

## Babies Remember Birth: A Synopsis\*

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**Abstract:** None available.

**Full Text:** What do you see when you look at a newborn baby bright-eyed, gazing straight at you? Is there really a person there? Silently frowning or beet-red with rage, can this baby think and feel? For its small size, a newborn makes a powerful, compelling noise, but is it actually saying anything? For centuries, infants have been separated from the rest of us by a veil of ignorance. Common wisdom about babies was based on the obvious limitations of their size, weight, and muscle power. Twentieth-century science has held that infant cries were only "random sounds," their smiles only "gas," and their expressions of pain simply "reflexes." In the last twenty-five years, however, research on the newborn has flourished. An unprecedented combination of interest in infants, investment of large sums of public and private money, and innovative methods of study has resulted in new information, much of it surprising. One of the exciting aspects of this new knowledge is the verification of more sophisticated infant abilities at earlier ages than previously imagined. Timetables estimating the ages at which vision, eye-hand coordination, imitation, and many other talents are expected to appear have been set closer and closer to birth. Many abilities are innate and adult-like, surprising investigators and ruining theories. A fundamental rule of developmental psychology-that all complex behaviors must start as simple behaviors and develop gradually-has become obsolete. Surprisingly, many behaviors start out complex (breathing, nursing, instant coordination of the senses, discriminative listening and learning). Perhaps the last big scientific barrier to full recognition of infants as persons will fall with widespread acceptance of parents and professionals that babies are aware and can actually remember details as well as their feelings at the time of their births. Skeptical parents sometimes come to accept birth memories when they hear their twoyear-olds spontaneously talking about them. Some people need no convincing because they have discovered their own birth memories by one method or another, perhaps under hypnosis or in some other type of breakthrough in therapy. Probably thousands of adults have deliberately encountered their own birth or prebirth memories with help from a "rebirther," a "primal" therapist, or a Dianetics "auditor." A smaller number have stumbled upon birth memories while in some altered state of consciousness: a psychedelic state, dream, or fantasy, or during meditation. A few adults claim they have always remembered parts of their births, although they have been shy about saying so for fear of ridicule. As the climate of acceptance for birth memories warms up, more of these adults are coming forward. Even those who have no firsthand experience with the phenomenon of birth memory may find it easier to accept once they understand that newborns are good at learning and that learning and memory go hand in hand. Nowhere are the minds of babies more surprisingly revealed than in the birth memories they recall as adults. These time capsules contain striking evidence of personality and the ability to think. They also indicate the sensitivity of newborns to the often insensitive birth process. For many years therapists have believed that traumas suffered at birth will continue to plague a person throughout life until those traumas are understood and resolved. But descriptions people have given of what happened during and immediately after their births have generally been characterized as fantasies unconsciously concocted to try to explain their problems. However, my work as a psychologist has convinced me that, in many cases at least, these memories are real, and that they reveal a thinking process far more mature than we ever thought babies capable of. I discovered this phenomenon in the course of using hypnosis to explore the origins of my clients' problems. In hypnotherapy, a therapist suggests to the client who has been hypnotized that he or she go back to the time at which the client first felt a particular fear, for example, or first developed an attitude or response associated with present suffering. The client may talk about being three years old, or five, or ten; one doesn't know in advance

what age it's going to be. But I was surprised to find that people could immediately go back to their births and start talking about them. It surprised them, too. They would say things like, "I don't know how anybody could know this but . . ." or "This sounds crazy but . . ." And I heard such things often enough that I got in the habit of saying, "Just go ahead and tell me what you're remembering, and we'll talk about it later." My clients kept telling me, in considerable detail, what had happened to them at birth, including the ideas they had had as babies. I was even more surprised to find a distinct maturity in their "baby" thoughts. They spoke with authority. Their characters did not appear to be age-related or developmental in any simple sense; they were there from the start. Touched by these reports, I began (with permission) to record and analyze them. Ultimately, hundreds were recorded, transcribed, and scrutinized. By 1980 I figured out a method that helped to verify that the memories were reliable: comparing the memories obtained in hypnosis of mother and child pairs. In recounting their birth memories, "babies," now grown up, have told me what they experienced during labor, how they were treated by nurses and doctors, and what their parents said and did. Such memories may trouble parents and stir up controversy among scientists because they cannot be explained within the limited framework of present scientific thinking. Narrative moment-by-moment birth reports are still rare, although many people are quite capable of having them. (Studies show that memory is facilitated when the remembered event contains strong images, emotions, sensations, or meaning.) These rather amazing stories have all the advantages of mature language, because the babies have grown up. They reveal lucid thoughts and deep feelings going on at the time of birth. Since the first of these birth memories was shared with me in 1975, I have listened to both inspiring and depressing reports. Perhaps because I am a psychologist and people generally come to me because of their suffering, I repeatedly have been confronted by the hidden wounds left by hostile words, outbursts of emotion, or worrisome questions raised at birth. I hasten to assure you that not all babies are born with psychological problems. Babies who are welcomed at conception, prepared for during pregnancy, and gently birthed into loving hands begin life positively. They look out at the world with immense interest and curiosity, act as if they feel safe, and make a solid connection with their parents. Birth memories deserve closer attention because what we learn from them can change how we live our lives, how we approach parenthood, conception, pregnancy, and childbirth, and how we educate each other. Some birth memories violate cherished scientific beliefs and parental expectations. But if we listen carefully, they may tell us much about the difference between brain and mind, about the nasty consequences of birth trauma, and, perhaps most important of all, about new dimensions of human consciousness. Remembering birth may be a special feature of life in the twentieth century. If the people of antiquity remembered their own births, little evidence of it can be found. It seems that birth memories, if they did exist, went unrecorded, were kept private, or were dismissed as incredible, as they frequently are today. It was in the late nineteenth century, when physicians were learning the advantages of putting people into a sleep-like trance and making "suggestions" for medical improvement, that a few doctors made the same surprising discovery. Some of their subjects, in a trance, could regress in memory to earlier and earlier times, even to birth and life in the womb. Experiments in Paris and New York left tantalizing hints but no verbatim accounts. The very idea seemed so farfetched, it received little scientific attention. Such hypnotic explorations of birth consciousness remained little more than a parlor game until the middle of the twentieth century. However, the idea of birth memories was kept alive by a handful of therapists, most of them psychoanalysts and disciples of Freud. With strong convictions about the influence of early life experiences on the development of psychological problems, these therapists sometimes discovered in their clients dream images and behavior patterns that seemed related to birth. Freud speculated that traumatic birth could be the prototype for outbreaks of fears, compulsions, and anxieties later in life. While not suggesting that all births are traumatic, he acknowledged that there was always some risk of birth becoming so. Freud stopped short of believing that there could be a real self or mental life active at birth, however, so when his patients had any type of birth memory he considered it a fantasy constructed by the mind at a later time. This view was adopted generally by psychoanalysts and has changed little in the years since then. Another visionary therapist who saw

links between birth and many life problems was Otto Rank, a friend and early associate of Freud. Rank went far beyond Freud (much too far, Freud thought) in his belief that virtually all psychological problems, if not all human behavior, could be understood as reactions to trauma at birth. At mid-century, an innovative American analyst, Nandor Fodor, described many examples of adult memory flashes, dreams, or symptoms apparently linked with birth. Birth events seemed to keep showing up in his patients' symptoms. For example, one man, born on the Fourth of July and subjected to a bedlam of loud sounds in the first twentyfour hours of his life, developed an abnormal fear of firecrackers. Another, born at home near railroad tracks, was hypersensitive to train whistles. One had painful reactions to bright lights, apparently related to an operation on his skull at birth. Another person, born in a cold environment, complained of being chronically cold. When Fodor's clients made the connection between their symptoms and birth trauma, therapy was successful. Along with Rank, Fodor viewed birth as an agonizing ordeal for the baby, a transition he compared to dying. He believed birth was so traumatic that we all develop a protective amnesia about it. The real memory is preserved in the unconscious mind, he believed, and emerges in dreams and behavior. By 1950, L. Ron Hubbard, the controversial founder of the Church of Scientology, had developed a method of lay counseling (called auditing) that, among other things, appeared to uncover birth memories. His handbook of techniques for "auditors" described a method of tracing symptoms back to their origins, some of which were at birth or in the womb. A significant breakthrough came in 1970, when psychologist Arthur Janov published the first of his books on primal therapy. Like Rank, Janov believed that early psychological hurts in life (primal pain) were the foundation of most mental problems. In his therapy, Janov worked to evoke that primal pain until it was fully felt and slowly integrated by the patient. Birth pain was given special priority because it was considered the most devastating, required the most time to treat, and when completely treated showed the highest correlation with therapeutic success. A method that had been introduced by psychologist Leslie LeCron in 1953 led to additional revelations about the connection between birth and later illness. LeCron had found that clients, usually in a light trance, would respond unconsciously to questions about their condition with signals from their fingers, representing "yes," "no," and "I don't want to answer." The special usefulness of this method, particularly as it was used in experiments of obstetrician David Cheek in the 1970's, is that information can be obtained indirectly, quickly and with a minimum of emotional upset. In contrast to Janov's method, which gives priority to feelings, LeCron's method gives priority to information. Cheek used the finger signaling technique to relate, for instance, gastrointestinal problems to a person's not having been breast-fed, or migraine headaches to one's having been delivered by forceps. While engaging in a very different type of therapy-experimental use of the drug LSD-psychiatrist Stanislav Grof found his clients constantly returning to aspects of their birth experience. As a result, Grof developed the conviction that labor and delivery exerted a profound and lasting effect on personality. Since his pioneering work with LSD, Grof has developed a system of "holotropic" therapy, in which, he claims, memories of childhood, birth, and before birth are evoked without drugs through the use of a variety of sounds, music, and movements. In 1977, another important lay movement, "rebirthing," began with the book, *Rebirthing in the New Age*, by Leonard Orr and Sondra Ray. In this system, breathing is the method used to evoke traumatic moments of the past, including birth. Breathing and repeated positive affirmations then are used to try to resolve these traumas. For example, the sort of affirmation to be used by someone who was the "wrong" sex (as far as his or her parents were concerned) might be: "My sex is right for me," or "Thank God I am a man/woman." Rebirthers share with Grof and Janov the idea that virtually all birth is psychologically traumatic and can create lifelong patterns. Rebirthers also believe that important patterns of thought are created at conception and during pregnancy as well as at birth. Scattered somewhere in this territory they expect to find evidence of the first negative views of self, which afterward operate as "personal laws"for example, "I can never get what I want when I want it." These negative ideas could serve to restrict behavior and have a pervasive influence. One of the main purposes of rebirthing is to neutralize such conditioning. Impressions that arise during rebirthing sessions are often hard to put into words. As is the case in other feeling-oriented therapies, a verbal description of birth is not the real

concern. However, using hypnotic memory techniques, I have heard not just vague impressions but hundreds of cogent, detailed accounts of birth experiences. As I observed earlier, these rather amazing stories reveal lucid thought processes and deep feelings that apparently were going on in the infants at the time of birth. In content these memories vary, as all personal stories do, yet they eloquently express many common feelings and concerns. These witnesses tell the inside story of things hidden from view before delivery. They also tell the outside story of events in the delivery room and hospital nursery that can be verified by parents, nurses, and doctors. Of course, you can't help wondering whether birth memories are real. Two questions are at issue: Are the memories what they seem to be (real and valid memories)? Are they reliable in the information they contain? Although absolute proof may not be possible at this stage of our knowledge, research I have conducted with ten pairs of mothers and grown children indicates that birth memories are real and reasonably reliable. For research purposes, each person had to be capable of hypermnesia (unusually vivid and complete memory), and the children had to be old enough to speak easily about many details of birth. Mothers had to assure me that they had never discussed details of the child's birth with the child, and the children had to have no conscious birth memories. The children who qualified for this study ranged in age from nine to twenty-three; most were in their mid-teens. Mothers were from thirty-two to forty-six at the time of this work. Taking them in random order, I hypnotized them to whatever degree was necessary to achieve ease in memory. To hold fantasy to a minimum, interrogation in hypnosis was conservative, avoiding leading questions and allowing subjects to speak freely. Reports were usually completed in a single session of one to four hours. Sessions of mother and child were held at different times, recorded on audiotape, transcribed, and compared. The mothers' memories of the birth experience, in hypnosis, were presumed to be generally reliable. By placing the child's birth memories beside the mother's I hoped to see how well they matched. If birth memories were only fantasies, as some contend, then the child's version would be likely to contradict the mother's report. If the child's birth memories were valid and accurate, they would echo the mother's at many points. I found that mother and child reports were coherent with each other, contained many facts that were consistent and connected, and were appropriately similar in setting, characters, and sequences. The independent narratives dovetailed at many points, like one story told from two points of view. In some cases, matching was uncanny. Generally, reports validated each other in many details, such as time of day, locale, persons present, instruments used (suction, forceps, incubator), and type of delivery (feet or head first). Sequences of receiving bottled water, formula, or breast milk, appearance and disappearance of fathers, and moving in and out of different rooms were often consistent. Serious contradictions were rare. Two daughters gave accurate descriptions of their mothers' hair styles at the time. One mother described herself as "drunk" and distorted by anesthetics during the birth; her child said, "My mother was not all there ... doesn't seem awake or have her eyes open." A boy whose mother reported that he was placed in a bassinet with plastic sides complained about "the shiny plastic or glass walls around me. Things look blurry, distorted." There were various kinds of errors, small and large, in these narratives. For example, a mother said the birthplace was Bloomington, the child said Wilmington; a mother said the baby was wrapped with cotton, the child said paper. An aunt was mistaken for a grandmother, a father mistaken for a doctor (at the time this baby's father was an intern). Some events matched but were out of order. Omissions—things remembered by one but not by the other—were intriguing. One mother confessed to making a nasty remark about the baby, but the child did not report it. Is this omission an error, an act of mercy, or a memory so deeply buried it needs more uncovering? Serious contradictions between the reports of mother and child were rare but did happen. For instance, one child associated breastfeeding with the delivery room, while the mother complained that this moment had been delayed by the hospital staff for a full twelve hours. Another child reported breastfeeding while her father was in the hospital room. She even described his clothing, glasses, and hair and said, "Mother lets him hold me." However, the mother said fathers were not allowed in the rooms during feeding. The strongest evidence of fantasy in all the reports can be seen in the contradictions found in one pair. According to the child, her father's participation was traditional and

normal, whereas her mother stated he was schizophrenic and not part of the scene. A favorite set of grandparents was also included in the child's narrative, although in reality they were three thousand miles away. But aside from these glaring contradictions, apparently representing fantasies on the child's part, the mother and child agreed on thirteen points. This is important. It means that fantasy can happen but may not affect the report as a whole. Babies do not remember everything with equal certainty and force, and details are not always clear. For example, one child remembered leaving the delivery room: "I'm getting two things but they are different. The nurse carried me out. Then I'm in one of those little things they roll around. Maybe she carried me to the door." The mother's report simply said that they left the room together. All of the above could be true. We are dealing here with the inadequacy of verbal memory. Taking these reports as a whole, they appear to be coherent, overlapping, and generally accurate. Flaws are apparent but seem more the exception than the rule, underscoring the natural limitations of human memory. Reports can be mainly valid yet contain some errors. Some mistakes in memory are probably misperceptions to begin with (one baby thought he saw his doctor/father; it was really some other doctor). A memory mistake could also represent wishful thinking (wanting grandparents there or creative fabrication to fill out a memory that is spotty). Or the unconscious mind might fabricate in order to hide or to heal some painful aspect of the original situation (a mentally ill father). But explaining accuracies is probably more important than explaining errors. Three theories regularly are advanced to explain birth memories. Some suspect that child memories are the mother's memories in disguise, passed on to the child at unguarded and forgotten moments throughout childhood. This theory is plausible but not consistent with what the memories contain: things not seen or known by the mother in the first place, or things she would not want to tell. Occasionally a child's memory, rather than the mother's, is verified as the correct one. Also, the words used are usually not the technical words preferred by adults. A second common theory is that birth memories are fantasy quilts made up of bits and pieces of information gathered and sewn together long after birth. Such fantasy productions surely would be more stereotyped and predictable than the birth stories I have heard. In my ten pairs, fantasy was easily spotted and was rare. This theory cannot explain why there were realities common to both reports. Finally, some believe that babies do not understand what is said at birth until they learn language, and thus see birth trauma as retrospective. This theory of delayed effect disregards the evidence of meaningful communication at birth. In every other respect, life seems to be progressive, not retroactive. Babies spanked now do not react later. The evidence of skillful communication at birth does not suggest an intellectual delay. Considering all the facts, objectively gathered birth memories appear to be genuine recollections of experience. The birth memories of my ten pairs certainly seem to be real memories, not fantasies, personal memories, not mother-memories; they are more often true than false. Within reasonable limits, these memories are a reliable guide to what happened at birth. For some newborns, the first encounter with mother, father, siblings, and other relatives is perilous. The environment in which they find themselves spawns fear, anger, depression, or shame. Even inside the womb, babies can sense the rumble of family warfare. Outside, they must learn to cope with unhappy parents, antagonistic relatives, jealous siblings, and frustrated medical personnel. As a psychologist who helps people find the source of what is bothering them, I often have witnessed the long-term damage that comes from shortsighted remarks made at birth. While remarks made at any time need to be taken in a larger context, the words said at one's birth seem to be unusually potent. Critical statements that might be brushed off easily at some other time in life seem to hit sometimes like thunderbolts and be engraved in the mind. The result can be sickness and suffering requiring treatment many years later. The following examples of birth memories told to me demonstrate the kinds of harm that I believe can be caused by various forms of rejection at birth. Shirley, for example, is rejected because she isn't the "right" sex—a complaint a number of patients have shared with me. The rejection faced by David is one step worse: not being wanted at all. As a result, each feels deprived and sad. Had their mothers realized how astute the newborns were, they might have been motivated to give their babies a better start in life. SHIRLEY Shirley: She wanted a boy. That's the first place she looked. She wanted to know if I was a boy or girl. She

wanted a boy; she's crying. She just didn't want to hold me. A man came in; he held me. He's smiling; he seems happy. She didn't want me by her on the bed. He starts laying me down. She said "no," and he put me in a crib. [She said] "No ... I don't want her here." I feel hurt. And I'm hungry. He got angry at her, left the room and slammed the door. She cried and cried. I felt sorry for her. I'm hungry; I start crying. The man came back with another lady ... She had milk and fed me; she nursed me. I felt warm and snugly. She fed me lots of times ... She put me back in the crib and I'd sleep. DAVID The atmosphere was strained and silent at David's birth-more like a funeral, he said later, very businesslike. He was placed for adoption at birth. No one was happy to see him. David: A man's got me by my leg; he's got his hand around my ankle. Somebody said, "Ks a boy" . . . Behind the doctor is a man who has on a business suit and a hospital gown over the top of it, a face mask, and cap. It's very quiet. There's no joy in this room. I feel like nobody's happy to see me. The doctor held me by the feet with one hand. It felt good when he put an arm under me to lay me down. It felt like the first indication that someone cared. My face is being wiped. Now he's checking me over, stuck a finger in my mouth . . . The whole room is very silent, like there is death in the room. I don't like anything I'd expect a delivery room to be. I thought that everybody would be very pleasant and happy. Instead it's all businesslike. And there's no feeling of happiness in that room at all. JACKIE AND FAYE On arrival, some babies find themselves on a family battlefield where the outcome is far from certain. In Jackie's family, the hostility comes from the father, who is yelling about the cost of the birth. In Faye's family, it's her sisters who are dangerous. Jackie: They brought me in to my mother and she put my clothes on. She got to hold me. My grandmother came and then we went outside. It was cold. They had me all in blankets. Then my dad was there. I didn't know what was happening. My dad was mad about the money and the stereo. He said he didn't have enough money for more babies. Why did she have another baby! They couldn't afford it. He didn't want me. I was confused. He was yelling. It scared me. My mother was holding me real tight. He said he didn't have enough money. He had to hock the 1 stereo for my mom to get out of the hospital. Faye: I find this hard to believe! It feels like I'm coming home from the hospital in my mother's arms. I'm downstairs in our apartment in my grandparents' house. I came home from the hospital in a car. I had just come in the door and my sisters came and looked at me. They said, "Oh! ick! All red and wrinkly. We don't want it." From the beginning I don't feel welcomed. I feel like an intruder. (I can't ever remember not feeling this way) ... Now I'm in a crib and my sisters are leaning over, telling me that they don't want me and I have no right to be here, and that I messed up their whole lives! Birth, a transition time of marvelous complexity, presents all participants with opportunities for fear. Fear in parents or professionals can easily spread to the baby. Thelma was disturbed by a conversation between doctors and nurses. She had a problem breathing at birth, and she overheard them saying they were afraid they might "lose her." From this, she decided it was dangerous to be alone. Thirty years later, when she came to me for psychotherapy, this fear was still with her. THELMA Thelma: I'm sick. I hurt [in] my chest; I can't breathe good. Just lying there [alone]. I'm scared. I had pneumonia. There's a nurse. I'm all tight. She's looking down at me; she's touching my head. I feel better; I relax . . . [They say] I'm sick and they're worried. Got to watch it, make sure it doesn't get worse. They're going to leave somebody there. They could lose me. That's what they said. I'm scared. I don't want to go. I haven't been here very long. I'm little. When parents are told that babies can remember their births, I see them slipping into a trance-like state, contemplating events of the past. As they reflect on birth and family relationships, they are faced with a startling new possibility: that their child had feelings and cognitive faculties from the beginning and might have been affected in a negative way by what was said and done at birth. But parental guilt is not the answer. We have never had as full and as factual a knowledge of newborns as we have now. We have all been affected by the prevailing myth that an infant's brain is too poor to permit real feelings, real thinking, and real memories. In just a few generations, birth moved from the home to the hospital, from a family experience to a professional experience, and from the jurisdiction of women to that of men. The result was machine-age birth, with its overuse of chemicals, painful procedures, and traumatic separations. The loss of natural birth and home birth may have had an impact on society-in terms of depersonalization, violence, and

child abuse. Perhaps the first thing we should do with our new knowledge is to admit that we have made a lot of mistakes and vow not to go on making the same ones over and over. Birth memories can awaken us to "baby power." Newborns are whole, possessing body, mind, and spirit. Surprisingly, they are ready from the beginning to communicate with us and relate to us as human beings. By listening to stories of birth we may discover not only who the babies are but who we are. Newborns are us, disguised in tiny bodies. Birth memories, along with near-death experiences, past-life memories, and other altered states, may help carry us into a new age of consciousness. With the widespread use of therapeutic approaches such as hypnosis, meditation, breathing techniques, flotation tanks, and even psychedelics, more and more birth memories are coming up, enabling increasing numbers of us to see that human consciousness is something that exists at all times-before, during, and after birth. Footnote \* This synopsis was published in New Age Journal, November-December, 1988. The book is now available in a revised and updated 3rd edition with a new title, The Mind of Your Newborn Baby (Berkeley, CA: North Atlantic Books). AuthorAffiliation David B. Chamberlain, Ph.D.

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