Pre- and Peri-Natal Psychology, 1(1), Spring 1986

Birth Recall: A Clinical Report

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Despite a long history of controversy concerning the nature and impact of birth experience on the perceptual apparatus of the human organism, there is little "hard" evidence of unequivocal recovery of birth experience by the individual in a form recognizable by them and others. When events are experienced through abreaction, fantasy, dream states or other perceptual paths long after the experience itself, they may be highly suggestive of birth-related perceptions. It may be, however, that theoretical predilection, rather than firm knowledge, often forges the final links in the chain of connection between the episode experienced and the real birth events of the individual. Even clearly experienced "memories" often serve as highly charged and significant metaphors as easily as they might be true recoveries of the actual events and perceptions of birth in its most literal meaning.

In the process of education and acculturation, we acquire vast stores of knowledge and experience so that, ordinarily, by the time a birth "memory" is retrieved, there is little way to establish how much information may have been truly recovered from the perceptual and experiential phenomenology of the birth experience itself, and how much has become enmeshed and enriched from the rich storehouses of later information and fantasy.

It is therefore of theoretical interest when an individual can enunciate his or her experience before there has been significant overlay of information and the addenda of meaning that obscure, as it were, the "pure culture" of experience.

There are a few reports of very early experience recovery in the literature such as Bernstein's case of recurrent single-sense stimulation (sound) of the traumatic sensory and emotional experience of her infant daughter.

The following episode, presented by the author's son when he was thirty months old, is of significance in this context.

M. was the product of 42 weeks of gestation. From the fourth month of intra-uterine life there had been active uterine contractions attributed to a "prostiglandin hypersensitivity reaction." The author had clinically

significant elevations of blood pressure and, in the 39th week of pregnancy, experienced a small CVA.

Labor was protracted but non-productive. After 30 hours, cephalopelvic disproportion was diagnosed and a caesarean section was performed under general anesthesia.

M.'s development was marked by unusually rapid neurologic, cognitive and language growth. He lifted his head, focused and followed with head and eyes on Day 1. He spoke recognizable words at three months, used nouns and sentences at five months.

At age two and half, while lounging in the bathtub one evening with both of his parents in the room, M. began recalling his birth. He asked, "Why were the lights so bright when I was new?" and waited for a reply. We did not understand the reference to his being "new" and asked what he meant. He carefully explained that he had been "being born" and said that there were many things he did not understand. When encouraged to tell us what they were, he shared the following puzzles:

1. He did not know why the light was circular and so intense where he was, but dim elsewhere.
2. He wanted to know why the bottom half of the faces of the people had been "missing" and a green patch had been there instead.
3. He wanted to understand why someone had felt his anus with their finger.
4. He was very puzzled by what it was that was inserted into his nose and had produced a loud sound. When asked what sort of sound he had heard, he made a loud, sucking noise.
5. He wanted to know where I was since he knew he "had been inside" me before he was born.
6. He was troubled about why he was "put into a plastic box and taken somewhere."
7. He was not puzzled by, but seemed upset by, the introduction of liquid into his eyes, which made it impossible for him to see any longer.

We explained the phenomenology of a surgical/obstetrical procedure as it related to his experiences (e.g., testing for a patent anal orifice, nasal suctioning, surgical lights and masks, silver nitrate, etc.).

He seemed satisfied by these explanations and did not ask for further clarifications of these issues.

We then asked him what else he remembered and he volunteered that he thought that the sudden opening in the wall of the uterus was "funny." He then laughed and said that suddenly there was a "fenster in the finster" (Yiddish for a "window in the darkness"), and laughed again over that phenomenon.

He said that he remembered before he was born that there were many times when he felt cramped and squeezed painfully by the "walls," and that certain loud, low frequency sounds sung by me were painful to him. I had noted that when certain low notes were sung, the fetus responded in a very active way. I had assumed that this was a positive response.

He also reported perceiving very dimly a faint light through the walls of the uterus.

Although M. had access to explicit information concerning both vaginal and caesarean birth, he had never seen a surgical suite, experienced its pattern of illumination, been party to the intimate details of post-natal handling of the infant nor been advised that a silver nitrate solution is routinely used on the eyes of newborn children. He had never seen "surgical greens" nor seen or heard a suctioning device used on the nostrils.

Never, that is, except at the time of his birth.

Clearly, then, there are theoretical and practical implications in this information.

At least some human organisms are capable of a high level of organized sensory experiencing from birth or before. The experiencing presumably awaits sufficient data for further processing, providing the earliest experiential anlage for the organization of the experience.

Pre-natal sensory awareness and the significance of the anlage of experiential ordering have been suspected both in pre-scientific cultures and in our own. Folklore from around the globe has ascribed significance to the pre-natal experience of the child and its mother. Indeed, in some cultures, the kinship ties bind the father, maternal uncles or other relatives to the life-experience of the fetus before birth and to his or her eventual state and fate in post-uterine life.

Psychoanalytic theoreticians have made similar observations with different styles of rationale, but with conclusions that focus on the intrapsychic consequences rather than the physiologic components of the intra-uterine and birth experience.

Perhaps buried in the often questionable conclusions of the folk (and of the analytic practioners) has been recognition on some level of the kind of experience reported here.

For this child, fully verbal years before most of his age-mates, the retention of these experiences at the pre-conscious and conscious levels was possible. And, with this linguistic fluency, he was able to encode the experience in such a way that it matched his sensory phenomenology and could be communicated verbally to those around him.

Had he not been verbally skilled at this stage of his life, there is, of course, no way of knowing with certainty at what level and in what form these sensory impressions would have been retained or what overlay

of meaning and re-experienceing might have obscured their true experiential significance. It is, however, unlikely that they would not have had an impact on the model-making and experience organizing capacity of the organism.

Given the notion that the sensory retention, either with or without later verbal organization, occurs both before and at birth in humans, there are practical consequences for both the practitioner of the psychotherapies and the caretakers of young humans.

The recent wave of interest in the so-called "gentle birth" or Laboyer method of delivery may be drawing on the same wellspring of unconscious, deeply embedded material that folklore and psychoanalysis have tapped. Certainly it would seem that infants are as actively perceiving as analytic theory maintains they are.

Caretakers need to think carefully about the impact of what the infant experiences and what they communicate to it. This is so even while another part of the "common wisdom" of our culture dismisses the importance of experience at the conscious level for those humans who have not yet shown the clear development of speech.

While memories may be unretrievable beyond a certain point in clear and/or conscious terms, there is an implication in this material that a significant amount of attention should be due the experience of re-experiencing birth, of making order out of at least some of the stimulus load (or overload) that may emerge from such an attempt or of reordering some of the organizing principles and perceptions of the pre-natal, natal and post-natal organism.

Five cautious ears must still evaluate the memories and the screens of memories the patient produces (four physical ones and the analyst's inner one) but the analyst may find this clinical experience useful in the understanding of the information he or she constantly organizes in the service of the patient's search.

It is my hope that this case material will be of interest to theoreticians and practitioners concerned with the roots and anlage of human experience and development. Case material clearly referent to this period of life from children are rare, but theory and practice must struggle with the issues addressed in them if our knowledge is to grow and develop.