AIMS For a better birth...

Mater Over Matter

By Carey Morning

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In October I attended Michel Odent's lectures "Childbirth: Needs, Dreams and the Reality and his seminar "Foetal Life, Birth and Health" at the Phoenix Centre in Glasgow. As a psychotherapist I was particularly interested in the great importance which his research findings place on the earliest experience of relationship between mother and baby in the future psychological health of the child. This article is inspired by his generous and visionary presentation.

Some say that the art of a people can reveal secrets, truths and wisdom which the people have forgotten. In this largely Christian culture we are surrounded, especially at midwinter, by artistic images of the infant Christ, the holy child, but interestingly there are very few images of him alone. g e is painted, sculpted and even sung in the arms of his mother.

Although the patriarchal Church has for almost two millennia sought to single Christ out for worship, the artists, those guardians of our psychic depths, have consistently refused to let him be wrested from his mother's embrace. The Christ Child most familiar to us sits on her knee, sucks at her breast, tugs at her hair. She holds him, plays with him, gazes tenderly down at him, or holds him proudly up to meet our eyes from the safety of her lap.

Our sacred art depicts not an individual then, but a relationship. And here, I believe, is our secret truth, that the holiness of the birth, of every birth, does not reside in the child alone but in the mysterious and powerful connection which can be born between him and his mother. This connectedness is holy because it is the root of love, and will serve as the prototype for every other relationship in the life of the child. The Prince of Peace learns peace-making here, in the language of looks, touch, sound and smell which form the living matrix for his becoming. Our sense of self and our sense of security in the world are derived from this relational matrix, and our capacity to love, to flower as human beings, begins here, in the arms of our mother.

A successful birth must be seen then not just as one which results in a live baby, but one which allows a live and alert mother and baby to set about their holy task together, to begin the journey of relationship which is our life, the pursuit of meaningful connectedness.

The teachings of Christ and of all our great spiritual traditions hold our capacity to love as the highest human value. It is the expression of both our humanity and our divinity. The ability to form and maintain loving relationship with others is the central concern of the spiritual life. It is also the central concern of

every baby. The babies teach us from the very first that they are committed to forming a good relationship and they set about their task with all the resources they have, and as if their life depended on it, which it does. Our life, but also our life of loving, the hope of a life of love, rests in our early bonds of affection.

The only thing that provides security for a baby is a good relationship, one in which his signals are interpreted and responded to appropriately, where his needs for loving contact, warmth and nourishment are met. Nothing can replace that for an infant and nothing can replace it for an adult either. The need to feel secure in close relationship is not something human beings outgrow.

We come into the world equipped with formidable skills to attract close relationships and to keep our mother well involved with us. We know how to suck, how to cry out in need, how to insist with very persuasive sounds, how to be appealing in ail kinds of ways, how to surrender into the warmth of her body, how to recognise her. At 3 days old we can distinguish by smell, and will choose, her breast-milk over any other. Our cries are cries for connectedness, and for the sensitive responsiveness which that allows.

We seem as a culture to have developed a certain immunity to the voices of babies, to their insistence on relationship. But the babies have a new ally, because science can confirm what instinct has always sung in the bodies of mothers and babies, that newborns come ready and needing to relate, to connect, and that nature elegantly prepares mothers and babies to be able to commence their attachment as soon as the baby is born.

Dr. Odent describes this preparation as a function of the "primal adaptive system", a new term for the one functional network which includes the subcortical nervous system, the endocrine system and the immune system. Immediately after birth certain hormones which are part of the birth process remain at high levels within the mother's and baby's bodies and play a crucial role in the formation of their relationship. During labour, oxytocin, which he refers to as the "Love Hormone", stimulates uterine contractions, but after birth, if the mother is warm and undistracted from her baby, it will induce an emotional response of altruistic feeling for her baby. Oxytocin is the hormone of affectional bonds. If injected into the brains of virgin rats it will evoke maternal behaviour. However it does not cross the blood/ brain barrier when given intravenously so will not induce the emotional response. IV oxytocin does not encourage attachment.

Prolactin, present in the mother's body to promote lactation, will induce feelings of love for babies and the endorphins released will create feelings of dependency. The catecholamines, including adrenaline, will enhance the alertness in mother and child, dilating the baby's pupils and sending a signal to the mother to engage with him in eye contact. These hormones will also enhance the aggressively of the mother, readying her to protect her child from danger. If this delicate balance of hormones is allowed to function, in the very first moments after birth mother and baby are beautifully, chemically, primed to fall in love with each other and create the profound attachment which is the source of emotional health for the child.

The Primal Health Data Bank, in which Dr. Odent has gathered research drawing correlations between the primal period, from conception through the first year, and later health issues, shows that pre-birth factors most often correlate with later physical health problems, but factors during the actual birth period correlate with later failures in the capacity to love, such as violent behaviour, suicide, addiction, all problems related to attachment. The thrust of these findings is that this period of time, our birth, is when and where the seeds of our lifelong project of forming meaningful relationship are planted, and the possible repercussions of disruption at this stage are only just beginning to be appreciated. As he says, "It is a short period of time with long term consequences."

However, according to Dr. Odent, virtually every culture which has survived into the late 20th century practices some form of ritualised disruption of this sensitive period for mother and child. His interpretation of this quite astounding revelation is that the basic survival strategy of our species has been to minimise attachment formation, thus increasing our aggressiveness. We have believed it necessary to place a higher value on competition and domination than on co-operation and relatedness, and we have found a way to inculcate our young with these values at the very outset, by preventing them from beginning their lives in love.

Only those few remaining cultures who have survived outside of conflict with others in a holistic, participatory relationship with the eco-system, such as certain pygmy peoples, do nothing to disrupt the mother and baby after birth. Our injecting, monitoring, weighing, medicating, washing, etc. are only the western civilisation variant of a nearly global policy of keeping mothers and babies from their holy task. Other cultures disrupt the attachment by other ritual means, such as forbidding the taking of colostrum, separating them until after baptism, disturbing the delivery of the placenta, etc.

This strategy, which values aggression over attachment, is, as Dr. Odent points out, clearly suicidal at this stage of our evolution. He foresees a "post-electronic age of childbirth" which will honour the importance and clear necessity for bringing human beings into the world who are grounded in the capacity to love, to co-operate, to form good relationship with others and the planet.

Seen in this light, technological birth is not really new, but just a new way of maintaining a very old system which values power over love. And our cries for non-interference in the birth process are not cries for a return to the past, but are the heralding sounds of an emergent survival strategy for humanity,

which is love.

Nevertheless, it is important to respect the gravity of what holds the old system in place. A survival strategy means just that; it is how we attempt to stay alive and what we believe, often unconsciously, is necessary for life. For any of us, to relinquish a survival strategy means to confront the potential threat of death. I wonder if it isn't this spectre of death which gets translated which ends up being translated into the familiar, feared and effective "dead baby scenario" which is the bottom-line defence of the proponents of technological birth. We are asking. them to let go of their basic security, and this will certainly bring about the *feeling* that death is likely to ensue. Perhaps it is this *feeling* which has had the power to blind medicine to its own findings, which are so often proving that the stuff of technology does not help most women give birth safely.

How does a culture which devalues relationship, our only real source of security, compensate for this fundamental loss? How does it attempt to meet its security needs? Clearly we have replaced the loving ground of Mater with matter. When we cannot or will not turn to human relationship for security, we turn to things. When we are not secure in our attachments to others, we attach ourselves to our material possessions, attempting to secure ourselves with the compulsion to gather more stuff, and use more stuff, and use more stuff to gather more information about stuff.

The tragedy of our misplaced values is reflected so starkly in our maternity care and childbirth practices. Instead of providing a labouring woman with the security of a good midwife relationship, a mother-figure to be close to in a safe place, we give her the pseudo-security of the stuff of technology. She is left literally attached to machinery instead of to humanity. The punishing black belt around her belly, the wires up her vagina, the needle in her arm, the information on the tape, connecting her and her "carers" to so much stuff, yet preventing them from connecting to the instinctual reality of the event and to each other. And when the baby appears, what sort of relationship can this woman hope to have with the integrity and wisdom of her instinctual being, how will she be able to trust the messages of her body's maternal knowing when that same knowing has been overlooked and devalued by the powers that be from the inception of her care?

According to Dr. Odent, one of the major travesties of our childbirth practices is that they reflect a basic ignorance of the fundamental physiology of birth. He describes birth as an*involuntary* process, which is to say, it cannot be *managed* What we need to be doing to facilitate safe childbirth is*avoiding inhibiting* this involuntary process, which is mediated hormonally by the primitive brain. Inhibition is caused, always, by stimulation of the neo-cortex. And what stimulates the neo-cortex? All kinds of things which are a normal feature of hospital birth, such as: bright lights, lack of privacy, the feeling of being observed, being asked questions which demand a rational response, having to communicate in a non-native tongue, and*feeling threatened* Any of these things will counteract the one most important physiological function of childbirth, which is the brain's ability to release the appropriate hormones for the establishment of labour. So the task of our good mother-figure, the midwife, is to create a security in relationship, and understanding the physiology, to protect her charge from any of these inhibiting factors.

Security in good relationship allows mothers to give birth easily and therefore safely, and security in good relationship allows babies to become loving adults. The dimension of human relatedness is what gives meaning to our lives and it is what enables us to make meaningful lives. The culture which values aggression over love and things over connectedness, is the same culture which would worship the individual god-man over the original, sacred prototypical relationship between him and his mother. If we choose to honour Mater over matter, what will die? Is it really the babies, or just a truly outmoded and very damaging way of being in the world which leaves us with only a dangerous fantasy of power and badly missing one another's company?

I am imagining Mary and Joseph now at the innkeeper's door, the sounds of men drinking and laughing inside. Joseph is arguing, trying to persuade the innkeeper to let them in. But Mary is insistently pulling at his sleeve. She has her eye on the stable out back. She can see that it is quiet, private and cosy, with only the good company of the patient beasts. She wants to go there and is relieved that the inn is full. In my imagination I send the innkeeper's kind wife out after them. She sits on her hands on a bale of hay near Mary, watching the bright star outside and listening to her breathe. She is in no hurry, The animals join Mary in her cries, and when the baby comes, all is silent and still, and even the angels bow their heads as the miracle begins to unfold.

Editor's Note: This article was distilled from the work of Dr Michel Odent. Dr Odent Primal Research Centre keeps research data on several influential factors in primal life.

The Primal Health Database, a comprehensive collection of research relating to factors which affect health during the primal period (conception through the first year) and later health issues, can be ordered on CD from: Primal Health Research Centre, 59 Roderick Road, London NW3 2NP. Fax: 0171-267-5123.