate and strengthen the

destructive impact of the original trauma. ... Often babies have foundational trauma because we haven't known ... how much they could be impacted by what happens so early in the pregnancy and during birth .... We don't always have explicit, conscious memory of our earliest experience, but the impact has shaped us and implicitly pervades our lives. Some part of us knows. (McCarty, 2002, p. 9)

## METHOD

### *Participants*

To locate participants for this study, initially I contacted by word of mouth several groups of students at Pacific Oaks College in Pasadena, California, and asked them whether they had been born by cesarean section. Eight students answered yes and were invited to participate in this study. The first four to volunteer were recruited. Each of the four participants was asked to complete a written questionnaire and a scheduled telephone interview to discuss the statements that the participant thought best applied to her experience.

### *Instrument*

The questionnaire used in this study (Appendix A) was based on Dr. William R. Emerson's (1997) questionnaire *The Evaluation of Obstetrical Trauma: A Questionnaire*. Forty questions in Emerson's questionnaire were selected and reformatted as first-person statements, and the participants were asked to mark all statements that apply to them. The statements concerned attitudes, behaviors, and other characteristics identified in the literature and by Emerson as potentially influenced by cesarean birth.

### *Interviews*

After the written surveys were returned, a telephone interview was scheduled with each participant. These interviews were audio taped and transcribed. Each interview began by asking the participant to "tell me about your birth." Then the participant was asked to discuss five or six of the statements on the questionnaire that seemed most significant for her. Finally, each was asked, "What are your thoughts about cesarean birth?"

*Data Analysis*

A master tally was designed and the statements selected by the participants were documented. Distinction was made between general statements selected and those which the participants considered most significant. The participants were given the option to select as many statements as applied.

**RESULTS**

Of the 40 statements on the questionnaire, 13 were selected by none of the participants. Of the remaining 27 statements, one participant selected 18, another selected 15, another 8, and another 6. The two participants who selected 18 or 15 statements were born by emergency c-section. The two who selected 8 or 6 statements were born by planned c-section without complications.

Three of the participants marked as significant the following items: (a) interruption, (b) having a strong motivation to achieve, and (c) offering help even when it is not requested. Two participants selected two matching answers on the survey: (a) childhood fantasies of being rescued and (b) having recurring dreams. Two participants considered each of the following statements significant: (a) "I can trust higher forces to direct me and/or assist me in my life," (b) "I like isolation and quiet," (c) "I change my heart and/or mind readily," and (d) "It is sometimes difficult for me to mobilize effort to start something."

The following sections report verbatim the answers each participant gave during their telephone interviews to the questions "Tell me about your birth" and "What are your thoughts about cesarean birth?"

*Elizabeth's Story*

Interviewer: Tell me about your birth.

Elizabeth: I have three older brothers, and my mother had a miscarriage before she became pregnant with me. I think the doctors were concerned that my mom might miscarry again, so they gave her a drug called diethylstilbestrol (DES), which was very popular in the '50s and '60s and was used to prevent miscarriage. She was ordered to bed in the second month of the pregnancy. My mom was extremely frustrated because she wanted to participate in family life, so she had

a lot of resentment about having to be bedridden. My due date was in early September, but on the third of July my mother started to bleed just a little bit, so her doctor admitted her to the hospital. Again my mother had a lot of resentment about being in the hospital on the fourth of July when her husband and sons were out enjoying the traditional fourth of July without her. I was born on July 10th. The night before, my mother started bleeding pretty badly. My mother didn't call anyone because she did not want to disturb them. Can you imagine that? Not wanting to disturb the nurses or the wonderful doctor! I am not sure if she called the nurse, or if they discovered her, but she was bleeding so badly that it was becoming an emergency. They called the doctor, and when he arrived he *berated* [interviewee's emphasis] my mother: "How could you have done this? How could you have waited so long? This baby may not make it, and we have no time to spare! How could you have done this!" They gave her anesthesia—I do not know what kind. But there was no time for it to take effect, and the doctor began the c-section while she was not completely anesthetized. To this day, when mom hears the gardener's clipping sound, it floods her memory with that experience of being cut open. (*sighing*) It was pretty traumatic. I was born via c-section two months early. I weighed two and a half pounds, which in 1956 was pretty tenuous. They placed me in an incubator immediately, and I was there for four to six weeks. My mom said it was a terrible feeling to have to leave the hospital without her baby. I'm sure it has played out in my character, and probably in the way I relate to people to some degree: being rather independent and closed off. I looked at the world as if I was alone in it. I was responsible for myself, and basically no one else was going to take care of me. I think that's mostly how it has played out. My mother and I never emotionally connected. I don't think we ever bonded because, as soon as I got home from the hospital, she handed me over to a baby nurse, which I think was the custom of people with means in the '50's. I had pretty severe colic when I arrived home from the hospital, causing my mother and the baby nurse a lot of stress and anxiety. That is the story that my mother tells. I can visualize what the experience was when my mom tells the story.

Interviewer: What are your thoughts about cesarean birth?

Elizabeth: I have some pretty strong thoughts about cesarean birth, having been a mother myself going through two pregnancies. The first one was very much by the book, and when I went into labor my water broke just as the textbook said. The doctor said, "Come on in," and I



spent about 12 hours in labor. I was in a birthing room with a woman doctor, which was what I wanted. At one point, she said: "Elizabeth, you have to deliver this baby now, or I'm going to have to give you a c-section. We are out of time here." Man, did I kick myself into high gear, and my daughter was born within 20 minutes. I so did not want a c-section birth, and that was probably my own innate, inner subconscious experience and some conscious knowledge of my mother's trauma. I grew up being the c-section, feeling separate and apart. The birth of my second daughter had a similar outcome. I showed up at the hospital, and the doctor said: "The baby is flipped the wrong way, she is facing down. I don't think you are going to be able to deliver this baby vaginally. I think we are going to have to do a c-section." It is rare that women can do this because there is too much risk involved, along with the tearing, and I said, "No way! This baby is coming now!" Again, I delivered the baby without the need for a c-section. I did suffer a terrific tear from vagina to rectum. Years afterwards, seeing my doctor, he would comment that this birth went on the record book for doing the impossible out of sheer determination and will: My child was going to be born vaginally!

### *Ellen's Story*

Interviewer: Tell me about your birth.

Ellen: I was a big fat healthy baby. My mom almost died from toxemia 13 months before I was born while giving birth to my sister. It was one of those situations where the doctors thought my mom was going to die. She was actually given her Last Rights, and the doctors thought they might be able to save the baby. The doctors told my mother not to get pregnant again, but since she was a good Catholic, 13 months later she was delivering me. I don't imagine they let her go into labor, and I'm sure as soon as it looked as if things were ready they just went in and took me. Back in those days, they didn't believe that a woman could actually deliver vaginally after having had a c-section. The nurses in the nursery gave me the nicknames of "Butterball" and "Tiger." [The interviewee stated this twice in the interview.] I was a big fat healthy baby, not a puny little thing like my sister. As far as I know, my birth was a perfectly normal one. I'm sure they used drugs, but I do not know what kind. I am not aware of any complications. I was just a big fat healthy baby. Because of the nurses' nicknames, I think obviously I was quite a happy healthy baby. I guess they gave me these nicknames because I was feisty and I weighed eight pounds something

that was a good sized baby. I was born on October 9, 1951.

Interviewer: What are your thoughts about cesarean birth?

Ellen: I had never thought about my birth until you brought it up. I guess I saw being born by cesarean as another way to get here. I see how there could be a difference with a cesarean birth because sometimes it is a medical emergency. The babies have to be put in incubators and have no immediate contact with their mothers. I guess these things could have some kind of an effect on us, even though we don't remember. I think the earliest memory I have is at age three or four, but that doesn't mean it did not have some kind of an impression on me just because I don't remember it. This is an interesting study and I think you have hit on an interesting topic. It will be interesting to see what kind of trends you see, if any at all. I find things about people interesting and I think the more you know about people the more you realize that we're all the same, but all so different. Back when I used to think about having children, I thought about having them naturally—vaginally—although the pain aspect didn't thrill me. I don't think I ever thought anyone would opt to have cesarean. I thought one only had cesarean if things didn't work out the other way or, like with myself, because they thought they had to. I just figured the only reason you would have a cesarean birth is if there was a medical reason for it. Not ever having been pregnant, I never had to consider the aspect of what would be best for the baby. Maybe I would have given it more thought. I'm the kind of person that doesn't think about things unless I have to. I would have thought cesarean would be a lot less trouble for the baby—not having to be squeezed out. When I look at a baby that has been born vaginally, they are all squeezed and wrinkled, and their head is out of shape. The baby having been born cesarean is all pink and healthy, and their head looks good because they have not been through that trauma. I would have thought that the baby would be happier being born cesarean. What is interesting with me is that I never would have thought this was something to know, and that's why I am so interested in the whole premise of the idea that caesarian birth could impact us throughout our lives. I guess it is a totally different experience for the kid, and I can see it is a totally different experience; but I would have never even thought that.

*Alice's Story*

Interviewer: Tell me about your birth.

Alice: I was born cesarean on August 27, 1979. My due date was the 14th of August, but I wasn't ready, so they changed the date of the surgery. They decided I needed to be born cesarean because my mom's tailbone was in the way and they thought that I would not be able to come out. My mom called the doctor when she was in labor, and the doctor told her it was not her due date, so she could not be in labor. But she kept insisting, "No, no, no! It's ready to come out, I can feel it." She was alone at home and decided to call an abortion clinic because she thought they knew all about birthing rights and could help her. She told them she was in labor but the doctor would not let her have her baby. Someone picked her up and took her to the hospital. When she got there, this person told the hospital, "This woman deserves to have her baby, and you can't refuse her." When the doctor arrived, he said to my mom, "You were right, you were in labor. I'm sorry." I've seen pictures of me in the little thing where they place the baby. I was five pounds nine ounces at birth. My mom told me I was such a small little thing that my head would fit in her hand and my feet would reach her elbow, and that is how she would carry me around. My parents had married in June, and by November my mom was pregnant with me. I think my dad would like to have waited, but they went ahead and had me because they were married. They were happy and as such were very good parents. I have pictures that show it. I don't remember all the stuff when I was younger, but you know they would spend a lot of time with me. Just after I was born, my mother had a full-time job during the day and was going to night school to get her master's degree. I spent a lot of time with people other than my parents because they worked a lot. I guess they were having financial difficulties because sometimes they would have to choose between buying diapers or milk. They had bought a house, and my dad worked two to three jobs, so he would be up and gone by four o'clock in the morning and wouldn't be home until late at night. My parents told me they spent a lot of quality time with me. From the pictures I can see this, even though I don't remember any of it. My mother tells me that it was "misery" and that she didn't want to go to school or go to work, she just wanted to be with me. I was their first child, and after me she had seven miscarriages before my brother arrived. I kind of felt a little bit like I put them through a lot of stuff. I know I didn't; they were the ones who decided to have sex and have a baby. It was my existence that

probably made it harder for them, although they would never say that. I don't think they were financially prepared because they were only married six months when she got pregnant with me. They were prepared emotionally, but they hadn't had married life for long. I know they don't regret it. They love me very much, and they loved me then too, but I'm sure things would have been different if they would have waited.

Interviewer: What are your thoughts about cesarean birth?

Alice: People have no choice but to do cesarean birth like my mother did. My brother was cesarean too because of my mother's tail bone. It was broken and cracked in the wrong place. I really have no thoughts, and sometimes I think I'm going to have cesarean births because I know my tail bone is broken too. I'm wondering if I'm going to have cesarean births. I know that my cousin, who just recently had a baby several months ago, had her baby cesarean, although it was not planned as the baby was breech. So she had to have the cesarean birth at the last minute. I know that sometimes it's a choice and sometimes it's not. The ones that I've heard of where it's not a choice, but you have to do it if you want the baby to survive. If you compare it to natural birth—except for afterwards, the pain and the cutting up—I guess it is relatively painless. You don't feel the pain of the baby coming out of your vagina, so it seems like it would be a nicer choice. I know a lot of people who have had it the natural way say it's worth it the natural way because you feel more connected, maybe, to your child—although my mom would strongly go against it because she feels very connected to me, and I am connected to her. But we worked really hard at it; so every minute that she had she spent with me. Whatever spare moment she had was spent with me and she made up for it in a lot of different ways. She said she played with me, but I don't remember her playing with me. In fact, I really don't remember my life too much before my brother was born. I remember everything after my brother was born. I have very distinct memories when I look at the pictures. I remember—but I really don't know if I do or if I have conjured up an image. I have a picture at age three or four of me on my mom's back, and we are on the lawn in the back yard of the house. We are playing, and we're happy. And there is a picture of me and my dad, and we are playing too. I don't remember the actual moment, but I do remember the back yard and I do remember the house. I spent a lot of time there. I remember my brother coming home, and holding him in my lap; and I have that picture and I remember that moment. I really recall my life

after he was born.

*Mary's Story*

Interviewer: Tell me about your birth.

Mary: All I know is that I was born cesarean. I don't remember asking my mom too much about it. All I know is she had trouble with my brother. She had lost him at birth, so she had to have me cesarean. His cord was around his neck, and she had a hard time during the delivery. When I came along five years later, they decided to do cesarean. My mother and dad wanted to have a child for the longest time, and then I came along. They didn't have any more children because she had a hard time holding the babies. When I use the term she couldn't "hold" them that was the term my mother used. I assumed it meant that she had lost another one before my brother. She said she couldn't hold them and was not able to carry a baby through the nine months. I was a wanted baby; I was the only one she could hold on to. She held on to me throughout my life. She was afraid to let go of me, and we were always very close. I remember vividly when she was in the hospital after she had a heart attack. As they were taking her off for some tests, she was calling out my name. She was semi-conscious but making sure I was there. I remember my mother saying I slept and was a good eater. There was a lot of fuss around me because I was the new baby at the time. I had many older cousins so everyone always crowded around me because I was such a happy baby. I guess they used the mask and gassed my mom, so she was completely out. I was born on March 7, 1946 weighing six pounds nine ounces. Nobody mentioned there being any complications. I have no idea how they decided the delivery date.

Interviewer: What are your thoughts about cesarean birth?

Mary: I don't know; that's really a hard question. I had never really thought about it. I guess I would have to say that if someone is born cesarean, I feel that they would be fine. For me it's fine if you have to have cesarean. I think there still can be closeness between mother and child even though they don't go through that birth canal. I think there are a lot of cesareans born these days for different reasons. My daughters were not cesarean. The first one was normal. Labor was 12 hours, so it was long; I was very tired. I was afraid if everything would be OK. I was concerned about what they were going to give me and if

I could handle the pain. I was tense, so I had a lot of labor. My first daughter weighed seven pounds two ounces. I was nauseated for almost the whole nine months with both of my daughters. During the second pregnancy, I took a pill for nausea because I could not hold anything down. I can't remember the name of it. With my second daughter I also had a long labor, but there were no complications at birth. I didn't notice until I brought her home that she was born with her thumb on her right hand not developed and it was very tiny. It didn't look like a thumb, it looked like a regular finger, a pointer finger. And then her chest was indented, and so naturally one shoulder was higher than the other. They gave her a test and claimed that maybe that pill was responsible for her little thumb. The doctor said there were other women that took this pill, and their children were born with the same symptoms. Other than that, she is fine. With both births I did not have complications, and they were both delivered vaginally. I have a child in my class whose mother just had a baby by cesarean surgery. You know that I'm going to ask to see how she feels because her three other children she had vaginally. I'm going to ask her.

### **ANALYSIS AND DISCUSSION**

Initially, for all the women there was no indication of conscious recollection of birth; rather they relied on the stories of others to describe the experience. However, as Verny and Kelly (1981) said, "Our inability to remember specific events or situations does not mean those experiences and the feelings that color them have been irretrievably lost. Even deeply buried memories remain emotionally resonant" (p. 186). There are indications that the birth experience is retained at an implicit level: "We don't always have explicit, conscious memory of our earliest experience, but the impact has shaped us and implicitly pervades our lives. Some part of us knows" (McCarty, 2002, p. 9)

Each participant, after considering her current behavior and attitudes in the light of her birth story, began to see that there may be a connection between her birth and her adult behavior. Each said she had never thought about her birth as having connection to her adult behavior, yet each recognized birth as an important, physically challenging, and often traumatic event. As McCarty (2002) said, "Our earliest experiences are embedded in our being and act as a natural filter of our perceptions and interpretations of situations, people, and even sense of self" (p. 9).

After the interviews were completed, the questionnaires and interviews were reviewed to identify any themes and potentially

meaningful connections between the participants' life patterns and birth experiences. Three main themes emerged: (a) interruption, (b) motivation to achieve, and (c) offering help even when it is not requested. These themes are congruent with themes reported in the literature as being associated with cesarean birth experiences. In addition, two of the participants reported having recurring dreams.

### *Interruption*

The pattern of interruption came up for all four women in one form or another. This pattern is often seen in persons born by cesarean surgery. C-section babies exhibit symptoms that sometimes mirror what happens during labor and birth (Emerson, 2001), which suggests that the abrupt nature of the surgery can be perceived by the baby as an intrusion.

### *Motivation to Achieve*

The motivation to achieve surfaced for three of the women. This achievement theme may be a way for these women to compensate for not successfully initiating or being an active participant in their births. Similarly, Emerson (1998) talked about recapitulation styles, in which one might choose to confront behaviors to resolve them.

### *Offering Help Even When It Is Not Requested*

Another remarkable theme for three of the women was that of offering help even when it is not requested. The literature suggests this has some connection to being born cesarean if the baby perceives the intervention as a way of helping the baby to enter the world. English (1994) identified what may be a related pattern of some cesarean-born persons: trusting that help will always be there without one having to ask for it.

### *Dream Themes*

Two of the participants reported experiencing recurring dreams. One of them dreamed of being chased by someone and being saved by another person. Emerson (2001) noted that a small percentage of adults who had difficulty during birth report that the cesarean procedure was a relief; these same adults also report having fantasies of rescue during childhood daydreams and having nocturnal dreams of wishing someone would save them. For the other participant who reported a recurring dream, the dream was of being chased in slow

motion and of barely being able to escape. She stated that when she gained control in her life as an adolescent, she stopped having this dream.

### *Other Items*

The two participants whose c-section births were planned selected the statement "I can trust higher forces to direct me and/or assist me in my life." This result supports an observation of Emerson, who stated that "those born by planned cesarean without complications tend to trust in higher power or forces and appear more able to believe" (personal communication, April 5, 2007).

### *Implications*

This phenomenological study provides qualitative narratives drawn from the lives of four women born by cesarean section. Because of the small sample size, the findings cannot be generalized, yet they are of value in being considered along with other works cited in the literature concerning specific themes and behaviors that may be part of the legacy of being born via cesarean surgery.

The potential long-term ramifications of a baby's experience at birth have not been clearly identified or appreciated in traditional views of early development. The current study's findings, along with clinical findings from pre- and perinatal psychology, suggest that birth is remembered at an implicit level throughout the life span. Because one cannot consciously recall birth does not mean that birth does not have significant longitudinal influences on one's life. The experience of birth is unique to every one of us. This study suggests that those born by cesarean section carry the influences and "stories" of this surgery throughout their lives.

Babies born by cesarean section now are over 30% of the population being born in the United States. Cesarean surgeries are being provided more frequently on an elective basis. It is therefore important that parents and parents-to-be have information concerning this birth method's potential lifelong influences, such as the ones reported in this study, so that they can make informed decisions based on the needs of mother and baby.



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## STUDY QUESTIONNAIRE

Please respond to the following statements by marking any that seem to apply to you.

1. I sometimes notice that others interrupt me.
2. I interrupt others from time to time.
3. I feel, in a subtle way, that others can rob me of my power.
4. When I am going good at something, I seem to run into unforeseen interruptions.
5. Things seem to be more of a struggle than they should be.
6. Things seem to come very easy to me.
7. I find it difficult to be corrected.

8. I find it difficult to be told what to do.
9. I seem to get stuck very often.
10. I have or have had significant pain in my neck.
11. I enjoy being the one in charge.
12. I get pleasure from imposing my point of view on others, or out of winning an argument.
13. I change my heart and/or mind readily.
14. Others change their hearts and / or minds around me.
15. When others offer help I have difficulty accepting it.
16. Help sometimes seem like opposition.
17. I am fiercely independent.
18. When I was a child I had fantasies about being rescued.
19. When I was a child I had fantasies of rescuing others.
20. I seek pressure to function.
21. It is easy for me to find the simplest way of doing things.
22. It is sometimes difficult for me to mobilize effort to start something.
23. When I do get started I find that I need help to get through.
24. I sometimes believe that I have got it too easy.
25. I sometimes offer help even when it is not requested.
26. I have trouble claiming my space.
27. I have or had a strong motivation to achieve.
28. I have or have had fears of our country being invaded, or strong feeling that we should invade another country.
29. I feel undeserving of what I have.
30. I can trust higher forces to direct me and/or assist me in my life.
31. I long for protection and safety.
32. I am disappointed that others have not protected me enough.
33. I like isolation and quiet.
34. I anticipate or fear emergencies in life.
35. I initiate sudden or drastic changes as a way of dealing with stress or conflicts.
36. When I was a child I said, "I can't" a lot.
37. I sometimes believe that I cannot do things right.
38. I resent others making suggestions to me about how to do things.
39. I find it difficult to complete tasks on my own.
40. I have or had recurring dreams.

Note. This questionnaire was developed using Dr. William Emerson's (1997) *The Evaluation of Obstetrical Trauma: A Questionnaire*.