The First Secret: Babies Remember Their Experiences

Science is emerging with powerful studies that show that Babies remember their experiences from in the womb, during birth, and during the first year of life. As you will read, evidence is showing that individuals and their cultures re-tell unfinished and sometimes tortured segments from their Perinatal periods. Much study has gone into Early Childhood having lasting effects on health. But preverbal childhood has been less popular to explore. One possibility could be that some cultures believe that prior to the use of language, there is no intelligence.

Where do our personal and cultural habits originate? Where are the indicators in culture?

What Are Our Cultural Indicators?

Suicide and Drug Abuse

A correlation has been found between suicidal behaviours and the events surrounding birth. The World Health Organization became interested in how many people committed suicide the world over. They looked into the statistics in developing nations and published the following figures in 2002. The following numbers represent how many people committed suicide per 100 000 in fifteen to twenty year olds in each country. Read the figures and then compare them with the information that follows.[i]:

- Switzerland: 14.9
- Austria: 13.8
- Hungary: 12.3
- Ireland: 11.8
- Czech Republic: 10.3
- Poland: 9.6
- France: 9.1
- Sweden: 8.3
- Germany: 8.0
- Denmark: 7.8
- UK: 7.3
- Holland: 6.4

Although attempts have been made to make sense of higher suicide rates in some countries, like those situated between the 45th to 60th parallels that spend a greater number of hours in darkness during the winter and have, on average, colder temperatures, some findings do not correlate with latitude predictors at all. Certain countries' suicide rates are correlated with their birthing practices. When we look at this drastic behaviour in people aged fifteen to twenty-four in European countries, we find the lowest rate of youth suicide in Holland. Holland is unique where childbirth is concerned. In Holland, 82 percent of midwives work independently from the medical system. When a Dutch woman discovers that she is pregnant, she most often visits a midwife. The midwife will decide, during pregnancy and labour, if the advice of a doctor is needed. The effect of the Dutch system is that about 30 percent of births occur at home, and many hospital births are attended by a midwife, who does not answer to a doctor. The rate of Cesarean sections is around 10 percent, and the rate of epidural anesthesia remains below 10 percent. Let us add that, among this group of European countries, Holland also has the lowest overall rate of suicide. These European statistics might inspire many other comments. Let us underline, for example, that the rate of youth suicide is higher in France, even though part of the population lives below the 45th parallel, than it is in Sweden, where a part of the population lives above the 60th parallel. The rates of obstetrical intervention are much higher in France than in Sweden. We might also underline that the rate of youth suicide is higher in Ireland, where labour is more "actively managed" than it is in the UK.[ii]

To compare statistics with North America, they are as follows:

- Canada: 11.8 per 100,000 in 2002.[iii]
- USA: 9.9 per 100,000 in 2002.[iv]

Exploring how suicide relates to Perinatal issues, Swedish researcher Bertil Jacobsen, MD, conducted a series of studies looking at the issues facing present-day drug addicts and at people who had committed suicide after 1940. One study looked at amphetamine addicts. It was shocking to discover that there a correlation existed between their Mother's having been given nitrous oxide, otherwise known as laughing gas (an anesthetic), at birth,[v]and their addictive tendencies in adulthood. In another study involving two hundred opiate (heroine or an opium derivative) addicts, a correlation was found between their Mothers being given opiates, barbiturates, and nitrous oxide during labour.[vi] Jacobsen wanted to make sure that it was in fact

these people's births that were the roots of their addictions, so he did another study that was able to rule out whether contributing factors, like socio-economic status and so-called 'bad neighbourhoods' had something to do with addiction. In the new study, the results, despite the variable of neighborhood and status still showed that drug addiction had something to do with being born in hospitals with birthing practices that routinely administered drugs to labouring Mothers.[vii] [viii] Then the studies went a step further and looked at possible connections between suicide and injury at birth. The results were staggering:

- Suicide victims that killed themselves by asphyxiation had been asphyxiated at birth.
- Suicide victims that killed themselves by violent means had suffered mechanical trauma at birth.
- Suicide victims that killed themselves by taking drugs or poison were born under the influence of pain-managing drugs.[ix] [x]

Some of the above studies were repeated in other countries at other times and were found to have the same results.[xi]

The implications of these studies speak for themselves and are serious. They imply that the human body seeks ways to recapitulate early experiences: A nervous system depressant makes its imprint on a newborn Baby and that Baby may grow to become a person that seeks nervous system depressants later in life. As well, mechanical pressure imprinted at birth may compel a person to seek states that mimic the pressure imprinted at birth later in life. Could it be that suicide is in fact a result of obstetrical interventions?

The theory, as we shall see later, is that somehow contact with an experience at the earliest moments of life set up an expectation of a physical, chemical, or emotional "norm". So much so, that without the presence of this norm (the drug, the pressure, the tension of asphyxiation), a Baby, and later an adult, feels out of equilibrium. It is as though the first information we receive about the world creates an addiction. Discomfort arises when a Baby's or adult's system migrates away from the conditions resembling that first state. Engaging in a behaviour that returns a Baby or adult to the "norm," or state that most closely resembles the original injury, ironically creates comfort. This form of maintenance can be a near full-time pursuit. The rapidly adapting systems of the newborn Baby takes its cues from its immediate surroundings for how it should learn to behave in order to survive well outside its Mother's body. The first

state may be one of comfort, closeness, and nourishment, or the first state may be full of lights, instruments, and adrenaline to save the Baby's or Mother's life. Humans seek out circumstances resembling their first states, both positive and negative. Consider how often the urge exists to excite or depress your own nervous system and how often and at what time of day you are compelled to do it. All of the previously mentioned studies satisfy scientific scrutiny and are considered to be of the same calibre we use to warrant the use of medications and to implement health policies. So, why is this not on the conversation plate of our culture? After all, we are compassionate to Fetal Alcohol Syndrome and drug-addicted Babies. Is it because the results are visible? If we are comfortable believing that alcohol and recreational drugs have lasting effects on the neuroimmune systems of Children and adults, why wouldn't we extend that belief to include chemicals prescribed during pregnancy and birth? If these studies are indicators of trends in the population, are we not obliged to take them seriously? With the incidence of mechanical and chemical imprinting that is going on even in today's hospitals around the world, what kind of population we are rearing? Finally, are we really as in the dark as we think when it comes to the origins of self-destructive behaviours? Or do we choose to turn a blind eye?

The Machine as Mother

It is ten in the morning on Wednesday and Mary has been in labour since six thirty on Monday evening. Her Baby has come early. Mary was born prematurely thirty years before as well; but that was a long time ago and everything turned out fine. The doctors and midwives have informed Mary that her Baby's heart rate indicates that she is in distress. They need to perform a Cesarean section and they should do it in the next five to ten minutes. Mary turns to Jeff, her husband, and the midwives. Jeff can see how tired Mary is and frankly, he is too. He just wants what's best for Mary and the Baby. The Midwives look at each other, and then at Jeff and Mary, and agree that it might be time. Amy is born twelve minutes later through an opening in Mary's lower abdominal wall. They have cut through three layers of Mary's abdominal muscles and through a section of her uterus to retrieve Amy. After suctioning Amy's nose and mouth, the birth theatre staff sees that Amy is not breathing and blue. She is artificially resuscitated while she is taken directly to the neonatal intensive care unit, where eighteen other Babies are in beds near where she will lie for the next three months. While Mary is finally sewn up, the

placenta that she shared minutes before with Amy is removed, and Jeff and the midwives wheel Mary into the neonatal intensive care unit. Amy is in a safe, plastic "isolette," with a large tube taped to her face. She is beginning to open her eyes. Plastic and tubes and monitors slowly accumulate in and around Amy. They lie between her and the body of her Mother, the one she does not know she is separate from yet.

Massive developments in science and technology let humans survive in a world that otherwise might naturally let us die. Amy is an example of the great life-saving abilities modern technology supports the world with. Technological support during pregnancy and birth has risen as a part of the technological progress of culture. With the rise of technology culture is experiencing an unparalleled rise in safety and efficacy in birth interventions: A Cesarean section, recorded to have been performed as early as 800 B.C., was reserved for a post-mortem situation (Only used after a Mother had died).[xii] [xiii] In the 1950s, Cesareans took half an hour.[xiv]. And today, a Cesarean can be done in ten to twenty minutes with lower risks associated with it than ever before.[xv] [xvi] This faster and safer rate is cost effective for the medical system and health effective for the Mother and Baby from the standpoint of mortality. That is why there is an 80 percent increase in Cesarean sections in large cities in China, Brazil, and Mexico.[xvii] [xviii] It is questionable, however, if the new and improved Cesarean section supports the *well-being* of Mother and Baby. Later we will talk about the effects birth interventions have on Babies and their families. Some women experiencing healthy pregnancies have been educated that pregnancy is a medical condition rather than a life passage. Since it is already known that a Baby born with anesthesia in her system will have a slower response to bonding and if not repaired, might affect her emotional and physical development,[xix] [xx] [xxi] it might be our cultural imperative to include the Mother's and Baby's well-being as an important marker of birth intervention success.

In the neonatal intensive care units where Babies are born as early as twenty-five weeks, Babies are being nurtured with great skill, patience, and insight until their lungs have matured enough for them to breathe on their own. Because the early stages of life are designed for Babies to learn rapidly about the world around them, they can be imprinted with the sounds and rhythms of machines: heart monitors, blood pressure gauges, and the look and feel of the incubator. They are clever to orient to the machines around them; survival requires them to. Their life

depends on bonding with their Mothers. In the absence of their Mother, they will orient to whatever is closest to them, such as things that are warm and make sounds.[xxii]

- The circumstances around birth present the climate for how a Child will bond with her caregivers and whom she will bond with: Mother and Father, nurse, machine, or otherwise. Their point of reference for what the world is, by definition, is made by the collective imprint of their first minutes, hours, days, and weeks after birth.[xxiii]
- If the Jacobsen studies hold true about drug addiction and suicide, then can we make similar inferences about addiction to technology? If Children are routinely birthed into technological environments for reasons of necessary medical interventions, separated from the live body of their Mothers, will they then seek out those relationships with technology as though they are normal? In highly technologized births, are we not replacing the Mother with a machine? Is there a correlation between our earliest moments and our cultural exponential assimilation, or bond, with technology?

Recently, a well-known technology entrepreneur made the comment that, "The next generations are being born with technology in their hand; it is no longer separate from them, but an appendage."[xxiv] Is technology at birth and in early infancy replacing flesh with plastic, their Mother's and Father's voices with the sounds of life support, and human smells with fabricated ones? And, if there is a correlation, can hospitals and caregivers include as much human touch and sound with technological support so as not to replace the Mother, and later the friend or lover, with a machine?[xxv] Studies support the idea of giving Babies as much skin contact with their Mothers as possible.[xxvi] [xxvii] [xxviii] And although culture is indebted to the genius of technology and its life-supporting capabilities, it is every person's obligation to recognize the deep impression technology makes on Babies, Mothers, and our culture as a whole. Caregivers can ensure that Babies are held skin to skin, talked to, and allowed to hear the voices of their Mothers, Fathers, and siblings alongside any technological intervention during birth and early infancy. This way, it is ensured that Mother is not replaced by Machine, rather Mother and Baby are supported by the presence of technology. The upcoming sections on the Intuitive Recovery Project will explain techniques to accomplish this.

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