

Hello, I'm Suzanne Arm. I'm a writer and photographer and since 1970 my primary interest has been with the beginnings of life, and the impact of those experiences on mothers, babies, and families. Here with me today is David Chamberlain, a psychologist who, since 1975 has been focusing on the special abilities of babies, from conception onward, their consciousness and intelligence.

You often speak about babies being fully conscious and aware while in the womb. What has convinced you that this is true?

One of the more dramatic illustrations of intelligence in the womb comes from being able to see what's happening in there on ultrasound. This allows mothers, for example, to watch while the doctor does the procedure and doctors and mothers look at what's happening. Their business, of course, is to take out a few ounces of liquid which they can use for tests.

In one case the baby was seen to constantly bat against that needle that was entering the space. In other cases, the baby has actually been able to grasp that needle, and in still other research the baby has retreated, obviously trying to escape from that intruding needle

Well, when you consider the fact that amniocentesis is usually not done after 20 weeks, it gets more and more dangerous to do that so they want to do it early, early would be before 20 weeks, at that time the development of the brain is not very impressive. It's only half cooked, you might say, and, furthermore, the eyes of the baby are still fused. They stay fused till about 26 weeks.

What can you say? Is it psychic? Does the baby have sonar? Even so, it's very intelligent use of sonar to be aware that that's there or try to get out of the way or do battle with it. The old ways of thinking about the brain and intelligence simply don't help us to explain evidence of this kind.

It seems amazing that a fetus that is only this big, and in no way fully developed, could be aware of, and able to respond to, what is going on around it. How does this relate to everything we've been taught about the brain and the nature of intelligence?

Scientists believed that the more brain you had, the better off you were, of course, and they generally believed that the early parts of the brain to show up in development were doing simple things and were not able to do complicated things, that as the brain built up across the months, they finally had nine months of full-term development of the brain, you still had a brain that was only one third of its final size and mass and so on, and it had obvious inadequacies. It didn't have this and it didn't have that. A great deal of emphasis was placed on the cerebral cortex as that special part of the brain that allowed us to do our thinking and so on.

And now we're learning that there's much more than the brain that is part of the intelligence system. The brain and spinal cord is referred to as the nervous system, but in addition to that and linked in with it now is the endocrine system and the immune system; so these three systems together never function separately, really, and we can only hope to appreciate the intelligence of a baby before or after birth by looking at the entire fluid intelligence system. And it turns out, of course, that the chronologies are all different from what we thought they would be if we just focused on the brain itself.

In an auto assembly line you don't expect a car to work until that last part is put in there and it's got everything working together. This isn't true about the brain. The brain is working right from the start. It does more and more and it's quite mysterious how those different parts of the brain work with each other, but what we know is you do not have to wait for the finished brain to expect a working mechanism.

David, I understand that much of your research has focused on the ability of people to remember what happened to them around the time of birth and even in the womb. As a therapist you've used hypnosis to gain access to these memories.

It's a mystery still, but in hypnosis, in a trance state, a slightly altered state from the usual consciousness, people can do amazing things with their mind, and one of the things I found they could do is remember things that you would never expect anybody to be able to remember. This came out of the blue. I wasn't expecting, I wasn't asking for it, I didn't really know that people can go specifically to birth if I asked them to.

When did you first realize it was possible for people to have memories that early.

I think this was in 1975, and since that time I've had just a steady stream of very early memories, not only age one or two but many, many birth memories and prebirth memories. In my experience, it doesn't seem to make a difference. People can access any of those times equally well.

From the usual framework of scientific thinking, we've been taught that no baby is capable of remembering its birth or before birth or, for that matter, even the first month of life

The reason for that is our way of thinking about babies has been pretty materialistic. That is, it's been based on anatomy, on matter, specifically, brain matter, and we judged people, babies, by the amount of brain matter that they had, and we made the presumption that unless they had a lot of brain matter and particularly the kind of brain matter that comes at the end, the cortex, the full development of the cortex, we thought they would not be capable of any sophisticated mental processes, including memory and learning.

Virtually everything that we know now of a scientific nature has come to us only in the last couple of decades. It's all new.

And it turns out if you look at what we have thought about infants, we've been very prejudiced. All kinds of myths about them from being animals or sub-humans and not quite like us to being blind and deaf and dumb and not feeling anything and their cries are worthless and their smiles are meaningless and all these things turn out to be just myths. We have facts today to look at to show us how really intelligent infants are.

Can you give me some examples?

If you study spectrographs which are very elaborate portraits of sound taken from the first cry of a baby at about 900 grams, a baby that might be 25 or 26 weeks in gestation, if you take a portrait of the first cry, that spectrograph can be matched with its own mother's voice which means that already by about 25 weeks that baby has listened to its mother's voice long enough and intelligently enough that it has already learned many of the speech characteristics of that particular mother. Now, we never imagined that that kind of learning and language learning could be going on in the womb, and this is long before birth term, 40 weeks. You see, the difference between 25 and 40 is quite a long time for babies to be listening and learning.

This is certainly not information that the general public is aware of. We're not even told that babies can see at birth.

Babies have very good vision at birth. It's not perfect; it takes a few months for it to get up to where adult vision is, but what they lack at the beginning isn't terribly important. It's that ability to look at great distant focus easily between near and far but babies don't really need to do that. They have what it takes to see the people right around them, and they seem to respond to colors and shapes and patterns much the way that an adult would, being interested in complex patterns and in primary colors and in things of that sort.

Babies can smell at birth just as well as we smell. Their taste facilities are as good as ours. They are fully sensitive all over their bodies to being touched anywhere. In fact, they have been fully sensitive to touch since about 30 weeks of gestation in the womb. In so many respects they're very adult in their perceptions, in their sensibilities after they're born.

One piece of information that has gotten out is the ability of babies to hear while in the womb. Traditionally, women have talked to their babies during pregnancy and felt that their babies were listening and could understand what they were saying and feeling.

One of the interesting discoveries is that babies seem to be reacting to music in the womb, and some of the studies show that babies gain weight, for example, if they hear Brahma's lullaby in the nursery versus those who didn't hear that didn't gain that weight, that extra weight. Babies get riled up in the womb when they hear rock music and loud, violent, aggressive kind of music whereas they calm down and react to things like Mozart and Vivaldi.

If you play certain music like nursery rhyme music, Mary Had a Little Lamb, for example, before birth, then the baby seems to prefer that after birth.

So much of what you're saying fits with what women have intuitively known for centuries. That their babies in the womb are listening and aware. In many traditional cultures around the world - for example in Japan, ancient Greece, and in many tribal cultures - when labor was late or slow a midwife or the mother would sing to the baby to make it feel welcome and to coax it out. Traditionally it has been understood that the baby was not merely passive but actually conducted its own birth. This is definitely not reinforced, much less acknowledged, in prenatal care women get today.

Generally speaking, obstetrics today is still based on these 19th Century ideas about the brain, and this is the reason why babies are born in our society the way they are today is because the scientists, the obstetricians who are so involved with these births today in hospitals don't really believe that the baby is feeling everything or the baby will learn from the experience or could possibly be remembering all of the things that happened in the delivery room.

We also haven't accepted the fact that when these babies scream and cry at birth they really mean it. They are really suffering. They're having a bad experience. And they're telling us in a very vocal, very dramatic way that they're not happy with what's going on in the environment. They don't like being turned upside down. They don't like to be rushed through space and handled by different people. Their skin is extremely sensitive. They don't want to be rubbed and washed. They feel the pain just the way we do, and so giving them needles for Vitamin K or sticking them in the heel to get a blood sample is very uncomfortable to babies. And I don't think the doctors worry too much about the babies carrying too much or putting any meaning in that or having any memory of it.

The general perception today is that there have been major changes in how birth is handled - just look at hospital birth centers and allowing the fathers to be present at birth. But you and I know that obstetrics is actually changing very slowly in terms of humanizing the experience. Women may be listening to taped music during labor but they are also choosing to have epidurals and are having unnecessary cesareans, and their babies are ending up in intensive care for no good reason. We are consistently moving in the direction of more and more machinery and hi-tech intervention.

Most of the routine of how we handle babies at birth hasn't changed, and I think it's based rather firmly on that old medical model that the brain isn't sufficiently developed so you don't have to worry about babies feeling too much or having bad experiences at their birth. But I know that babies are having some bad experiences at birth. We're hurting them. We're upsetting them emotionally. We're making them angry. We're making them sad. We're confusing them. We're giving them pain when we really don't need to. And I don't think there's nearly enough concern about what we're doing to babies right at the start. The first contact with us ought to be a really good one. It ought to be as ideal as we know how to make it

I'd like you to talk a bit about fear and birth. One of the most striking differences between us and most other cultures is our high level of fear and anxiety around birth. I believe that is what drives our high-tech approach to prenatal care and childbirth in this country and is responsible for so much of what we do that is invasive to the process and traumatic to babies.

Fear is one of the worst things for a mother who is trying to have a baby, and we ought to be more careful about whether we are inspiring fear in women or helping them to develop confidence and trust in their own ability to give birth so that when the time comes they just enter into that process and give themselves let go and do the birth the way women have done it for thousands of years. Sometimes knowing too much about birth is a handicap to women, because what they've learned makes them afraid. If you teach women about all the possible complications of birth they tend to worry about that stuff and it's hard to put it aside.

I've noticed that nurses, for example, having babies are more difficult than others because they expect all those complications and they tend to have them. It's difficult for them to just forget all their nursing and all the diseases they've studied and all the emergencies they've watched and just be a normal mother and have a baby. It's very difficult. The same is true of obstetricians themselves. When they're women and mothers it's difficult for them to have a normal, natural birth because their head is so full of danger, all the terrible things that could happen. And this is an unfortunate aspect of medical education today. Obstetricians have to be trained to deal with every possible emergency and every possible abnormality so by the time they actually reach a real mother having a real baby, they're freaked out. They're scared. They're petrified that something will go wrong and so they tend to intervene too soon, too much, and it ends up in a kind of defensive medicine of trying everything and doing everything and upsetting everything so that a woman can hardly have a natural birth in a hospital today.

Naturally, if there is some medical abnormality, some disease, you'd like to have all the advantages of an obstetrician and a modern hospital where they're ready for anything. But for the ordinary birth, the normal birth, maybe nine out of ten births that are normal and natural, the ideal setting is not a hospital delivery room where the temperature is wrong, the light is wrong, the violence is wrong, the routines are all inappropriately timed where you have to do this and you have to do that and there is separations. This is not anywhere near ideal for a normal mother and baby.

Natural births are rare, in fact, in hospitals because I think of all the anxiety and tension built up on the nurses and in the doctors themselves to keep things from happening and to anticipate things going wrong, all of which I think is communicated, gets through to the mothers and the mothers become afraid and anxious so they tighten up and they don't act like women a hundred years ago or 300 or a thousand years ago who just expected to be able to give birth with the help of their mothers and friends.

This is really ideal. You don't have anything like that in our country, unprepared and having a medical delivery is anything but ideal. We have a long way to go to make birth what it really could be and ought to be for infants that are smart, that are perceptive, that are communicative, that are watching you and learning from everything and getting their first big dose of what life is going to be like in the big world out there with people, with other people.

One aspect of our culture that makes us so different from traditional cultures is how unfamiliar we are with the normal process of birth, and how that feeds our fear.

In our society with birth happening in the hospital it's been virtually hidden from public view so other children are not there, sisters are not there, mothers are not there, grandmothers aren't there, husband's are not there, usually, and for a couple of generations we had women going in to have babies who never saw anybody ever have a baby so they had no preparation or experience. They had no emotional preparation and no knowledge to give them confidence that they could do it like they've seen others do it, and in birth as in many other things, it's nothing like having a good model. If you've seen a woman do this and do it splendidly, that's an inspiration and it teaches you how to go in and do that, too, but we have this peculiar situation where birth has been secret. It's been in the four walls of a delivery room where only doctors do it and nurses do it and our young people don't get to handle babies at birth. They don't get to see the birth. They don't see how mothers do it.

I think it also deprives young people today of seeing their mother in a very special role. It's winsome. A woman who gives birth and others who participate in that birth and see that event are just immensely moved by it. There is a tremendous respect that goes out to women, and in our culture it isn't the woman so much that wins respect from giving birth but it's the doctors who are the heroes. They're the ones who have delivered the baby. They have all the gadgets. they're the wizards who preside in a high-tech age.

And so if the baby is born safely and well, the doctor gets the credit, the hospital gets the credit, and so mothers have, I think, been diminished in their role of giving birth which is a tremendous thing to do, and if we could only see it more often, I think we would have more respect for mothers and for women, in general.

It's not just that men have taken over. It's equally true that women have given up so much of our intuitive knowledge and lost our natural trust in the process and in ourselves.

In general, babies have been born in hospitals only in the last 50 years. Before that virtually everyone was born at home and they were born in a very intimate, familiar setting. Women helped women to do this. Men were not usually involved. They might be supportive or they might not even be there. In some cultures men are not there. They're not supposed to be there. Women are there and women know what to do to help women. In general in the olden days back for thousands of years the mother and the baby were naturally together after the birth.

There was no interference. There were no violent things happening, no shots, no lights, no temperature, big temperature changes and so on. The baby was kept close to the mother and was stimulated by the mother's language, the mother's heartbeat, all the mother's national activities, the sounds of the mother's home and the village and so on, and that turns out to be really a very ideal way to be born.

I think we do better if we turn more to midwives for help with birth than we've been doing in the last 50 years or so. In some countries, of course, it's the norm to have midwives handles the births. In the Scandinavian countries, for example, it's just assumed by everybody that the midwives will handle all the births, and if there are complications, midwives call in the obstetricians and they have all those facilities available, but it's the midwives who handle the births. They have exceedingly good safety statistics and they keep the mother and baby together. Many of the babies are born right at home and visitors come in to assist the mother and support her. This is really ideal. We don't have anything like this in our country.

One of the things that has always troubled me is the amount of drugs that are given to mothers in this country. Americans don't think about ho much we rely on drugs, whether to induce or speed up labor, to stop premature labor, to force fetal lung development or the drugs given for pain. In other countries people are much more conscios of the dangerous side effects of these chemicals.

Drugs are used in the process of delivery for good reasons. The mother wants to be comfortable and so on. But we have ominous signs that the drugs that we give to the mother are leaking through to the baby and perhaps interfering with mental processes and might possibly be even damaging, because it's a very crucial developmental stage for physical development of the brain during that birth period and there can be residue from these many chemicals, mixture of chemicals that are given to a mother in the course of delivery.

But it's all part of I think the medical approach to birth is rather insensitive when it comes to the delicate nature of the mind of the baby at this very crucial time of birth. And then there is the issue of separating the newborn baby from its mother. In America are most unusual in our practice of separating mothers and babies after birth. Ever since we moved birth from the home to the hospital early in this century babies have routinely spend time in hospital nurseries.. For decades this was because babies were coming out in such poor condition - and needing resuscitation - suffering from the effects because of the drugs given to their mothers in labor and at delivery., which put them totally unconscious. Today women are generally awake for birth, but We've continued to routinely put newborns in nurseries, but now we are told it's to observe them., to see that they're all right. But the end result is the same. Mothers and their babies being separated.

The baby doesn't need a break from its mother after being born. The baby wants to be with its mother and needs to be with its mother more than anyone else in the world. There are wonderful things that take place between the mother and the baby, exchange of antibodies, face-to-face exchange, a bonding that takes place when that baby looks right into the eyes of the mother and the mother looks right into the heart of that baby. These are magical and transforming moments. They're unforgettable moments. We should never let any medical procedure get in the way of these powerful, magical moments.

That baby feels secure and peaceful and safe and happy if it's in the arms of its own mother. It doesn't want to be with a nurse or with a doctor. It doesn't want to be in a basket. It doesn't want to be with a bunch of other babies that are crying. Actually, we know from research that it upsets babies to be in a situation like that, and I know from my work with baby memory later that babies wonder what they're doing there. They know they shouldn't be separated from their mother, and they wonder why don't the nurses know this. Why don't the doctors know this. And they judge their parents also for going along with this medical approach. Why did my mother let this happen? Where is she? Is she awake? Why does she let this happen to me? Babies know where they belong. They belong right next to their mothers. And somehow the medical system hasn't really caught up with this.

Well I think this idea or this myth that babies need to be separated from their mothers and fathers has spread from the hospital to the way babies are cared for in the home.

Babies don't need to be isolated. They need to be included. They need to be close, not separate. They are naturally stimulated in their growth and development by being very close to their mothers, and in this respect mothers in the Third World have done better and their babies have done better in these early months after birth than our western babies because we've separated them out and deprived them of the kind of normal stimulation that should have been theirs.

Studies of babies in Africa show, for example, that these babies progress more rapidly after birth, they mature and grow more fully than babies that are born in a hospital there by western style and whose mothers sort of copy the hospital model, the medical model of how to treat their baby by setting them aside.

So really mothers and babies and fathers, too, all belong together. The baby profits from that. It doesn't need to be protected from its parents, and parents shouldn't think that they're doing the best for their babies if they leave them alone. The best they can do is to stay with them and make the baby part of their life. Babies seem to thrive on that.

There is so much cultural misunderstanding about babies.

We misunderstand when we look at a baby's size and think that that says anything. They're small but they're still like us. They care what happens. They react to hot and cold. They don't want to have needles. They don't like to have things in their eyes. They don't like terrible sounds. They want to be in peaceful relationship to their mother, all of which you'd expect from any other human being at a time like that.

Look how a baby screams and cries. This is dramatic, clear, articulate, if you will, but we haven't given proper credit that they knew what they were saying or that they had anything to say. I think we've put too much emphasis on grammar and vocabulary. There's much more to communicate than just through that kind of language.

Babies are fully equipped to respond to touch, and they themselves reach out and touch, a bit awkward because they haven't gotten all that fine muscle coordination yet, but their intentions are right, their purpose, you can see that they're reaching out for you. And it's a wonderful experience for somebody in the delivery room to be there with a finger that's grabbed. Touch and movement are aspects of a baby's communication system.

The movement of that baby shows you whether it's peaceful or happy or whether it's kicking and thrashing and angry. Even the fist when a baby comes out like that, it's a very good communication, a clear sign of anger and frustration, but the open hand has an entirely different message.

I like to call these universal languages. Babies speak these universal languages as well as any of us, but of course it doesn't do them much good if we deny them and don't pay any attention, as I'm afraid we often do when they're screaming in the delivery room. Adults are smiling and saying, "Oh, good healthy baby." They don't really take the communication seriously.

One of the most stirring things I observed when I began photographing births was how clear newborn babies' eyes were when their mothers had not been given any drugs during labor. I saw babies twist their heads in order to look directly into their mothers' eyes. and this was within a few minutes after being born. And then I became aware of the research that babies see more clearly in the first few hours after birth than they will for weeks afterwards. And the distance they see most sharply is 12 to 18 inches, which is precisely the distance from the baby's eyes to its mother's breast.

Babies look at you with great intensity. They're absorbed in faces. They pay more attention to faces than other things. And they know when faces change expression. They can even mimic instantly certain expressions like sadness, surprise, happiness or even facial movements like sticking out a tongue or opening a mouth wide. They see that and they do it. It shows how attentive they are as observers. They watch the faces of their mothers for how their mothers are feeling. If the face is depressed or too still and not moving, they get restless. They try to distract or they try to get her warmed up.

Babies can get so absorbed in listening to adults talk that they don't even move except on the syllables and in between words. They don't just move any old time. They get into a kind of entrancement or entrainment and they dance with you. They follow you.

Somehow babies seem to grasp what parents are saying, and if it isn't the grammar and the vocabulary it's something else. It's language at another level. Telepathic, perhaps, where meaning is transferred from one person to another. It could be that babies are as good at that as we are, and if they don't have to wait for grammar or vocabulary, they seek to get it. They get the message. How they get it, it's hard to explain, but they get it.

In your writings you talk about how so much of what we are taught to believe about babies is a collection of myths. Speaking personally, which of these myths do you think is the most harmful.

One of the myths that's hurt babies the most and has been the most cruel is the myth that they really aren't capable of pain and that their cries of pain don't mean anything. Doctors used to call it a reflex and, of course, you can see this happening in such obvious and dramatic cases as circumcision of the newborn baby or a baby who is just a few days old. Those babies scream bloody murder. They couldn't protest more loudly. They turn beet red. They kick, they scream, they writhe, they do everything that every other human being would do to try to protest against having the penis tortured. But for generations doctors have told themselves that this is not an important reaction, that the baby's brain is not sufficiently mature to make anything of it, to put any meaning to it, or to be affected by it as you would if you were learning from it or remembering it.

How is it possible for a physician to circumcise a baby, to listen to his cries, and not believe that he is not experiencing pain.

Up until very recently babies were operated upon at major surgery with no painkillers. Often they were given a muscle paralyzer to keep them quiet so they couldn't utter a cry, they couldn't move a muscle, but they were experiencing the full brunt of the painful surgery. It's only in the last few years that that has been stopped because of parent protests. The surgeons doing it still explained themselves that it was okay to do it because the brain would not really register it, it couldn't be important or they felt somehow the anesthetic that they might use could even be worse than the pain itself.

They were wrong about that. We know now from many studies of the effect of the pain on the infants that they're very disturbed. Every measurement of heartbeat and blood pressure and enzymes flowing and body chemistry as well as the type of cries that they're uttering, the breathlessness and everything that goes with pain in anybody else can all be found in these infants.

It should remove all doubt. Nobody should ever say again that infants don't feel this pain and at the least, we should stop causing infants pain in the way we do birth. It's bad enough if natural processes are painful and to some degree they sometimes are. They don't have to be, but often they are, but to make them painful by injecting pain into the situation routinely is a terrible mistake, it's a tragic mistake, and it amounts to a kind of abuse of the baby.

We don't intend, the medical people don't set out to abuse babies, but they are in fact being cruel to babies because they don't recognize the legitimacy of baby cries and baby smiles.

What could be nicer than a smile to reassure us that we're doing the right thing for an infant? But it happens in very few births that you will get a smile, and I think not because the baby isn't able to smile, but because there isn't anything there to smile about

If we would only watch the baby for cues, we would do much better. If we followed those smiles and did everything that we could do to get them to smile or let's say we paid a bonus for any doctor who could deliver a smiling baby, extra to the hospital for any baby born smiling, it would really turn things around.

Lets talk a bit more about the pre natal period because that is so misunderstood.

It matters a great deal when a mother is eating and drinking and the kinds of drugs she's taking, whether they're legitimate or not, the kind of exercise a woman does, the way she hurdles her body around, jumps up and down and so on, the kind of music she's listening to, the kind of the noise that's blasting around her, the noise of the workplace, toxic materials, there are just all kinds of implications for trying to protect the sanctity of that special being in the womb who's listening to you and bonding with you.

I think parents would act very differently if they knew they were dealing with a very intelligent being inside the womb. I think it's only our prejudices that babies are small and that babies are dumb and that we haven't taught them anything yet and how could they know anything until we teach them.

With that attitude you don't really connect with babies. You don't respond to babies. You don't have that communication link that you could have if you realize there's somebody there listening very carefully to you and wanting to know you, perhaps already falling in love with you and wanting you to reciprocate, wanting you to listen, wanting you to talk and play games, even in the womb. So I think it makes a tremendous difference to parents if they know that there's great intelligence in there. We don't begin to give babies credit for what they can do.

I think it might be interesting to hear some examples of actual memories that have come up during sessions with your clients.

One of my clients, one of the earliest cases that I had was a woman who was dropped as a baby right from the delivery table, slipped through the doctor's hands and had a crash. She consulted me for fear of flying, and nothing that I did to try to correct her fear of flying worked until I finally reached this memory about crashing at birth. She had never known that she had this experience.

No one ever told her. I don't suppose her mother even knew that this had happened in the delivery room, but as she was telling me about her birth, everything was fine until all of a sudden you said, "Ah, I was dropped," and it hurt her. She experienced in effect a crash. And that experience of a crash was just sort of there lying in the wait for planes to come along and then she transferred that fear over to being in planes and so on.

When we got to the root of that, she didn't have her fear of flying anymore, either, but that's the kind of thing I find again and again that attitudes, sometimes beliefs about oneself and about other people are often formed in the crises around birth.

Recently a client was remembering her period of labor before birth, about experiencing the anesthetic coming through her during the labor and delivery. At first her body was moving very naturally, and as I was observing her during hypnosis her feet were moving and her head was moving, her shoulders and arms are free, and then all of a sudden she was just rigid and she was telling me what was on her mind going through this as a baby. She became frightened because she was losing her feelings and she wasn't able to move anymore.

Her mother wasn't able to move anymore, either, and this was a frightening experience for her. She realized that the feeling was leaving her and the last place to feel it was around her arms, arm and wrist. And she began to move it to try to get feeling there because she was getting in a panic losing her feelings. Later she described her feeling half alive and heavy and groggy and this produced anxiety and has been something of a pattern for her ever since.

I've had people remember times when they were in the womb shortly before birth and their parents were on a trip, they were on a boat and there's the railing of the boat and there's the scenery that the child describes. The child is also in touch with how the mother is uncomfortable, she's a little woozy, and her husband helps her to sit down and is very solicitous, trying to care for her mother. When that child went home after remembering this in hypnosis and told her mother about it, her mother was amazed. How could she have any memory of, first of all, she was in the womb and, second of all, all this description about the scenery and everything that was right there for her, she had never been to that place later, couldn't get the information from anywhere else.

Where we're just getting around to acknowledging that we adults can do things like that.

But I think it's just the next step is to realize that babies are more like us than we ever thought before, and they're probably like us in their ability to do these things, mysterious as they are, I've just accepted the fact that it's part of human consciousness that wherever you have a human being, you have these very special assets, these very special communication abilities, and babies are not left out of that. Babies are doing it just as we're doing it.

I think one of the things that many people have a hard time with is that a baby can remember and comprehend an experience before it has the words to describe what it was feeling.

When I speak of adults remembering these things, I don't necessarily mean that they remember it like you and I remember what we had for dinner, but they carry it within themselves, their minds and bodies, these memories, and they act out the memories. They act as if they know what happened so it's like having learned something but forgetting when you learned it and yet there you are, doing it. Some of this is turning up in research about suicide. Adolescent suicide, for example, tends to be linked with traumas at birth and the means of suicide seem to be chosen with reference to the sorts of things that were traumatic at birth. If it was a chemical experience at birth that upset the baby, then they tend to go for some chemical thing, but if it's some instrumental delivery, a wound of some sort, then the means of death that they just naturally try has to do with a knife or an instrument of some sort.

And in another study of teen-agers who were committing suicide year after year it was discovered they were doing it at the same time of year that their mother's had attempted to abort them many, many years before. And in this group of cases the children knew nothing of any attempted abortion, but they were literally acting it out seasonally without knowing what they were doing. Fortunately, they didn't succeed, but they weren't just acting crazy trying to kill themselves. They were in a sense reenacting a trauma, a very life and death crisis that they had passed through when they were in the womb. All of this only became understandable when the mothers got together with the children, the grown children, and shared this information and the therapist discovered that it was all linked together in that way.

So I'm afraid we really need to be much more discriminating, much more careful about how we relate to the baby in the womb and, of course, around birth, because they're very sensitive and we're likely to do things that we regret later, things that have a negative outcome rather than a positive one.

I have read that research, which was done by a respected Swedish scientist. He also found a direct correlation between birth trauma and the amount of drugs administered to mothers during delivery. From me, the most compelling aspect of this research, is that this scientist wasn't even looking for a relationship between birth and attempted suicide decades later.

I think we have to be sensitive to children at all ages, certainly babies and babies in the womb. I think that we're all alike in their ability to profit from experience, whether we are ready for them to do that or not. I think we hope that we're not noticing that they're not listening and that they won't be hurt by the mistakes we make and the things we do, but they do take that in, and I think we have to do better and I think we'll do better if we really respect the native, the intrinsic intelligence of all human beings at any age.

When parents first hear this kind of information, their reaction is often tremendous guilt. But the point is not to make parents or medical professionals feel guilty. The point is, to acknowledge that there can be trauma early in life. If we accept that then we can do something about it. But we can't do anything until open ourselves to the sensitivity and intelligence of babies.

Life provides a certain amount of grace for us to make up for things. Once we realize we've made a mistake or done something wrong, there are ways that I think we can make it up to our babies, and one of them is I think we can talk to them about these things in a way that we never thought talk would do any good. I think we can be more forthcoming, more direct in acknowledging mistakes we've made, things that we did that we didn't know any better at the time and ask for the babies' understanding and forgiveness and then, of course, it's never too late to love a baby, no matter what you passed through before. Maybe you didn't want that baby at the time of conception itself, but as you lived with the idea, you warmed up to it and you came around to really affirming and accepting that baby. I'm sure that the baby follows along somehow and knows that you've changed and feels the love that comes that's something different from before. So relating to babies, I think, is a lot like relating to each other. We never gave them credit for being able to relate to us that way, but I think we do better if we just make that assumption that they are like us and communicate to them directly whatever, as fully as we can, whatever is important to communicate to them. I think somehow they respond to that. They understand that. And are reassured about it.

Being accepted and understood has a profound impact on our health and well being and this is especially true for babies in intensive care.

Sometimes nurses working in a neonatal intensive care unit have to do rather painful procedures to babies in nurseries, and some of them have noticed that if they explain to the baby what they're going to do and how they're going to feel and why they're feeling it, how important it is and reassure them that it's going to be all right, they swear that those babies come through better than the babies they don't talk to, and I think here again is subtle communication. What is it? Is it the ability of the nurse to convey compassion? Is it the ability of the nurse to inspire trust? Is it affection? What is it? Whatever it is, the baby gets it. The baby seems to get it and is it able to relax, able to cooperate, and recover more quickly from that operation or procedure than other babies going through the very same procedure.

Touch the Future
David B. Chamberlain, PhD & Suzanne Arms
Babies Know More Than You Think

In our modern society we've really pulled everything apart and it may be that part of why our society has so many breaks and leaks in it and is kind of pulling itself apart may come right down to this: that we haven't protected the special relationship between babies and their mothers in those very crucial growing years of infancy and early childhood when so much happens, so much magic takes place between mothers and babies. Without that, babies don't seem to do what they should be able to do, and they may not have the respect and the bond and the trust and the affection that they need to have for parents if families really are going to be cohesive, really going to be together through the pains and strains of modern life.

But there is a core the binds all of us together and that is how we treat the baby. From these beginnings, everything that we value unfolds.

When you look at babies and find the dimensions of their consciousness, that everything is there right from the start, it's like they're never without it, their sensitivity, not only their physical senses but their emotional senses, their empathy, their ability to catch on and to bond with us, to be affectionate, to develop loyalties and trust, to learn from experience, to make decisions.

So I think that whatever we do for babies is going to help our society and of course we can't help the babies all by themselves. If we don't help the mothers, we can't help the babies because the babies really depend on those mothers. So if we do the best possible for mothers, then we'll have the best possible for the babies. They need to be kept together. They need each other.

END

David B. Chamberlain, PhD, is a psychologist and major contributor the emerging field of pre and perinatal psychology. David has authored over forty professional papers on the consciousness of the unborn child, pre natal learning and memory. He has presented his findings at keynote addresses throughout the United States, Canada and Europe. From 1991 to 1999 he served as the President of the Association for Pre- and Perinatal Psychology and Health and was the founding editor of the website Brithpsychology.com.

Suzanne Arms is the author of five books including *Immaculate Deception*, *A Season To Be Born*, *Adoption: A Hand Full of Hope*. She is the director of Birthing the Future an educational organizations serving mothers, babies and families based in Colorado.