

Birth, Love, and Purpose

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The midwife took the new mother's hand and gently guided it down to touch her baby's head for the first time. The mother gasped. Any doubt she'd had as to why she was going through this immense pain was forgotten. The little one she had been awaiting was finally arriving. With renewed fire, the fire of mother-love, she pushed. Moments later, one final push brought the new little body whooshing out so fast, it nearly landed on the floor instead of the midwife's welcoming hands. Almost immediately, the baby lifted her head up and looked intently at each of us in the room. She seemed to want to get a good look at each of us, to see what these people attending her birth looked like, before getting down to the important business of nursing and gazing into her mother's eyes.

To me, this scene from the first birth I attended is a description of purpose at its purest. Everyone present, including the baby, was keenly focused. Anything not essential dropped away. We all knew our places and what to do, despite the fact that only the two midwives had ever attended a birth before.

Birth is not always like this. Modern Western birth tends to look quite different. Typically, the doctor recommends going to the hospital when regular contractions indicate the birth is near. This creates a major disruption to labor just as it is getting going. The biological sense of purpose in mother and baby are interrupted by the commotion. Active labor often slows down or stops¹. Nature has designed us, like other animals, to birth in a secluded, private, safe place². Home is a familiar setting, where mother and baby can be relatively relaxed, in contrast to a speeding car with an anxious

driver. At the hospital, there are forms to fill out, questions to answer, and numerous hospital personnel to interact with. Once the mother settles into her new environment, various staff members make their appearances to check in on mother and baby in their various ways. The natural purpose of birth, to bring forth new life, seems to move into the background, displaced by the needs of others. The mysterious force that has driven the labor to this point seems to be forgotten, except for the more persistent contractions that insist on continuing in their task.

The disruption created by transporting to hospital and being surrounded by busy strangers popping in and out of the room is just the beginning. In a brilliant expose on modern Western birth practices, medical anthropologist Robbie Davis-Floyd³ has methodically reviewed medical birth interventions and revealed how they are generally unnecessary and lead to more interventions. She concludes that these interventions are designed to initiate mother and baby into the modern technocratic world they inhabit.

While Davis-Floyd's commentary on technocratic America may seem extreme, it is highly relevant to the topic of purpose. The medical interventions she describes are at times essential to save lives, but may interfere with the natural sequence of birth mother and baby are biologically prepared for⁴. This interruption may not only interfere with the expression of purpose at birth, but, as discussed later, may alter purposeful action throughout life.

As birth experts have begun to acknowledge the advantages of nature's ways, attempts have been made to resurrect these ways⁵. Still, today's birth typically involves a high degree of medical intervention. Physicians are trained to see birth as a medical condition, rather than a beautiful expression of nature. The very fact that doctors are

involved in birth defines it as a medical event. Because medical training focuses on pathology, medical staff may approach birth with fear or, at best, mistrust. Something is bound to go wrong. Therefore, birth must happen in the hospital, where emergency services are available. The motivation for action becomes fear-based. This incentive is at odds with the natural, love-based urge responsible for the new life making its appearance.

The conception leading to birth is, hopefully, an act of love, not fear. Most parents look forward to welcoming their new family member in love. Biologically, love is meant to accompany birth. Oxytocin, a hormone present in love-making, is released during the birth process, fostering feelings of love to ensure post-natal bonding⁶.

Love and purpose are intrinsically linked. Purpose is motivated from within, guided by feelings of love. When I am on purpose, my heart sings. I know I am on track. I have a sense of rightness, like the feeling experienced by the newborn in his mother's arms⁷. This quality permeates a birth like the one described above. The love in the room is tangible. Labor progresses as determined by mysterious internal processes. The pain may be intolerable, but a gentle reminder of its purpose, that a little bundle of love is coming, transforms the experience. Birth can then be what Mihaly Csikszentmihalyi terms an "optimal" or "flow experience," where "attention can be freely invested to achieve a person's goals, because there is no disorder to straighten out, no threat for the self to defend against."⁸ Pain, itself, becomes a manifestation of the purpose, reinforcing the mother's internal focus.

In contrast, a highly medical birth is characterized by externally derived motivation. The doctor recommends various actions, usually with a strong sense of urgency. The parents try to make sense of the mass of information coming their way, and

usually agree to do what they are told, out of fear and confusion. They seek a sense of rightness, but may or may not find it. Women may experience anger or dissatisfaction for years after a birth like this⁹.

For babies, too, medical interventions can have lasting deleterious effects. For example, birth complications have been linked to violent crimes in adolescents¹⁰. Babies born with interventions like anesthesia, forceps, and caesarian section often exhibit prolonged crying, tactile defensiveness, and bonding deficiencies¹¹. The imprint of obstetric interventions tends to be recapitulated later in life as specific behavioral patterns or repeated relational difficulties¹².

Babies have their own purposeful actions during their birth, like the little girl who wanted to look at everyone in the room. Birth at its most natural is internally motivated. Babies initiate birth when they are ready by producing certain stress hormones¹³. Most babies, when given the time and support they need, can find their way out of the womb in a satisfying way. They seem have an innate knowing of how to be born. They engage in a movement sequence as they spiral their way out through the birth canal¹⁴. They move harmoniously with the uterine contractions. Mothers and babies push together. Babies push with their feet and heads, while mothers push abdominally.

This beautiful dance changes character with many obstetric interventions. Induction drugs, for example, speed up and intensify contractions beyond the baby's (or mother's) ability to keep up¹⁵. The dance becomes a painful battle. When babies are pulled out by forceps or suction, they miss out on the later part of their movement sequence. Instead of the satisfaction of pushing their way out at their own speed, they

may experience painful forces suddenly pulling them in directions and speeds that differ from that sense of rightness.

In prenatal and birth therapy, children and adults often need to re-learn their own, personal timing and rhythm that has been disrupted by such interventions during the birth process¹⁶. The early imprint of having external forces interrupt and alter an internally motivated action can be replayed throughout life when attempting to follow inner impulses to act. At some point, the person may expect or manifest a similar interruption or alteration from the outside¹⁷. Attempting to fulfill inner purpose then becomes frustrating, rather than satisfying.

When interventions are essential, it can be helpful to talk to the baby, to explain what is about to happen and why¹⁸. Babies can then more easily incorporate the procedure into their purpose, so that they can cooperate when possible and are less overwhelmed by the intervention. I have heard stories of induction and breech births being avoided when parents or others have explained to the baby the need for the birth to happen by a certain time or for the baby to turn around. Babies can be very cooperative when they understand the purpose of what they are being asked to do. I like to think that approaching babies and mothers with love and respect in this way enhances the love field birth is meant to happen in. In this vein, birth and falling in love with one's baby are facilitated by consistent, support for the mother throughout the birth process¹⁹. When the mother feels safe and taken care of, she can rest in the love field, and welcome her baby with the love she feels.

Once the baby is born, the next immediate purpose for both mother and child is bonding. The innate intelligence that guides this process is evident when a newborn baby is placed on his mother's belly. The baby, when not medicated, will find his way up to his

mother's breast, crawling up her body until he finds her breast.²⁰ How does the newborn baby know how to do this? This act of completion of the birth sequence seems to be etched in his innate knowing²¹. "Every nerve ending under his newly exposed skin craves the expected embrace, all his being, the character of all he is, leads to his being held in arms."²²

The new mother also wants to be with her baby. When this is possible, she knows without instruction how to gaze into his eyes, providing him with the visual stimulation he needs to develop his vision.²³ Fulfilling both mother and baby's longing to be together immediately after birth provides the opportunity for the baby's autonomic nervous system to settle. Stress hormones are integral to birth, enabling the baby to adapt to possible oxygen deprivation and both baby and mother to be fully alert to greet each other.²⁴ When the baby hears his mother's heart, he knows he is safe. The birth sequence is complete, and his system can relax.²⁵ If, instead, the baby is taken to the nursery in another room or weighed and bathed by strangers immediately after birth, the nervous system remains on alert, and may eventually go into a shock state.²⁶

The new mother also suffers from such separation. The uterine contractions required to eject the afterbirth, or placenta, are stimulated by her baby's nursing and touch. Without these contractions, the woman could bleed to death. If the separation persists, she may experience a physiological reaction to the loss. Her body acts as if the baby were dead.²⁷ When the baby is finally available, the mother may have difficulty bonding. She no longer has easy access to the hormones facilitating bonding.²⁸ She may struggle with the feeling that this baby isn't really hers. Post-partum depression is not uncommon in these situations.²⁹

Clearly, nature has designed mother and baby to be together after birth. Interrupting this ancient completion to the birth sequence insults the expression of purpose at a very vulnerable time, endangering the survival of both mother and baby. Some might argue that modern technology can easily compensate to ensure survival, and that we have grown beyond the evolutionary need for mothers and babies to be together. Statistics show otherwise, however. In the U.S.A., where obstetrical interventions abound, the infant mortality rate is one of the highest in the world.³⁰ Furthermore, this increasing interruption of the birth process has been accompanied by the breakdown of other expressions of love in our modern world.³¹ Divorce is now common. Rape, violence, and child abuse are epidemic.³² What does this say about our cultural expression of purpose? What is important to us in America today? Where is the love?

Perhaps, love and purpose, like the culture they were expressed in, used to be simpler. My grandmother had a clear purpose in life. She intended to be a good wife, raise her children, and see her grandchildren grow into useful citizens. Her blueberry pies and sparkling clean house were manifestations of her purpose. After her husband died, she continued to have her children and grandchildren to tend. When she died, her purpose was fulfilled. She had lived the life she intended to live. She had loved one man, her children, and many grandchildren. In my grandmother's day, common folk were less likely to be questioning their purpose. There was an immediacy, an urgency to life. At age sixteen, my grandfather was working hard, raising money to bring the rest of his family to America.

Today, young people spend years searching for what they want to do with their lives. Adolescence often extends beyond the teen years, as parents continue to support

and house their young adult children at least part of the time. Even after settling upon a direction in life, people often re-evaluate their life choices at mid-life, and make completely different choices. They may spend years in therapy looking for how to find satisfaction in their lives. It seems that, as a culture, we are confused about purpose and its accompanying sense of fulfillment.

Interestingly, this kind of confusion has arisen alongside the increased use of obstetric interventions in birth. William Emerson,³³ who has facilitated babies, children, and adults in resolving prenatal and birth trauma for about 30 years, states that birth trauma resulting from these interventions can be like a cloud covering up the sun. He finds that, when children resolve their birth trauma, the sun within them is revealed; their essence can shine. They then often display remarkable talents and interests, which may or may not be supported by their parents. It is as if their access to purpose has been recovered.

In some cultures (often relatively unmarred by Western birth practices), purpose may be more clearly defined. For example, Malidoma Some³⁴ reports that among his people, the Dagara of West Africa, a ritual, called a “hearing,” is held a few months before a child is born. The ritual allows the soul of the unborn child to communicate with the people, so that they can prepare for the newcomer. The soul takes over the body of the mother and speaks through her, answering questions posed by the priest. The people are informed of the life mission and gender, as well as objects that must be prepared to help the child remember his or her true identity after birth. Based on this communication, a name is chosen which represents the child’s “life program.”³⁵ When the child is small,

the grandfather, who attends the prenatal ritual and has an intimate relationship with the grandchild, reminds the child of what was said during the ritual.

Perhaps, living in a more complicated, technological time, knowing our purpose requires a more complicated, technological entry into life. If this is true, however, we also need to complete the process begun at birth. We need to find ways to move through where we have been blocked or interrupted, to find our inner knowing and the ability to embody it.

Here, I am reminded of an osteopathic concept of the “primal midline.”³⁶ This is a vertical line through the body, which organizes and orients growth and movement throughout our lives. While the body may exhibit various lesions or contractions, disrupting the flow of fluids and energy through the body, the midline remains to remind us of the undisturbed flow we are capable of.

I believe purpose is like this midline. We come in with purpose, though we may not have the privilege of having our grandfather remind us of what it is. Various life experiences, like birth, may create lesions or disturbances in the field of our purpose. The purpose remains, however. All we need to do is remember, though this may involve clearing the rubble off our path. This rubble often includes the effects of birth imprints, patterns established when our early attempts to fulfill our purpose were disturbed by outside forces, like the doctor at birth. When this “birth rubble” is cleared, we are enabled again to re-connect with our inner purpose. Our built-in guide to remind us of purpose is love. At any point in our lives, we have the option to listen to our hearts, to follow what makes our hearts sing. Where there is more rubble, it may take more work to find the song of the heart, but help is available.

Various therapies and healing practices can help free us from our early patterning. Even the specific movement sequences interrupted at birth can be completed later when given the opportunity. For example, a baby who has not been able to crawl up to his mother's breast after birth may do so when given a chance, resulting in enhanced relaxation and bonding.³⁷

With intention, awareness, empathy, and love, we can find our way back to the midline. Regardless of how cloudy the day, eventually, the sky clears and the sun returns. Our task is to remember that the sun can shine, that our hearts can sing, that we have the knowing of where our path lies. We may be surrounded by ignorance or arrogance demanding we move in other directions. We may feel the weight and confusion of our old wounds. Still, like the newborn finding his way to his mother's breast, like the new mother touching her baby's head for the first time, we all have the innate capacity to reach for what we know to be right. Our purpose shines, like the sun, within, awaiting our arrival.

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Thank you.

Notes

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- ¹ Kitzinger, 1989.
² Pearce, 1992
³ Davis-Floyd, 1992
⁴ Liedloff, 1985
⁵ e.g. Klaus, Klaus, and Kennell, 1995, Leboyer, 1975, Odent, 1984
⁶ Odent, 1999
⁷ Liedloff, 1985
⁸ Csikszentmihalyi, 1990, p. 40
⁹ Davis-Floyd, 1992
¹⁰ Karr-Morse and Wiley, 1997
¹¹ Emerson, 1998
¹² Ibid.
¹³ Kitzinger, 1989
¹⁴ Castellino, Takikawa, and Wood, 1997
¹⁵ Emerson, 1998; Klaus, Klaus, and Kennell, 1995
¹⁶ Castellino, 1996; Emerson, 1998
¹⁷ Emerson, 1998
¹⁸ Castellino, 1996
¹⁹ Klaus, Klaus, and Kennell, 1995
²⁰ Righard and Alade, 1992
²¹ Castellino, Takikawa, and Wood, 1997
²² Liedloff, 1985, p. 36
²³ Pearce, 1992
²⁴ Odent, 1999
²⁵ Pearce, 1992
²⁶ Ibid.
²⁷ Ibid.
²⁸ Ibid.
²⁹ Ibid.
³⁰ Ibid.
³¹ Ibid.
³² Ibid.
³³ Emerson, 1989
³⁴ Some, 1994
³⁵ Ibid., p.20
³⁶ Kern, 2001, p. 106
³⁷ Castellino, Takikawa, and Wood, 1997

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