

Comparison of Impressive Caesura in Two Models of Delivery: Cesarean Versus Vaginal

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Abstract: Because cesarean section delivery has significantly increased in recent decades, it raises questions about the differences between the mode of delivery — vaginal delivery versus unplanned and planned cesarean section delivery — and its influence on parental behavior and infant well-being. Many prenatal researchers and infant therapists consider cesarean section to be traumatic, physically and psychologically, for both the mother and the newborn, with implications for the individual's life as an infant, as a child, and as an adult.

This paper focuses on the deprivation in duration and continuity and the all-or-nothing quality of the physical and psychological stimulation associated with cesarean section delivery and the possible influence of this procedure over a person's life span.

The theoretical basis for this discussion is Bion's "caesura" model drawing on a statement by Freud, "Continuity exists between life prior to birth and following birth even though there is an impressive 'caesura' between them." Freud developed the idea of a connection between postnatal thought, emotional life and prenatal experience. The birth process and the caesura itself are the most dramatic and sharp separations in human life.

Keywords: cesarean section delivery, vaginal delivery, caesura

Research and clinical findings from pre-and perinatal psychology suggest that birth is remembered at an implicit level through the lifespan. In the past cesarean birth was considered an easy, painless, and safe way of being born that has advantages for both mother and baby. More recently, many researchers and infant therapists have come to consider cesarean section delivery a traumatic experience for the baby and the mother with long-term consequences for the child and for his life as an adult (English, 1985, 1993, 2000, 2017).

Cesarean section delivery rates have risen worldwide. The growing cesarean birth rate has been accepted by clinical medical practice in conjunction with non-medical, cultural, psychosocial, and socioeconomic factors, such as the increasing average age at which women have their

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first baby, IVF reproduction techniques, the desire for an easy and comfortable way of giving birth, and protecting doctors from lawsuits (Lobel & Deluca, 2007; Shapira, 2017).

The psychological implications of cesarean section delivery include the effect on the mother-infant relationship, the incidence of postpartum maternal depression, and the fact that the first body contact between mother and baby after birth is generally delayed for several hours (Clement, 2001). Furthermore, undergoing a cesarean does not trigger the release of the hormone oxytocin, which plays a key role in shaping maternal attachment behavior, thereby affecting the bonding process and the breastfeeding experience.

Because cesarean section delivery has significantly increased in recent decades, it raises questions about the differences between the mode of delivery — vaginal delivery versus unplanned and planned cesarean section delivery — and its influence on parental behavior and infant well-being. Could differences in the birth mode influence the mother, the newborn's responsiveness, and the mother-infant relationship, any or all of which may have long-term consequences?

Many prenatal researchers and infant therapists consider a cesarean section to be traumatic, physically and psychologically, for both the mother and the newborn, with implications for his life as an infant, a child, and an adult (English 1993, Odent, 2006). We need to bear in mind that the timing of the cesarean section delivery is not biologically programmed by the mother and the fetus, but often it is determined in accordance with the needs of the medical staff.

Cesarean deliveries can have powerful psychological effects on the mother and her ability to adjust to motherhood, and can lead to emotional scars. Studies of women who have had cesarean sections reveal a picture of disappointment, distress, and dissatisfaction with this mode of delivery (Walsh, 2009). Women who delivered by cesarean section are more likely to report little or no control over most aspects of the birth and what the medical staff was doing to them. Compared with women delivering vaginally, women undergoing cesarean sections experience more pain after childbirth, longer and more difficult postpartum recovery, a greater likelihood of obstetric complications and surgical delivery in subsequent pregnancies, and more difficulty conceiving after the cesarean. Women who delivered by cesarean section were also more likely to report a loss of the optimal birthing experience, powerlessness and lack of control, and the feeling that they had undergone a terrible or traumatic experience (Kendall-Tackett, 2004).

Often, women who have had a cesarean delivery may not be given the opportunity to hold their babies immediately after birth. They also tend to evaluate their children less favorably than mothers delivering

vaginally, both in the hospital and at home postpartum. They are less likely to breastfeed and do so for a shorter duration. This may occur because the surgical delivery delays onset of lactation and the initiation of breastfeeding. Women delivering surgically have also been shown to provide less tactile stimulation to their babies (Swain et al., 2008). Researchers have found that women who underwent a planned or unplanned cesarean section delivery were more likely to experience reduced self-esteem, loss of body image, and a feeling of failure than those delivering vaginally.

Cesarean deliveries also portend risks for the babies. Researchers have found physical effects and symptoms in cesarean-born babies that do not appear in vaginally delivered babies. There is some evidence that these babies will receive fewer positive reactions from their mothers after birth, and that their mothers will interact with them less than babies delivered vaginally (Fernandez et al., 2012).

According to Thomas Verny (Verny & Weintraub, 2002), birth by cesarean section is an additional shock, a deprivation of the physical and psychological stimulation associated with vaginal birth. Knowledge of his body proportions does not come naturally to the baby who is born via cesarean section. He does not seem to know where he physically begins or ends and has trouble with the concept of space.

According to Emerson (1998) and Verdult (2009) cesarean deliveries can result in immediate symptomatic effects in babies, such as nocturnal awakening, hyper-alertness, extensive and prolonged crying (trauma crying), feeding difficulties, digestive difficulties, colic, tactile defensiveness, and bonding deficiencies. Emerson adds that cesarean delivery can be recapitulated in adult life. Adults who were born by cesarean section may completely avoid touching, hugging, or sexual contact.

The cesarean shock, caused by the quickness of the transition and the invasive interventions by the medical staff, can be recapitulated in shock levels of the autonomic nervous system that can be stored in the body for decades. Cesarean section delivery goes against biologically programmed vaginal birth, and against the timing and cause of this process. Startle and fear responses, as well as hyper-vigilance and sleeping difficulties can be associated with the cesarean shock (McGrath & Hardy, n.d.).

Cesarean birth has intense all-or-nothing quality, unlike the give and take of the waves of labor. The procedure is fast and abrupt for the baby. Labor-cesarean babies thus tend to rely on external support, expecting external rescue when they are in stressful situations, the reason being that the fetus is prevented from completing the self-initiated task of being an active participant in the birth process. It is not only that a different

doorway is being used, but also that the biological birth program that is stored in the baby and activated during birth is being violated.

Cesarean section delivery is an abrupt and sudden interruption of the biologically programmed vaginal birth process. The abrupt nature of the surgery can be perceived by the baby as an intrusion. Cesarean birth deprives the baby of descent through the birth canal, the pressure of which stimulates the baby's lungs and its central nervous system.

The task of being born is also energetically interrupted. Instead of coming down and out of the birth canal, the labor cesarean is pulled backward and removed from the uterus by an abdominal incision. Studies show that neonates born by cesarean section cry much less on maternal separation, which might indicate an altered bonding and altered response to stress. We can thus understand that cesarean delivered children may begin their lives at a disadvantage (Milliken, 2007; Weiss, Fawcett, & Aber, 2009).

This paper focuses on the deprivation in duration and continuity, and the all-or-nothing quality of the physical and psychological stimulation associated with cesarean section delivery and the possible influence of this procedure over a person's lifespan.

The theoretical basis for this discussion is Bion's (1989) "caesura" model, drawing on a statement by Freud (1925, p. 138), "Continuity exists between life prior to birth and following birth even though there is an impressive 'caesura' between them." The source of the word used by Freud is the Latin *caedere*, meaning *to cut*, which carries the meaning of interrupting continuity by an abrupt cut, followed by continuation. Freud developed the idea of a connection between postnatal thought and emotional life and prenatal experience.

For Bion it seemed to be quite normal to think about the traces of prenatal life, thoughts which were not generally known to the psychoanalysis. Psychoanalytical thinking in general, however, had not yet arrived at the intrauterine level (Blazy, 1995). According to Bion (1989) the birth process and the caesura itself are the most dramatic and sharp separations in human life. The caesura of birth constitutes a significant break sequence, sharply cutting off on the one hand while on the other simultaneously creating an impressive continuity. The caesura model is an opportunity to understand and to grasp the continuity and connection between ostensibly separate emotional states in life that cannot be bridged. What we encounter in life may be influenced by events that actually come from prenatal levels of mind. Bion extended the meaning of caesura from intrauterine life experiences to all of life, and emphasized its importance for building personality (Aharoni & Bergstein, 2012; Bergstein, 2013). Bion (1989, p. 56) entreated: "investigate the caesura, not the analyst, not the analysand, not the unconscious, not the

conscious, not the sanity, not insanity, but the caesura, the link, the synapse... ." This is where emotional vitality is situated.

What happens in cesarean section delivery? Do the newborn and the mother have the opportunity to feel the impressive caesura? As mentioned above, instead of coming down and out of the birth canal the labor cesarean is pulled backward and removed from the uterus by an abdominal incision. The task of being born is also energetically interrupted. Cesarean section delivery is traumatic because of its abrupt and sudden interruption of the biologically programmed vaginal birth process. Because of the quickness of the transition and the invasive interventions by the medical staff, the cesarean delivery goes against biologically programmed vaginal birth and against the timing and cause of this process.

It thus has an intense all-or-nothing quality, unlike the give and take of the waves of labor. The procedure is fast and abrupt, both for the baby and the mother. The fetus is prevented from completing the self-initiated task of being an active participant. Cesarean birth deprives the baby of the descent through the birth canal, the pressure of which stimulates the baby's lungs and central nervous system. Labor cesarean babies tend to rely on external support, expecting external rescue when they find themselves in stressful situations. This process can be recapitulated in adult life and stored in the body for decades. Adults born by cesarean section may completely withdraw from touching, hugging, or sexual contact.

The newborn delivered via cesarean does not experience the dramatic caesura of birth and, as Freud (1925, p. 138) wrote, misses the "continuity that exists between life prior to birth and following birth even though there is an impressive caesura between them." The dramatic events of birth contain a strong feeling of life and death, a feeling of creating and a simultaneous paradoxical situation of the reality of separation and continuation.

The following example demonstrates the absence of the caesura in cesarean birth.

A 42-year-old woman sought help because the kindergarten psychologist told her that they had serious problems with her three-and-a-half-year-old child. They thought that because of his language and communication difficulties and his behavior problems, he should be moved to a special kindergarten. The mother was shocked by the diagnosis, because she was unaware of her child's problems.

At our first meeting she described her child's cesarean birth, saying: "me and my baby didn't want the birth to take place through a different doorway." She prepared herself for a natural birth and was not expecting an unplanned cesarean section. She was very disappointed and felt she

had lost control over the birth process. She felt she was not a complete woman because of having failed to give birth vaginally and having ruined something precious like natural birth. After the birth she turned her head away and could not look at her newborn son. She was afraid to take the baby home and be responsible for taking care of him. The mother felt that both of them suffered by not being bonded immediately after the birth. She could not breastfeed him and the child didn't want to take milk from her.

The mother returned to work quite soon. She said: "I knew in my mind what I needed to do as caretaker, but I didn't feel close to him and my reaction was mechanical." The child kept his distance from her, always looking for his father and was closer to him. He kept repeating: "Somebody took this from me..." He was always trying to run away and disappear, cried a lot, and had difficulty sleeping. He found it difficult to play with children and he always destroyed what they built. He had a good vocabulary, but his talking was mechanical and his communication had no direction.

Following the shock of hearing about her child's condition, she felt guilty and tried to find a way to create a new bonding with him. She started to feel love and a desire to be close to him and to repair the damage and trauma of the three years since the cesarean birth. The first stage of the therapeutic work was to help the mother to believe that she could find a way to become close and to give the child the opportunity to believe in her as a mother. The process has begun and much work needed to be done to develop a closer mother-child connection. Both of them missed the impressive caesura movement. Neither felt the internal forces which make it possible to sense the caesura of birth. The child and the mother experienced the cutting off without the accompanying continuity. The mother was unable to be a "good enough mother" for the newborn and give him the necessary holding. The baby had to find the strength to enable him to survive. I remind you of what Winnicott (1949, 1971) said about the first steps in life that the newborn must feel, namely, that he can create the world which is there and waiting for him to discover. This child constantly tried to protect himself against the feeling of catastrophe and could not obtain the feeling of creation. His behavior seemed to embody autistic elements of communication difficulties.

At age five he had been placed in a special kindergarten for children with communication problems where he underwent diagnostic tests parallel to receiving appropriate treatment. The parents, especially the mother, drew closer to the child and seemed to have established a deep bond with him. At the beginning of the year the child seemed even more withdrawn. He ceased speaking completely, urinated and defecated on the floor, avoided contact and seemed to be in a worrying state of closure. He

didn't react to the diagnostic procedures and it was difficult to assess his situation. The parents fervently believed that the child would emerge from this state, felt even closer to him, and gave him enormous support and warmth. Recently, the child is showing signs of improvement. He speaks a little more, expresses feelings of happiness, is less detached, creates more eye contact, and seeks closeness. The parents initiated homeopathic treatment, including medication and a special nutrition program for cleansing his body – in addition to the various developmental treatments he now receives.

The question arises of whether the child should be diagnosed as being on the autistic spectrum, or perhaps his situation is a reaction to the trauma he experienced during the mother's pregnancy, his birth, and following birth.

Conclusion

The aim of this paper is to present the caesura model and to emphasize the dramatic process of birth and the strong feeling of cutting off and continuity that occur simultaneously in the birth process. Bion (1989) broadens the significance of the caesura model from birth to all of life. For the personality to grow and for people to confront the truth of life, it is necessary to repeatedly create and discover new, surprising, and unexpected caesura throughout life.

The cesarean-delivery newborn misses the dramatic caesura of birth and the continuity that exists between life prior to and after birth. Because of the profound significance of this process throughout the newborn's life, parents need to be equipped with information about this deficiency and the child and mother need to obtain the necessary guidance on how to reconcile the separate and the cutoff with the connection and continuity.

In the event of an unplanned cesarean section as a result of an emergency the mother should be encouraged to incorporate in the development process, the movement between separation and connection, that was taken away at the birth.

Further research should elaborate the differences between cesarean section and vaginal delivery.

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