

## The Significance of Birth Memories

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**Publication info:** Pre- and Peri-natal Psychology Journal 2. 4 (Summer 1988): 208-226.

[ProQuest document link](#)

**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: Increasing numbers of people, from age two and upward, are remembering their own birth. They are doing this with a variety of methods and sometimes no method at all. Although controversial for a century, these memories can now be set in a broad empirical framework for the first time. Narrative memories of birth are minidocumentaries of potentially great significance. Four dimensions are cited: 1) Clinical. A growing literature indicates the importance of birth in the creation of many psychological problems. In birth memories we can see the onset of pathology and devise appropriate methods of treatment; 2) Humanistic. Birth reports are first-person accounts of human feelings, values, virtues, and shortcomings. They reveal how babies are affected by parents, doctors, and nurses; 3) Wholistic. Memories indicate a fully sentient, cognitive newborn, capable of communication and intimacy; 4) Transpersonal. Because birth memories contain so much wisdom and caring, analytical thinking and perspective, and other manifestations of higher consciousness, they raise fundamental questions about the nature of persons. Many examples are given in each area, from birth memories obtained in hypnosis by the author in his psychology practice. The idea that people can remember their own birth has been controversial for almost 100 years. cases, such as those reported by a hypnotist in 1893 (Rochas, 1911), were both rare and mysterious; cases are now very common and may be set in a large context of empirical research. Today, two-year-old children are blurting out their birth memories, invited or uninvited; they present verifiable facts and ask disturbing questions (Mathison, 1981; Laibow, 1986). My granddaughter wanted to know why they poked her with a pencil (an apparent reference to the heel stick). She said, "They hurted me." Another girl spoke about the yucky white mud on her when she came out of her mother's tummy. She wanted to know why she was put in a plastic box with a lid on it. Such stories constitute an important line of evidence validating birth memory. But children are not the only ones remembering birth. Youth and adults remember birth also, by one method or another, or no method at all. Some report that they have always had these memories. Two men of my acquaintance, one a neuroscientist and the other a school principal, have clear recollections of their own circumcisions. In the early 1900s, psychoanalysts encountered images, themes, and flashbacks related to birth (Freud, 1933; Rank, 1929). At mid-century, Winnecott (1949), Fodor (1949), and Kelsey (1953) wrote about patients who acted out aspects of their birth. Reports of birth-related adult problems came from Mott and Fries in England, Graber and Kruse in Germany, Peerbolte in Holland, and Rascovsky in Argentina (see review by DeMause, 1982, chap. 7). Over the years, therapists have discovered that recollection of traumatic moments, including birth, can be facilitated by breathing methods (Reich, 1949; Orr & Ray, 1977), administration of LSD (Grof, 1975), gestalt and fantasy procedures (Hubbard, 1950; Janov, 1970; Fehr, 1980), dreams (Fodor, 1949), free association, and isolation in water tanks (Laing, 1976, 1982). Frank Lake first used LSD, then breathing, and finally guided fantasy to awaken birth and prebirth memories in group workshops (Moss, 1986, 1987). Grof (1985) followed a similar course, beginning with LSD, and moving on to combinations of evocative music, breathing, and physical movement in deep experiential psychotherapy. Massage therapists report the breakthrough of birth memories in response to touch or movement of limbs. Terence Dowling (1986) has developed an indirect approach to birth memory using placental images in a guided fantasy. Finally, reports of birth memory obtained in hypnosis span the century (Rochas, 1911; Kelsey, 1953; LeCron, 1954; Cheek, 1975; Chamberlain, 1981, 1988; Scott & Scott, 1984). The validity of birth memories (obtained by whatever means) has always been a source of concern. Recent research is increasingly rigorous. Using hypnotic techniques, David Cheek (1975, 1986) has worked

with some 500 persons reviewing the specific sequential movements (or lack of movements) involved in their vertex, breech, and Cesarean deliveries. He finds that these "muscle" memories are accurately reproduced, are imprinted, and do not fade with time. Similarly, the Russian psychologist, Vladimir Raikov (1980, 1982), proved that subjects deeply regressed, could demonstrate a range of genuine neonatal reflexes; these were impossible to duplicate by mere suggestion or role-playing "to please the hypnotist." Presumably, these natal reflexes are recoverable only because they are held in memory. My own research checking birth memory in mother and child pairs (Chamberlain, 1986) showed coherence and dovetailing indicative of real memory. In this side-by-side comparison, where fabrication could be easily spotted, it was found in only one case in ten, and in that case, fantasy was limited to only a few specific points of narrative. The body of the birth report was authentic. These findings argue strongly for the veridical nature of birth memories, but warn that errors are always possible. Documentation of precocious memory at birth is being strengthened by new evidence of equally precocious memory before birth, sometimes referred to as "cellular" memory (Farrant, 1985; Woody, 1986). Through repeated experiences in primal therapy, Graham Farrant remembered an abortion attempt on his life by his mother, and was able to tell her the specific method used-something she had never told anyone. In LSD therapy and other forms of deep experiential therapy, people have reexperienced aspects of gestation and life in the womb. These memories are more important than their explanations, but explanations are getting easier thanks to newer theories about the nature of the brain itself. Cellular memory, for example, fits well with Karl Pribram's theory (1986) that the brain is a spectral analyzer and records images holographically; in such a system, images of the whole are distributed in the parts. New "wet brain" theories emphasize the brain as a "gland" operating with hormones and fluids (Bergland, 1986) or as a fluid, whole-body, bidirectional network held together by the neuropeptides (the system described by Candace Pert in 1987). These provide us with new ways to explain intelligent activity very early in gestation. Understanding the mysteries of mind and memory has been aided by important advances in three other fields. The painstaking work of Professor Ian Stevenson (1974, 1980) over three decades has verified the existence of many accurate and authentic cases of past-life memory. This major discovery means that we cannot hope to explain any memory in purely physical terms. This same fact is pressed upon us by the near-death research, which reveals superb memory and mental activity while out-of-body and away from the physical brain (Ring, 1980; Sabom, 1981). Because of these findings, I think it is time we set aside the notion that the immaturity of the physical brain at birth makes birth memory impossible. A third new resource for understanding birth memory is the rapidly expanding literature on the cognitive newborn (see my review with 250 references, Chamberlain 1987). Cognitive studies show that memory is just one of many dimensions of surprising competence in the newborn. Many complex integrative functions involving perception, learning, memory, emotion, and communicative skills are already in evidence at birth and must be considered "innate." The growing list of these innate abilities is forcing a change in fundamental theories of developmental psychology, and our view of newborns. The combination of all the new knowledge of mind, memory, and consciousness makes it possible, for the first time, to remove birth memory from the realm of speculation and set it within a rational and empirical framework. Having suggested how wide this literature is, I turn attention now to the possible significance of birth memories, using examples from my own clinical work. To my knowledge, the phenomenon of people remembering their own birth is a distinctive feature of life in the twentieth century. The relatively few historical references we have to birth memory indicates an accelerating path of development beginning with a very few cases and ending with thousands. Extended narrative accounts of birth are still hard to find (Chamberlain, 1988), but brief reports from very young children, from dianetic counselors, rebirthers, primal therapists, medical hypnoanalysts, and other psychotherapists, make it obvious that birth memory has become common. People of all ages are remembering birth, starting with two-year-olds. People of all countries are remembering birth. Perhaps it is a sign of our coming of age, a breakthrough in human consciousness. Birth memory could be an indication that we are ready to understand and appreciate ourselves at a deeper level. BIRTH MEMORIES HAVE CLINICAL SIGNIFICANCE The frequent intrusion of

birth memories in psychotherapy suggests that connections between birth and the formation of personality are important and need attention. Discovering these connections can facilitate profound change in attitude, feeling, and personality. Some therapists have learned that traumatic birth memories parade about in the world just waiting to be recognized. I have found that many of the painful emotional and physical states presented by clients, are actually flashbacks, old memories breaking into conscious awareness. The trail of suffering can often be followed back to birth or before birth. I find this especially likely when people say they have "always" felt a certain way. Also, whenever the ominous trio of despair, guilt, and low-esteem appear together, I begin to suspect I am dealing with a replay of a very early, very bad situation which at the time must have seemed beyond solution. Patterns of this kind have been described by therapists as "perinatal matrixes," "imprints," "engrams," "programs," "rules," or "laws" that govern personality automatically until changed. Such imprints tell us that birth can be a major learning event. Birth has this potential because it is a life-and-death situation in which newborns are powerless but very open, and authorities (parents, nurses, doctors) are likely to make serious pronouncements. Those familiar with the dynamics of hypnosis will recognize in these factors favorable climate for trance and the prospect for deep learning. One of my first experiences connecting birth trauma with adult pathology came in a case of elevator phobia. My client was a buyer whose occupation led her in and out of many elevators, all of which inspired panic. In hypnosis, we learned that her first feeling of this kind came in the delivery room when she was placed in an incubator. Panic began when the lid was set in place; for some reason, this had dangerous connotations for her. Finding out these facts was sufficient for a cure, though I do not wish to imply it is always so easy. We can seldom be sure what brings about a cure, but in this case it was extremely useful to make the connection between her problem and her birth. Shortly after this, I was presented with a severe case of flight phobia. Panic could even be triggered by planes flying overhead. This dread of flight also led back to birth, where my client was surprised to discover she was dropped at delivery. This and subsequent falls had become associated with adult fears of flying and crashing. When all these connections were finally made, the phobia vanished. More difficult to explain are reports which illustrate the potent effect of language on newborns. One of my clients, as an adult, was afraid to be left alone. This fear was traced to circumstances in the hospital nursery after delivery, where she lay suffering with pneumonia. In addition to her anxiety about being able to breathe, she had been frightened by words overheard between the doctors and nurses. When we arrived at the critical moment, I asked: Dr: What do they say? T: That 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. Dr: How did you feel when you heard those words? T: I'm scared. I didn't want to go. Dr: Pardon? T: I don't want to go. I haven't been here very long. I'm little. Words were the apparent source of damage to another client who suffered in extreme ways from procrastination. At the root of the problem was a difficult delivery and words from the doctor saying he was going to be a "difficult kid," and would probably be late for everything. Stewart says: "I wanted to say, 'No I'm not!' but they wouldn't listen. He called me a little fart! He said, 'Probably the little fart will be late for everything!' and he laughed like it was a joke. Everybody laughed . . . My desire to say something was strong, but I couldn't. I couldn't say anything; I didn't know how! But I wanted to." A familiar form of perinatal pathology is found in the pervasive feeling reported by clients that they are an intruder, not wanted, or don't belong. A married client said "I can't ever remember not feeling that way." In hypnosis, she recalled threats to her life by sisters while she was still in the womb; they told their mother they didn't want any more babies. At her homecoming from the hospital after birth, they said, "O ick! We don't want it!" This was followed by acts of hostility such as pushing her off the bed onto the floor. She said she had lived her whole life as if she were at war, constantly defending herself from some unknown enemy. After we had established these connections, she said she no longer felt in a state of siege. Verbal statements around the time of birth, if sufficiently personal, pertinent, and threatening, can eventually require psychotherapy. I will close this section by reading a list of short-sighted remarks made by parents, nurses, and doctors which did result in long-term damage and did show up in therapy: "Wow, this looks like a sickly one!"

"We'll do the best we can for him but we can't guarantee anything." "Look at her! We're lucky she was born at all, with all these things wrong!" "Another girl; she's skinny." "She's not important; take care of the mother." "Look at her hairy ears!" "What's wrong with her head?" "Why didn't you just wrap the umbilical cord around her neck and strangle her?" (Not surprisingly, this last child said she hated her mother from Day One.)

### BIRTH MEMORIES HAVE HUMAN SIGNIFICANCE

From virtually the beginning of time, newborn babies have been considered a subhuman species without feelings, intelligence, or rights. Until recently, the "scientific" view of newborns was that the brain was inadequate, the senses undeveloped, and regard for feelings quite unnecessary. Even psychologists declared that newborns were egoless, autistic, mindless, and void of memory. Obstetricians and pediatricians persist in denying the reality of infant pain. It is ironic that ancient prejudice finds a temporary home in the modern professions dealing with birth. Against such a dark background, the testimony of babes, which is becoming available in birth memories, chastens scientific pride and awakens humanitarian concern. Out of the mouths of babes comes protest, a cry for help, and incriminating words of discrimination and abuse. Birth memories are a new form of literature, intimately revealing, and sometimes scandalous. Birth reports are autobiographical documentaries on the experience of birth, the nature of modern obstetrics, and the complex relations of newborns with parents, siblings, and birth professionals. Birth reports have the immense advantage of adult language, but they reveal unexpected thoughts and feelings going on at the time. Contrary to a popular assumption, birth is not a postponable experience; like all other experience, it demands an immediate reaction. A Human Birth Autobiographies of birth are full of pain and pleasure. All stages and sequences of birth, delivery, delivery room rituals, nursery experiences, reunion with mother, and homecoming are recalled. According to reports, birth is not the same for everyone. Labor for one boy was a tense ordeal with a frightened mother leaving him exhausted and stiff as a board. For other babies, labor is "like being in a ship on a rocky sea," a "tidal wave," or "like going down a slide backward." Theresa: "It's dark . . . I'm getting a rush of energy. I'm feeling really tense, but I'm not going anywhere. I'm just staying there . . . I'm anxious. It's getting light and I'm getting a headache. I feel like I'm going to explode! I feel like everything is rushing to my head . . ." Once born, babies complain about the birth environment, the treatment they receive, and the separations which occur. Scott says, "I'm kind of scared of all the people . . . I'm not used to that... I would like to get out of this delivery room. I don't like to be here because of all the people, lights. The environment isn't safe, isn't secure for me . . . There's so much openness!" Separation from mother is unexpected and unwelcome. Anita speaks for many: "They handed me to someone, a lady. It's cold. The surroundings are so new, it's frightening. I can't hear my mother, I can't feel my mother; that's frightening. Then I felt my mother, not like before, but it was her-for just an instant. And they took me away." Nurseries are usually reported as places of sensory deprivation and personal exile. Babies wonder why they have been taken from their mothers and imagine terrible possibilities. One baby thought her mother must have died and they didn't know where else to put her. Charles tells us what the deprivation is like: "I can't hear anybody, can't feel anybody. It's cold and I don't understand what is happening. In a matter of a couple of minutes everything has changed . . . Before I was born I was constantly touched or surrounded. Now I'm not being touched at all." In the nursery, Judy felt dead. "It seems like a long time with nothing happening. Before, I felt alive, but now I don't feel much alive. No one is looking at me, no one is talking to me or letting me move. Feels like not being alive." Getting back with mother is a relief to most babies. In her arms, life starts again. After birth, pain inflicted by caretakers is a constant hazard. Babies complain that nobody seems to care that they are suffering. Josh said the nurse kept coming in, taking his temperature, taking blood, and giving him shots. He said, "It hurt! And I wasn't prepared for it. Then I became very tense and I screamed. It really bothered me and I cried for a long time after that . . ." Baby Emily found adult behavior strange. She said, "They are laughing because I am crying!" Brenda found the scales used to weigh her cold, hard, and painful. While she was screaming and flailing her arms and legs, they put something in her eyes. She said, "I can't see; someone put something in my eyes! It's so cold, it stings, it burns. I'm screaming and screaming, and no one is coming." Human Expressions Birth memories contain vigorous expressions of self. Jeff shares with us the joy of

being a newborn: "Looking at things using my eyes is so much fun! The more I do it, the more fun it is. I love to see things move . . . I want to do so many things! I want to move but I don't know how to move the way I want to . . . It feels so different to move now . . . easier. My hands and legs move so easily. All I can think of is to move them. There is no purpose; just to feel them move. I'm very awkward at it." Marie illustrates sympathetic qualities as she recounts her birth in a home for unwed mothers. "I think it was my mother screaming because she didn't want them to take me. I wanted to say something, but I couldn't. I cried. I didn't understand what was happening. I wanted things to stay safe and warm. I wanted them to put me back where they got me . . . I think I heard my mother say, 'I love you, I want you.' I couldn't say anything. I was frustrated because I wanted to say, 'I understand' or 'I love you' or something like that. I think she was screaming and crying, 'Don't take her yet!' but I couldn't say anything; I didn't know how. I wanted to tell her that it was all right, that I loved her no matter what, and I'd try to see her again. But I never did. I lived with somebody else." Babies suffer from sexual discrimination. Helen's father needed a ranch hand, so she was a big disappointment. She felt more love from the nun in the nursery than from her mother and father. When Shirley was born, her mother looked immediately to see what sex she was, then cried and would not hold her. Annette could see the disappointment on her father's face in the nursery window. She knew she was supposed to be Gordon; the name had already been picked out. Human Relationships Babies Eire born with a keen awareness of the quality of relationships around them, whether it is the relationship of mother to nurses and doctors, or their own relationship to parents and siblings. These relationships are real, and important; they can be abrasive, threatening, disappointing, or delightful. A failed relationship hurts. Brenda says, quietly, "I'm sad. She doesn't love me. I feel cold and lonesome . . . I'll be very quiet, then they won't know I'm here. I'm so sad. I would like to have privacy to be sad." Although David is born in a bleak setting, awaiting adoption, a loving nurse provides timeless moments of comfort. "She is very gentle," he says, "and she's hovering over me, and I like that. I've got my hand on her arm. She seems reluctant to let go of me and I have the feeling I don't want her to leave. That image just seems to be moving very, very, slowly. She's setting me into the bed and leaning over me, still with her arms under me. Just her touching me seemed to make things okay." To Laura, all relationships felt right: "I feel the way everyone's looking, it's good that I'm where I am now. I'm in the delivery room. I can see Dr. C's face and he's grinning. He's holding me up . . . Dr. C. is laughing. He's got big blue eyes . . . I can see my mom's face. She looks really tired, but she's smiling. I feel special, like I'm the reason everybody's there. I think my mother's going to cry; she has that look. It's the same kind of look, only more special, that I saw on the doctor's face. It's like I'm the reason they're there. I'm the reason they're smiling. I feel like a present!" Jeff describes the special magic of his mother's presence and touch. He had been held and cared for in the nursery, but in his mother's room he knew he was with someone special. "Somehow I just knew I was safe with her, that I had nothing to worry with this person . . . She repeated my name several times proudly . . . When she held me or spoke to me, there was just something different. I could tell she cared for me in a way the others didn't. The others were concerned, but she was totally concerned . . . I was her only thought-that's the feeling I got." Fathers are noticed, of course. Marianne: "My dad is holding me; that feels really good. He likes me. I feel really happy. He said I'm his little girl. This makes me feel good. In my dad's arms it's almost as good as being inside (mother)." Jackie was not so fortunate. Her father was angry at everyone because he had to hock his stereo to get mother and baby out of the hospital! Birth Memories Have Wholistic Significance. Whenever we turn to memories of birth we enter a wholistic world where physical, emotional, and mental dimensions of experience are constantly interacting. Babies know, if their helpers do not, that they are in possession of all their faculties. The Sentient Newborn Babies appear pitifully small and inadequate, but their bodies mislead us. They cannot talk, drive cars, and go to work, but inferiority in the motor area may be the exception in a larger field of sensual, emotional, and cognitive abilities. Newborns know when lights are bright, the environment too noisy or too quiet, the touching too rough or too little, the taste of milk sour or sweet, smells foul or pleasant, and the temperature cold. Obviously, all physical sensations are active. Emotional expression is lively also, and closely linked to physical

and mental experiences. Infants can go from calmness to rage in 30 seconds, or be quieted just as quickly by interest and movement. In her birth report, Linda lets us in on the stream of physical sensations she feels during labor: she is tense, nervous, relaxed, squished, feels the car vibrating, is uncomfortable, cramped, tight, pressed, hurt, twisted, stuck, pulled, wiggled, and hit. She uses another set of words to describe her emotional states: worried, distrustful, frustrated, jealous, glad, feels important, good, afraid, lonely, and mad. The Cognitive Newborn The cognitive newborn dreams, learns, remembers, engages in active looking, precise listening, and seems to be busy thinking about everything that is happening. Laura makes refined observations about her mother's face and eyes: "My mom's face is special," she says, "She has a beautiful smile, beautiful eyes, and they look different when they're looking at me." At times cognition seems more like telepathy. Baby Linda, placed momentarily on her mother's belly after being born, says, "I looked up at her. I wanted her not to let them take me away, but when I saw her face, I knew she wasn't going to do that." Deborah tells us what it was like for her to come out of the womb and deal with people: "One of the things that really made me mad about the whole situation is this: All the time I was in there by myself, everything was just how I wanted it . . . Then when I came out, it made me mad because I didn't have anything to say about it. When I tried to, nobody paid any attention to me. That made me mad too because I always thought that I knew what was going on. I felt I knew a lot-I really did. I thought I was pretty intelligent. I never thought about being a person, just a mind. I thought I was an intelligent mind. And so when the situation was forced on me, I didn't like it too much. I saw all these people acting real crazy! That's when I thought I really had a more intelligent mind, because I knew what the situation was with me, and they didn't seem to. They seemed to ignore me. I mean they were doing things to me-to the outside of me. But they acted like that's all there was. Like when I tried to tell them things, they just wouldn't listen, you know, like that voice wasn't really anything. It didn't sound too impressive but it was all I had. I just really felt like I was more intelligent than they were." Whole Person Communication, Intimacy With highly expressive facial expressions, vocal sounds, and motor movements, newborns send signals to those around them. At the same time, they receive signals from adults via perfect hearing and attentive listening, via adequate vision and ceaseless scanning, linking themselves intimately to loved ones by snuggling, sucking, grasping a finger, and gazing. Listen to Elaine's description of intimate communication with her mother. "She is sitting up in bed ready to breast feed me. She looks tired but happy. I had a blanket, a pink blanket, and I'm trying to look out to see what she looks like . . . She has her arms out and she's smiling. The nurse is gently handing me to her; I appreciate the gentleness. My mother cradles me in her left arm and she keeps looking at me and I keep looking at her. I feel like I will reach up and grab her finger. My hand is out of the blanket waving around. She takes it and holds my hand . . . I feel lots of relief. I feel lots of compassion and I feel she is relieved she has me with her. I feel like there is someone who understands that I have needs right now. And I don't want a lot of attention for screaming. I want to get attention by cooing and making her smile. So I try to do those kind of things and she responds like crazy . . . I try to speak mostly through my eyes. Boy, am I glad that birth is over with! I'm glad for the time I'm with my mom." Linda shares an intimate moment, in the arms of her mother. "I wanted to hug her, but I can't. I just move my hands, hold onto things like her arm . . . She's telling me I'm a pretty baby. She's putting her fingers through my hair. She told me I had pretty hair. It made me feel good . . . Part of the time she looked and smiled . . . I felt she was glad..." A striking feature of birth reports is the constant attempt of babies to communicate. Deborah: "I knew I was okay. I tried to tell everybody, but they wouldn't listen. I was trying to talk, but they didn't understand me. And I was trying to push them away with my hands, but there were too many of them. I was crying, trying to talk, but I guess it was just crying to them. They weren't listening to me though . . . I guess I started telling them right off what I thought... At first, I was just making a lot of faces, trying to look real mean, because I couldn't get my hands free right away. What I felt like doing was shaking my fists, but they were still stuck. So about all I could do was make faces . . . Just as soon as I got my arms loose, I shook 'em around. I felt like punching somebody! I guess I was waving around pretty good!" BIRTH MEMORIES HAVE TRANSPERSONAL SIGNIFICANCE The wide parameters of human

consciousness have been cited by Grof (1976), Tart (1975), Ring (1980), and Stevenson (1970, 1980). What is slowly becoming apparent is that infants are probably as capable of these many states of consciousness as we are. Brazelton (1962) and Papousek (1969) have noted the ability of newborns to go into an analgesic trance at will. Scientists appreciate this as an act of self-regulation. Newborns also seem to share with us the inner world of dreaming (Roffwarg, Muzio, & Dement, 1966). Examples of newborn clairvoyance and out-of-body experience have been reported by Cheek (1986) and by Chamberlain (1988). Recently, I had a case where past-life memory impinged on a birth memory. The client was dismayed to find that she and her twin brother were now cast in a situation of dependency upon parents who they used to be in charge of. Ian Stevenson (1983) has studied the memories of American and Indian children who remember past lives. They report these memories as soon as they begin to talk, usually between two and three years of age. Birth memories overflow with evidence of previous experience, advanced thinking, and developed character—all jarringly incongruous with traditional views of the infant mind and personality. We strain to comprehend the significance of such virtuosity. At birth, infants engage in analytical commentary, display selfless virtues, and already have an identity of their own. I interpret these as transpersonal qualities because they overflow all the usual boundaries of time and space and imply a larger context for human existence. Analytical Commentary Baby Maxine does a quick analysis of her immediate family, and finds her mother deranged: "I hated her from the time I was born. Constant talk and confusion. I couldn't please her. She said to me, 'Why are you here? I don't know how to take care of you.' I keep hearing her say, 'You're no good,' and I just don't understand. I didn't do anything wrong; I don't understand it. She said she loved me and yet she talked like this. One minute she would be nice and another she wouldn't. She was very emotional. The nurse was there, and she liked me. And my daddy liked me, I could tell. My brother even liked that I had come. He came in to look at me and brought some other children in to see me. Dr. T. was nice . . . I liked him too. But I wasn't accepted by my mother. When I was born, my mother said I was a boy! She told me father I was a boy, so for a while he thought I was a boy instead of a girl. Everybody said I was a girl when I was born. Then when my father came in, my mother told him I was a boy! I didn't know what to think; it was too confusing for me. It was hard for me to adjust to this world. . ." Newborns provide cogent social criticism of institutions (hospitals) and medical systems (obstetrics). They seem to know what is appropriate for them, even though their caretakers often show ignorance or indifference. Priscilla, for example, knows that separation from her mother is not right. "I'm in someone's arms, this woman in white. She's taking me away from my mother! Mother is on the delivery table asleep. She didn't even know. They shouldn't have done it. They took me away!" Newborns are virtually unanimous in their opposition to hospital nurseries. They also have penetrating insight into the character of their helpers, describing doctors as warm and loving, cold, disinterested, or resentful of being called off the golf course to attend the birth. The personality of Gordon's doctor is etched in his memory. "Damn! Umbilical cord!. . . Damn! Give me the scissors, anything to cut. Got to cut the damn thing! Ohhh! Damn! Dropped him. Get him up! Pick him up! God damn thing's slippery. Damn." Transpersonal perspectives In emergencies, newborns sometimes show tender concern, objectivity, and compassion. Through a hectic crisis, they stay aloof, know they are safe, and try to reassure their helpers that all will be well. Kit's memories of a life-and-death struggle take us inside the womb and into an unimagined world of moral dilemmas and decisions. Here we find affection and courage, fragile understandings, and altruistic impulses. Her dilemma began in the womb when she realized the womb had filled with blood; she feared that if she came out, her mother might die. With agonizing sobs, she said, "If I come out and she dies, she'll never know how much I love her! I want to know her. She talked to me a lot before I was born, but nobody else knew because they'd think it was silly . . . I felt like I was going to drown, and I knew I wasn't supposed to. I don't know what I should do! Oh God! I don't want to drown in blood! I'm afraid I'm going to. I don't want her to die either, though. If I don't come out, they're going to grab me. Ohh. They just don't understand what's happening!" Once Kit is delivered, the staff engages in prolonged and frantic efforts to get her breathing. She becomes progressively numb. While keeping an eye on mother, who is receiving blood, she wishes they'd figure

out something for her. Hitting her repeatedly hadn't worked. She says, "The nurse wants the doctor to just stop because she thinks I'm dead! The doctor just told her to shut up . . . they're not going to stop." She then describes in detail the young doctor's effort to find a tube of proper size and get it down her throat. "The doctor's got me cradled in his arms. And the reason he's got the tube pushed down too far is that he's never done this before. It's a new procedure. He's got the tube in his mouth now. He's telling everyone to get away from him and leave him alone now. They think he's kind of nuts. I can't feel anything except the upper part of my chest . . . it feels like my body's shriveling up. That's why the nurse keeps saying, 'she's dead.' She wants to go home. They've been there all night . . . The nurse said even if they get me breathing now, I won't be okay; she said it's been much too long . . . I can tell he really wants to help me . . . he's rubbing my chest with his fingers now. I'm breathing by myself now, but it's hard . . . I feel like crying and I'm not sure why . . ." An Identity of Their Own All birth memories are imbued with a sense of identity. More or less confident and resilient, this identity is always subject to challenge. In the face of brutal rejection, constant criticism, or aggravated circumstances, it is a major task to maintain identity. All therapists know how often people need assistance in recovering or redefining their identity. Stewart, whom I mentioned earlier, was labeled a "difficult kid," "not normal like regular children," and probably "would be late for everything." In denying these attributions, baby Stewart had a see-saw battle with his obstetrician to hold onto his real identity. Stewart reports: "He's rough! His words are coarse, not gentle at all. He's frustrated because I'm not dropping . . . I'm not being a normal child, not doing what I'm supposed to do . . . He says, 'Mrs. E., you have a stubborn child; he's not quite normal. . . They're supposed to drop their hands, and he's not . . . I'm trying to pull him down and he's fighting me.'" Stewart continues: "He's not saying very nice things about me . . . He was saying to mother that I was going to be a difficult kid. I'm not. I'm not going to be difficult, but he said I was. Well, it was a silly thing he said about me, but everybody was in agreement; nobody was taking my side. I wanted to say, 'No, I'm not!' but they wouldn't listen." The transpersonal perspective of baby Lin is clear from the complaint, "I have to put myself in that baby body." Nan is critical of her first day: "That first day was a disappointment," she says (beginning to cry), "Perhaps the whole thing was a mistake. I wanted to go back. I was sure she was going to smother me." Marybeth is more comfortable in this world than Nan. She is clearly in touch with transpersonal realities when she says she feels like "a wise person in a child's body." Deborah had that kind of perspective when she said her birth attendants were "doing things to me-to the outside of me, but they acted like that's all there was." Emily faced a challenge to her identity during an encounter with her father at the hospital. Emily: "He comes and looks at me, but he doesn't pick me up. He just pokes me with his finger. He says something stupid like "gootchie, gootchie." He doesn't know I'm a person; I'm a thing called a baby. He's saying, 'That's all the babies; this one was hard enough!' I didn't think I was that hard. I don't think I like these people very well. They give me a headache . . . They don't think I'm a person. I know I am." CONCLUSIONS Birth memories are startling documents that upset nearly everything we ever thought about babies. These memories are not entirely explainable, not entirely welcome. If they are only fantasies, they are brilliant fantasies indeed. If they are true revelations of human consciousness, then consciousness is a brilliant asset that goes far beyond stimulus/response, beyond experience, beyond size, age, or any other status usually imposed on persons. Birth memory may be the finest expression of the infant mind, and the best evidence that human consciousness is something we all share. I close with five specific conclusions: 1. Because traumatic birth experiences have been implicated in a wide spectrum of problems presented clinically by adults, psychologists should be especially alert to these possibilities, be able to identify them, and be aware of treatments. Ignorance of the possible contribution of birth experiences to pathology makes it unlikely that strong preventive measures will be taken. Perpetuation of this ignorance will mean that more psychotherapy will be needed tomorrow to heal the birth traumas of today. 2. Because newborns are fully human, birth practices should be fully human. As birth reports indicate, however, medical personnel, who are usually the first to contact newborns, are at risk of mistreating and dehumanizing them. Many routine birth practices are inappropriate for sentient newborns. Procedures in which adults inflict pain on newborns should be



questioned. Routines that are emotionally painful, such as the separation of mothers and newborns, should also be questioned. 3. The surprising evidence of newborn intuitive knowledge and perceptive listening at birth, suggests the possibility of constructing an "obstetrics of higher consciousness." This obstetrics would accept the newborn as a responsive and capable client, and make persistent effort to establish two-way communication to take advantage of the baby's unique knowledge and position. Two-way communication might include such things as: simple briefings and suggestions regarding problems which arise; specific instructions to make a turn or help with delivery, and, of course, some system of questions and answers. We should be able to listen to them as well as they listen to us. 4. Baby bodies should not distract us from recognizing that a fully constituted person resides within. We must adjust ourselves to the fact that they have working minds, and a larger consciousness that they share with us. Presently, our way of dealing with infants is more a test of our character than theirs. We hand out the Apgar scores but in later years they hand us our Report Cards. 5. Perhaps the best news to come from birth reports is that thinking, learning, and memory are innate human qualities. The discovery that virtues like compassion and courage are present in human consciousness from the start, suggests that there is hope for us all. If we study newborns well enough and long enough, they may yet make it clear that there is more to them, and therefore more to us, than meets the eye. References REFERENCES

Bergland, R.M. (1986). *Fabric of mind*. NY: Plenum. Brazelton, T.B. (1962). Observations of the neonate. *Journal of the American Academy of Child Psychiatry*, 1 38-58. Chamberlain, D.B. (1986) [1980]. Reliability of birth memories: Evidence from mother and child pairs in hypnosis. *Journal of the American Academy of Medical Hypnoanalysts*, 1(2), 89-98. (Paper originally presented to the American Society of Clinical Hypnosis, Minneapolis, MN, Nov. 1980.) Chamberlain, D.B. (1981). Birth Recall in Hypnosis. *Birth Psychology Bulletin*, 2(2), 14-18. Chamberlain, D.B. (1983). Consciousness at birth: A review of the empirical evidence. (200 references) Chamberlain Publications: 909 Hayes Ave. San Diego, CA 92103. Chamberlain, D.B. (1987). The cognitive newborn: A scientific update. *British Journal of Psychotherapy*, 4(1) Autumn, 30-71. Chamberlain, D.B. (1988). *Babies Remember Birth*. Los Angeles: J.P. Tarcher. Cheek, D.B. (1975). Maladjustment patterns apparently related to imprinting at birth. *American Journal of Clinical Hypnosis*, 18, 75-82. Cheek, D.B. (1986). Prenatal and perinatal imprints: Apparent prenatal consciousness as revealed by hypnosis. *Pre & Peri-Natal Psychology Journal*, 2(2), 97-110. DeMause, L. (1982). *Foundations of psychohistory*. New York: Creative Roots. Dowling, T.E. (1986). The use of placental symbols in accessing pre and perinatal experiences. Paper presented at 8th Int. Congress of the Int. Society of Prenatal Psychology, Badgastein, Austria, Sept. 1986. Farrant, G. (1985). Cellular consciousness. Paper presented to the 2nd International Congress on Pre- and Peri-natal Psychology, San Diego, CA (July). Feher, L. (1980). *The psychology of birth: The foundation of human personality*. London: Souvenir Press. Fodor, N. (1949). *The search for the beloved: A clinical investigation of the trauma of birth and prenatal condition*. NY: Hermitage Press. Freud, S. (1933). New introductory lectures on psychoanalysis (Lecture # 32, originally in 1916). New York: W.W. Norton. Grof, S. (1976). *Realms of the human unconscious*. NY: Dutton. Grof, S. (1985). *Beyond The Brain*. Albany, NY: SUNY Press. Hubbard, L.R. (1950). *Dianetics: The modern science of mental health*. Los Angeles: Scientology Publications. Janov, A. (1970). *The primal scream: Primal therapy, the cure for neurosis*. NY: Putnam. Kelsey, D.E.R. (1953). Phantasies of birth and prenatal experience recovered from patients undergoing hypnoanalysis. *Journal of Mental Science/The British J. of Psychiatry*, 99, 216-223. Laibow, R.E. (1986). Birth recall: A clinical report. *Pre- and Peri-natal Psychology Journal*, 1, (1), 78-81. Laing, R.D. (1976). *The facts of life* NY: Pantheon. Laing, R.D. (1982). *The voice of experience*. NY: Pantheon. LeCron, L.M. (1954). A hypnotic technique for uncovering unconscious material. *International Journal of Clinical & Experimental Hypnosis*, 2, 1-3. see also: (1963), Uncovering of early memories by ideomotor responses to questions. *International Journal of Clinical & Experimental Hypnosis*, 11, 137-142. Mathison, L.A. (1981). Does your child remember? *Mothering*, 21, 103-107. Moss, R.C.S. (1987). Frank Lake's maternal-fetal distress syndrome: Clinical and theoretical considerations. Part I. In T. Verny (Ed.), *Pre- and peri-natal psychology: An introduction*. New York: Human

Sciences Press. Moss, R.C.S. (1986). Frank Lake's maternal-fetal distress syndrome and primal integration workshops. Part II. Pre- & Peri-natal Psychology Journal, 1,(1), 52-68. Orr, L., & Ray, S. (1983). Rebirthing in the new age (rev. ed.) Berkeley, CA: Celestial Arts. (Originally published 1977). Papousek, H. (1969). Individual variability in learned responses in human infants. In R.J. Robinson (Ed.), Brain & early behavior. London: Academic Press. Pert, C, Ruff, M., Weber, R.J., & Herkenham, M. (1985). Neuropeptides and their receptors: A psychosomatic network. Journal of Immunology 135,(2), 820-826. see also Pert, C. (1986), Neuropeptides: The emotions and body-mind. Advances (Journal of the Institute for the Advancement of Health) 3,(3) Summer. Pribram, K.H. (1986). The cognitive revolution and mind/brain issues. The American Psychologist, 41(5), 507-520. Raikov, V.L. (1980). Age regression to infancy by adult subjects in deep hypnosis. American Journal of Clinical Hypnosis, 22(3), 156-163. Raikov, V.L. (1982). Hypnotic age regression to the neonatal period: Comparisons with role playing. International Journal of Clinical & Experimental Hypnosis, 30,(2), 108-116. Rank, O. (1929). The trauma of birth. NY: Harcourt Brace. Reich, W. (1949). Character analysis. NY: Noonday Press. Ring, K. (1980). Life at death: Investigation of the near-death experience. NY: Coward, McCann & Geoghegan. Roches, A. de (1911). Les vies successives: Documents pour l'etude de cette question. Paris: Chacornac Freres. Roffwarg, H.P., Muzio, J.N., & Dement, W.C. (1966). Ontogenetic development of the human sleep-dream cycle. Science, 152, 604-619. Sabom, M.B. (1981). Recollections of death: A medical investigation. NY: Harper & Row. Scott, J. A. & Scott, J. A. Jr. (1984). Age regressions to birth. Medical Hypnoanalysis, 5(1). Stevenson, I. (1970). Telepathic impressions: A review and report of thirty-five new cases. Charlottesville, VA: University Press of Virginia. Stevenson, I. (1974). Twenty cases suggestive of reincarnation, rev. ed., Charlottesville, VA: Univ. Press of VA. Stevenson, I. (1980). cases of the reincarnation type (Vol III) Twelve cases in Lebanon and Turkey. Charlottesville, VA: University Press of Virginia. Stevenson, I. (1983). American children who claim to remember previous lives. Journal of Nervous & Mental Diseases, 171,(12), 742-748. Tart, C. (1975). States of consciousness. NY: Dutton. Now in paperback from Psychological Processes, El Cerrito, CA., 1983. Winnecott, D.W. (1949). Birth memories, birth trauma, and anxiety. In collected papers, Through pediatrics to psycho-analysis. London: Hogarth Press & The Institute of Psychoanalysis, 1975. Woody, CD. (1986). Understanding the cellular basis of memory and learning. Annual Review of Psychology, 37, 433-493. Author Affiliation David B. Chamberlain, Ph.D. Author Affiliation David B. Chamberlain, Ph.D., is a Psychologist, San Diego, California. This paper was prepared for The Third International Congress on Pre- & Peri-natal Psychology, San Francisco, California, July 11, 1987.

**Publication title:** Pre- and Peri-natal Psychology Journal

**Volume:** 2

**Issue:** 4

**Pages:** 208-226

**Number of pages:** 19

**Publication year:** 1988

**Publication date:** Summer 1988

**Year:** 1988

**Publisher:** Association for Pre&Perinatal Psychology and Health

**Place of publication:** New York

**Country of publication:** United States

**Journal subject:** Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

**ISSN:** 08833095

**Source type:** Scholarly Journals

**Language of publication:** English

**Document type:** General Information

**ProQuest document ID:** 198675152

**Document URL:** <http://search.proquest.com/docview/198675152?accountid=36557>

**Copyright:** Copyright Association for Pre&Perinatal Psychology and Health Summer 1988

**Last updated:** 2010-06-06

**Database:** ProQuest Public Health

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