

Introduction

We know that babies are listening and learning in the womb. We know that they may even understand, before they are born, what parents are thinking and feeling. What we have discovered in the last ten years will change forever how we look at ourselves, but more importantly, how we understand and relate to our children.

Hello, I'm Kitty Hilton and welcome to our program on Pregnancy, Birth and Bonding with Joseph Chilton Pearce. For more than thirty years Joe has challenged audiences around the world by questioning why, as human beings, we haven't developed to our full potential. As you will soon discover, Joe is very concerned about the way we welcome our children into the world. His explorations into the full realm of human development began with the publication of his first book, *Crack in the Cosmic Egg*. This was followed by his national best seller *The Magical Child* and, most recently, *Evolution's End*.

Let's join Joseph Chilton Pearce, and a group of parents, educators and health care providers, as they explore one of the most critical periods of a person life: *Pregnancy, Birth and Bonding*.

Joe Pearce

Every time we have intellectually interfered with a process fifteen billion years in preparation that intellectual interference has exacted a bitter price. And we never learn; intellect never learns that. And since we also make money off of it, immediately anything goes.

At any rate, birth itself is a mammalian process. This is not a joke—we know it is handled through the mammalian brain structure. And we know we have inherited that from millions of years of genetic encoding. And that mammary glands, those marvelous protuberances, are well-named: they are mammalian, inherited from our mammalian ancestors.

Paul MacLean did some of his most brilliant work on how increasingly greater nurturing and care of—and prolonged periods of total helplessness in—offspring are required to build great new un-programmed open-ended, neuro-ended structures. For very good reasons—in the more primitive creatures the whole response pattern to the world can be hardwired right in; very little nurturing, modeling or guidance are needed. Hardwired instinctual patterns of intelligence just can fire right in and the creature is quickly independent.

But when you start adding open-ended un-programmed possibilities—like those presented by our great neuro structures, particularly the frontal lobes—you have to have a prolonged period in which the hardwiring is replaced by software, so to speak. During this period the child is critically dependent upon modeling and prolonged periods of helplessness. This is the in-arms period, and so on.

And so we find that with birth being a mammalian process, there are millions of years of genetically encoded intelligence in the woman. This intelligence knows exactly what to do at birth. Nature leaves nothing out. Kennell and Klaus were really quite right about this, in spite of Diane Airs, when they said that nature provided a cascade of redundant processes—not just leaving it up to one or two things, but a redundant cascade of processes—overlapping to make sure that the proper nurturing of this incredibly fragile but powerful system takes place.

All mammals on earth seek out the quietest, safest, most private dark spot when they get ready to deliver. And we act out of that mammalian brain at delivery. Any mammal on earth receives the signal to stop the birth process if that safe, secure, dark hideaway is interrupted. Any interference in the birth process will cause any mammal to stop and wait for the coast to clear or the danger to be removed. The mother may even change her birthing place. If that place is going to be unsafe, she will go somewhere else. And this is inherent within our whole system: at the first sign of interference the birth process is stopped, and if the coast never clears and lots of other things need to be done intellectually to get the system going.

We'll start first with Whittlestone University in Australia. I've been back there several times. Whittlestone years ago claimed that the mother's heartbeat has the most profound impact on the infant from the moment of conception on, that the system literally imprints to it on a cellular level; the entire neural system imprints to the mother's heartbeat. And we do know that it has a profound affect on the infant's own heartbeat, even though the rates of the two are totally different.

That brings us to the claim by Kennell and Klaus, which is certainly verified by research all over the world. I do not know why we don't recognize what is happening with the British National Childbirth Trust, The Swedish Pediatrics Institute, various groups in Australia, and all the others that have been working on this issue for years and proven conclusively that the most critical issue immediately after birth is skin to skin contact between mother and infant.

And we find that throughout human history the mother has put the infant to the left breast immediately after birth with the umbilical chord intact—it is exactly the right length and she can put the infant to the left breast at birth without disturbing it. Thirty percent of the child's blood and oxygen supply remains in the placenta for quite a long time after birth, slowly going into the infant. Then the action in the umbilical chord stops and it ceases to be necessary.

Now if we look at the connection with the heart, we get into some very interesting research. I've talked about the intelligence of the heart. Of course, everyone assumes that this is a metaphor, and it is a metaphor, but it is also a fact. Years ago they discovered there was something unique about a heart cell. A heart cell contracts and expands. It is different from a neuron, which operates on a kind of vibratory basis. You can take a heart cell out of the heart and put it in the right kind of a fluid and keep it alive for a while. You can't do that with a neuron. If you disconnect a neuron from its connection with other neurons it generally dies immediately. It has to be in its resonate field in order to operate. The interesting thing about the heart cell, disconnected from the heart, was that it quickly lost its rhythmic pulsation and began to fibrillate. It would just flop all around out of rhythm and soon destroy itself and die.

Put two heart cells together on the slide and they will both fibrillate in that fashion. The poor little creature can't stand to be cut off from its matrix, from its source. And neither can we. If we are cut off from our heart, we fibrillate, it just takes us a little longer to die. Now the interesting thing about these two heart cells is, if you bring them close enough together, at a certain point of spatial proximity, they do not have to touch. There can be a physical barrier between them, but at a certain point of spatial proximity, the two heart cells somehow or other communicate with one another and immediately go back into the synchronous rhythm which they experienced within the heart itself. We've never been able to explain that. I know why, but the explanation is hypothetical. And that is that the intelligence which functions through the heart, which is non-verbal, non-personal, transpersonal, and universal—not individual—is simply moving for well-being and is a non-localized intelligence: the two cells simply have to come into a certain proximity to sharing the same non-localized field and go back into synchrony with each other.

Now if you take the hundreds of billions of cells that go together to make up a heart, all functioning in absolute synchrony with each other, you can see that if one cell can communicate with another across a spatial or physical barrier then obviously two hearts have some form of communication as well. This has to be considered hypothetical, but there is a lot of evidence to back it up.

Now let's look at some other evidence about the heart. Years ago John and Beatrice Lacey, (Phills Institute, Yellow Springs, Ohio) did extensive research into the heart under a NIMH Grant and drew the conclusion that there was a direct and intimate dialogue between the heart and the limbic system of the brain. The limbic system being what? The emotional-cognitive structures of the brain that handle all relationship. This mammalian brain handles all emotions and relationships and has—the Lacey's claim—direct unmediated connections with the heart pumping away down in our chest. And the brain continually informs the heart of its current experience in the world while the heart continually exhorts the brain to make an appropriate response to the world.

Since this claim of many years ago concerning a dialogue between the mind and the heart, lots of similar research has taken place. The discovery that between the cells of the heart there are transmitters operating exactly like the neuro-transmitters of the brain means that a great deal of communication is taking place in this heart process on an individual and collective level.

So, with that as a preface, let's look at Whittlestone's claim that the heart has a profound affect on the embryo throughout the whole nine months and then at birth assumes its greatest role.

Researchers reading in the sixties that the mother's heart has an affect on the infant's brain and body made recordings of the heartbeat and played them over loud speakers in the nurseries of our hospitals, where all newborns were isolated from their mothers. And it reduced crying by forty to fifty percent right across the board. Now a true scientific inquiry would have asked, "why?" and plumbed it to the depths to find why such a profound affect on behavior would result from an artificial, canned mother's heartbeat. Instead, those researchers rushed quickly to patent and market a rock-a-bye teddy bear which had within it a recorded heartbeat and could be placed in the nursery at home to reduce crying by forty to fifty percent. In this way the child's state of abandonment could be maintained while reducing the crying that signals clearly that nature's agenda calls for immediate contact with the mother's heart at birth. After all, the infant has been in contact with it throughout the previous nine months, and the sound represents its single biggest imprinting. And in preliterate societies there is a little thirty-thousand-year-old figure that shows the smiling newborn mother still squatting and having she just brought the infant up to her left breast. Our research people said that was because we are all right-handed, but we find that left-handed mothers put their infants to the left breast as well.

All fathers—including left-handed fathers—picking up a new infant will automatically keep it to the left hand and left breast. My hypothetical reason—I have nothing other than my own intuitive knowledge to back me up—is that if you bring the infant's heart into spatial, physical proximity of the mother's heart something happens between these two levels of intelligence. There is an exchange between them as there was between the two heart cells themselves.

Remember the model imperative: no function is unfolded or awakened in us until we are in contact with an appropriate model, one who has developed that function. So the infant's heart picks up a tremendous signal from the mother's heart and that signal is that everything is great, we are back with our matrix in this new wonderful world, but right back home where we belong. And we do know that immediately shuts off the production of adrenal steroids, there will be no shock in the infant and instead it smiles and opens up to this new world to embrace what it contains immediately.

Kennell and Klaus point out that it is change in the mother's behavior that is critical here: this close contact with the infant changes the mother's behavior patterns and she is literally never the same again.

Paul McLean claims, and I share this hypothesis, that the singular guias area is connected with the frontal lobes and the whole thing of compassion and so on, and at the same time connected with the whole mammary process in mammals. So the compulsion to breast-feed will be controlled by this emotional cognitive system and its connection to the heart, and the compulsion to nurture the infant and feel compassion is also connected with the great higher cortical structure.

A woman's heart to heart or skin to skin contact with her infant is the stimulus that activates the singular guias area and establishes connections in the great frontal lobes. The woman is compulsively driven to protect and nurture that infant at any cost, even that of her own life.

Paul MacLean was so dramatic about this as to state that here inlays species survival itself. And anything that threatens this is then is threatening the survival of that species itself. Well, skin to skin contact immediately after birth is nature, trying to insure that this whole cascade of overlapping things serve to both immediately open the infant up to embrace the world and see that the mother is driven to protect and nurture the infant at all costs.

She will compulsively breast-feed the child for an average of two years. You say “horrors!”, but nevertheless she will, I'm here to vouch for that. Everyone of my grandchildren have been born this way and my own child was born this way; they were breast-fed for two to three years, male and female, and it does make a difference. The reason it makes a difference is because the human metabolic structure is designed to absorb only the smallest amounts of proteins and fats.

This is the work of Tinbergen the Nobel Laureate and Gordon Jones and others in England. They found that the metabolic system can't handle high levels of protein and fats and that mother's milk is the poorest milk on earth. It is the thinnest, runniest stuff. We can certainly do much better, much richer, synthetically, but then the metabolic system of the child can't take care of it.

So the end result, according to this Nobel lawyer and all of his staff, is that the human infant is designed to feed between 40 and 60 times a day, about every 20 minutes, to keep the metabolic system in shape. Of course, they can be fed a highly synthetic food full of proteins and fats three or four times a day only, because it takes so long in between to digest. But this is completely antithetical to the system; the system has a hard time digesting it. And that's what we did to 97% of our infants born since World War II. This caused a lot of problems and I'll try to touch on those.

At any rate, we have this model imperative that the infant furnishes for the mother. The infant awakens and activates whole blocks of intelligences in the mother that are mammalian, inherited from our huge evolutionary past, and the mother will know exactly what to do for the infant at exactly the right time. It opens a factor called intuition, the ability to perceive information not present to the sensory system, not present to this reptilian system but from a higher cortical structure. Coming in higher up the evolutionary string, as a medical doctor points out, can enable the receiving of information before it presents itself on the physical level. The mother who has bonded with her infant can do precisely that.

So it opens up intelligences, capacities, abilities, and powers in her in that she didn't previously have. The mother of my last child was thirty-five when she had her first child. That's the high-risk age and she had it at home, but she was perfectly prepared and she underwent the most magnificent transformation. The woman I married and lived with for three or four years just disappeared and here was this other woman who knew exactly what to do, totally confident, totally powerful in herself. She was up and moving around minutes after the child's birth, completely in charge of the situation. We find this to be true when this proper awakening takes place in the mother's behavior patterns. And of course it makes a profound difference in the infants.

Those infants will reach object constancy anywhere from six to eight months earlier than infants denied this kind of contact and their whole pattern of development will be much smoother and advanced in the first four years of life. They tend to kind of balance off afterwards, although the deficiencies in infants denied this contact continue. So we have the most helpless of all infants on earth—the human being—being denied the proper development of the software programs necessary for moving into a world of creation.

By the way, you know it's around the sixth month after life before the stomach begins producing hydrochloric acid, before the acids and chemicals necessary to digest proteins and all that kind of thing even appear. That means that the child isn't designed to have anything other than mother's milk in that early period.

Now we get into the fact that the average length of time in pre-literate societies for a delivery is twenty minutes. Women here actually get angry about this, but the number has been documented and authenticated time and again. This is our genetic inheritance. But the minute you start interfering with the process it's going to take longer and longer. Why? The natural mammalian process is that the first sign of interference we shut down the birth process and wait until the coast is clear.

So let's look at what has happened. In the past century or so we've had male surgeons beginning to make inroads into that which women have done throughout the whole of history. Since the dawn of time women have tended women during this most critical, crucial, and vulnerable part of their life.

We seemed to muddle through as a species remarkably well against overwhelming odds. And then male surgeons began to take over, as you can read in Suzanne Arms marvelous book *Immaculate Deception*. The male surgeons first of all used the same instruments—of course they have to use instruments, they have no instincts so they use intellectual instruments—that they used to operate on people and cadavers. The result was wholesale death. But they took over from women fact following World War II. Before World War II only about thirty percent of women delivered in hospitals and before World War I almost no women did, not in our country. Then after World War II ninety-seven percent of all women delivered in hospitals because the male surgeons, the medical establishment, outlawed mid-wifery in most places in the United States. It became illegal for woman to tend woman as they had down through the ages.

I'm from the south. All of our black communities in the south had their infants delivered by mid-wives. It was a practice that had gone on for untold millennia and there was an incredibly tight social cohesion in the southern black communities. Most of our blacks lived in the south and I had an awful lot of interaction with them as a child because I was brought up by black nannies and helpers and keepers and I can tell you that the solidarity in those black communities was enormous. They took care of their own. There were no abandoned children. If something happened to children there were a dozen aunts and uncles and grannies and all. Whether they were kin or not made no difference: everyone loved every child. Every child was nourished, handled, fondled, and hugged by everybody. Before World War II there was an enormous cohesiveness: those communities took care of themselves. Then we outlawed mid-wifery and broke up those birth patterns.

A woman by the name of Beverly Jayhn in South Africa wrote two books a number of years ago on the breaking of the birth patterns among the Soolou's and Bandeus and the rest of the black communities in South Africa that had started a few years ago. She corresponded with me a bit about it. She said if you break up the birth patterns you will break up the whole social cohesion patterns that hold those societies together. You break up the behavioral patterns of those people and you're going to have chaos on your hands. She made this statement a number of years ago and, of course, they paid no attention to her. This is just like our country breaking up the system of mid-wifery, which helped black communities hold themselves together against overwhelming odds. They held together against oppression that today you can't believe and poverty which was extreme and yet kind of came out on top as a people, and now are at war with themselves on every hand

At the root of the majority of the black ghetto situations you will find the simple business of the interference in the mother's intelligence right from the birth process itself.

World War II was certainly the watershed for this. The other thing that made us differ was the complete elimination of breast-feeding. Male doctors engineered the process of eliminating breast feeding. Ninety-seven percent of our mother's breast-fed up until World War II; after that three percent. These are the three percent who, with a few exceptions, delivered their children at home. Only three percent of the children were delivered at home after World War II; they're the ones who continue to breast-feed. I can't go into why breast-feeding is important right now, but it is *critically* important. It keeps the child constantly in contact with the mother's face for the first few months.

It takes about six to eight months for the whole visual process to myelinate and stabilize and face cognition is the main thing. It's the one pattern the brain is born with, locked into its neural structures immediately at birth. When the child opens its eyes it can recognize a face pattern and will smile in response to that face pattern from the first moment of birth on. This is one of nature's little tricks. A child can't recognize any other structural pattern, but it can recognize a face pattern. So we now that the face pattern is built in.

This was the work of Fads and a whole bunch of medical doctors back in the sixties. We know that pattern is built in as a pre-structured neural system in the brain, simply awaiting the proper stimulus from the proper model out here—a human face. But the face must be presented at a distance of six to twelve inches. The child cannot recognize that face pattern greater than twelve inches away and six to twelve inches is exactly the distance maintained when the mother puts the infant to the left breast, leaving the umbilical cord intact. Eighty percent of their visual time is spent locked in on that face pattern, twenty percent of their time looking out at other patterns and then referring right back to the known pattern of the face—if they are given a face at six to twelve inches. If not, the visual pattern fails to materialize and it will take anywhere from nine to twelve weeks for the child to compensate and those visual patterns to finally start functioning.

This is what we find happening with the result of male intellectual interference with the natural intelligence of woman; finally they took over completely and outlawed woman from having any part of it. We find these things corresponding to an immediate rise of dysfunction in our children. Fifty years ago there were zero cases recorded, or even known or anecdotal in American history of a suicide under age fourteen. Today, according to NIMH in their in-depth studies, suicide reaches all the way down to age three. The American populace refuses to accept that idea.

Americans always attribute these early suicides to accidents. Labels are put on products warning that they should be kept out of reach of children. But no, these are deliberate suicides. We have three-year-olds in a state of extreme anxiety and despair. This has been well established. It's awfully hard to argue the statistics on this; every seventy-eight seconds a child in America attempts suicide, right around the clock. Now they don't all succeed. It's harder to do than they think. But this is a totally new anomaly in human history and it falls in exact correspondence with the beginnings of the male intellectual interference of technological childbirth with the woman's natural processes.

We get into a whole raft of other things. I think it's interesting that there's a direct corresponding rise in the incidence of breast cancer with the elimination of breast-feeding. Only three percent of our mothers breast-fed after World War II. I simply ask you to look and you'll see an immediate corresponding increase in breast cancer. Of course the breast was no longer for feeding infants, but for advertising purposes and male pleasures and so on and so forth. Breast-feeding becomes a cultural embarrassment. It really does. And in many places it is illegal to do in public and women are actually arrested for indecent exposure.

I invite you to go to other countries and watch the behavior of women. In Switzerland, which is a beautiful, benign country, bare-breasted women casually line Lake Zurich during their lunch break and there are toddlers playing all around and coming up and grabbing a little nip every few minutes. No one thinks anything of it. That's what breasts are for. In our country the most natural of things became a cultural embarrassment and women themselves are seriously embarrassed over the idea.

Let's look briefly at drugs, and their introduction. The infants, children, and mothers that Freud was looking at were all drugged patients. This started, as you know, back in the nineteenth century and now is widespread. We know that there is no drug made that can be administered to the mother that does not translate to the child within an average of forty-five seconds. The placenta barrier is not effective against them. We know that a drugged mother is a drugged infant; the newborn comes into the world drugged, unable to fully respond to a mother who is equally unable to fully respond to him. Neither can model for the other and there are problems right off the bat.

We also know that drugs cause various other kinds of problems in infants. The use of uterine monitors—I'm going to skip through these in a hurry because they have been well-catalogued and volumes and volumes have been written and ignored by the medical profession—to check the infant's heart beat and so on sets up an artificial feedback system because it terrifies mothers.

Remember, it's a natural mammalian instinct to stop and wait until the coast is clear when any interference in the childbirth process occurs. Monitors create such an anxiety syndrome in mothers that they skew the figures that they're monitoring. That is, they tend to bring about negative readings which are then read on the monitors which then require more and more interference practices on the part of the medical people. This was well established by the early seventies; I heard it discussed at a medical conference at the University of California back in about 1974. The use of the monitors helps to stop the birth process, so drugs are administered to get it going again. This brings us to the fact of induced labor.

We use drugs to induce the labor which we have artificially stopped with all of our interference patterns. Today—at least this was the case about 1987, I really should keep up on this and might be sticking my neck out—most births take place between 9:00 in the morning and 3:00 in the afternoon, hours convenient for doctors and the staff. This is accomplished simply by administering a drug that fools the system and begins the labor process. The synchronicity of the two systems brought about when the infant calls the shots and decides it's time to leave is destroyed. Induced labor brings on a whole raft of problems which we then respond to with more monitoring and a whole raft of other interference patterns. It all begins to become cyclical and escalating.

Then we have the business of C-sectioning. There was a huge study that came out in the 70's when C-sectioning was rampant and growing by leaps and bounds, an in-depth study by a group of medical doctors that said that maybe one half to one percent of all of the C-sectioning taking place in the United States could be justified. The rest of was simply unjustifiable under any terms. Today we have about thirty percent of our nation's infants brought into the world that way. The mothers are, of course, extremely incapacitated. It's an operation that can be considered major in any circumstance. And the infant misses certain processes. And don't think any of these things can't be made up. We're the most resilient species on earth. If all of this happened to you and it happens to your children, don't despair because there are almost none of these damages that can't be remediated with the proper time, energy, and so forth.

Let's just look at the premature cutting of the umbilical cord. All of the old pre-World War II obstetrical textbooks said you never touch the umbilical cord so long as it's active. No obstetrician back in the old days, going around from house to house, ever cut the umbilical cord so long as it was active. During World War II all that changed. Every single practice was changed during World War II. They began the immediate cutting of the umbilical cord because no one had time to wait for the it to shut down. Nearly all of our children—97%—have their umbilical cord cut the minute they come out of the womb into the world.

The minute you cut that umbilical cord the child goes into anoxia—30% of its oxygen and blood supply are still in the placenta. They go into anoxia, oxygen deprivation, which is the greatest single terror the mammalian creature knows. Immediately the infants gasp for breath. They gasp for breath before the amniotic fluid is cleared from the trachea and the nasal passages, before the nasal plug has been removed. And this means what?

They're gagged on their own amniotic fluid. And then what happens? Well, they can't breathe and we hear them strangling for breath and as a result the classic picture is of the infant being picked up by the heels and pounded on the back to get the nasal plug out and begin breathing. Spank the baby, an archetypal image in the American mind. You see it in movies, you see it in plays, you see it on television. We accept it as a natural process of life: spank the baby. But it is artificial induction of breathing. William F. Wendell, in his massive studies published in *Scientific American*, pointed out that in every case where artificial means such as spanking had to be used to induce breathing, you are dealing with brain damage caused by oxygen deprivation. His estimate was that 20% to 40% of all children having this happen to them would have brain damage to some extent, from minimum to severe.

Don't think that this is something out of the dark ages—it's still standard practice. There have been some changes in hospital technological procedures as a result of the hue and cry and a lot of people hollering; things that should have been changed a long time ago. But the premature cutting of the umbilical cord is still practiced in the majority of cases, resulting in anoxia and the child gasping for breath.

At any rate, the premature cutting of the umbilical cord is a serious, serious thing. And I'll just remind you, in the case of water babies, and I've seen many of them, their development is beautiful. The umbilical cord is left intact and continues to produce oxygen for a period of 15 to 20 minutes; nature thinks nothing of that.

We then get into another issue: the business of circumcision without anesthetics. There are two big outfits in the United States, one in Seattle and one in Pittsburgh, I believe, made up of medical doctors, pediatricians, and a whole raft of outraged women who are suddenly looking at the automatic circumcision of all of our male infants, 97% of them since World War II—once again, World War II was the end of the watershed.

The doctors have always maintained that they don't mind at all, they just give a little cry and go right to sleep. So the question was raised, "Why do you have to use those restraining devices?" They have to strap them down like mad because they resist fiercely. So finally, recently some doctors agreed to allow researchers to put electroencephalographs and body sensors of various sorts on infants during the procedure. And they found that infants don't just give a little cry and go right to sleep—they scream bloody murder. Most of them. Some of them respond differently and do not go to sleep but instead go into a state of shock and the brain doesn't resume its normal bio-rhythms for a period of two to three days. This is a lot different from the story being told.

If you'll look again at the work of doctors David Chamberlain, David Cheek, and Thomas Verne on the highly conscious, extremely sensitive state of the newborn infant, certainly

backed up by research in all other countries, particularly the Swedish Pediatrics group that I know about, you'll find that infants certainly register the pain.

Now we have to consider the most serious issue: the automatic practice of separating the infant from the mother at birth. This is changing. More and more hospitals are beginning to put the infant with the mother. There are shorter and shorter periods of stay in hospitals than there used to be. A lot of improvements are being made as a result of hospitals trying to protect their financial investments. But the situation is still far, far from good and we are now dealing with the cumulative effect of forty-odd years of serious outrage committed upon newborn infants and mothers.

The separation of infant and mother that was practiced for all those years is the most serious of all the interference offenses. The minute the infant was out of the womb the umbilical cord was cut. We know that newborns are very sensitive to bright lights and the operating theater is brilliantly lit, but they peel the infant's eyes back and drop chemicals in to protect them against syphilis or gonorrhea, something like that, and the infant is then weighed and whisked off to a nursery. Now this has been going on and is still the case in an awful lot of hospitals in the United States.

Let's look at what happens when you separate mother and child immediately at birth and put the child into a nursery. That child undergoes what's called psychological abandonment. They feel abandoned. They've lost their matrix, they've lost contact with every stimulus they've had for nine months. They're given only this strange barren isolated world, and there is a retreat of the system. It takes nature an average of 9 to 12 weeks to compensate for this lack of physical nurturing and stimulus. Children are generally taken home, kept in cribs, playpens, and so on, always at a distance, never with close contact. They're bottle-fed—breast-feeding disappeared in 97% of our mothers. We were told back in the fifties by our obstetrician and pediatrician not only to bottle-feed—they didn't like the idea of breast-feeding at all—but to use bottle holders so that there would be no personal contact. And so what do you have happening?

What you have happening is the appearance of a whole generation of young people with not only an underlying, unnamable anxiety and fear of the world, but also an enormous hostility toward it. They feel alienated, cut off, and not belonging; they feel like strangers in a strange land. Unconnected.

Why can't I be one of them out there? Each child feels that. Why? Because the great bonding structures of the limbic structure that hold us together as a species literally have not been activated. And they themselves will be far less able to respond to their own infants, particularly if they perpetuate the same travesty. So we find a cumulative affect, an escalating cycle of damages taking place.

And where do these appear? At all of the major bondings. I know Dianne Ayers was contemptuous of people who speak of further bondings beyond birth, but I promise you that this is the case and any commonsense look at the data will show it, that when we have that brain growth spurt at birth, age one, age four, age seven, and so forth, at each of these periods new bonds are established, bonds meaning simply new relational patterns. This is all biological. First of all with the mother, then with the family, then with the whole world—the environment around the child—and then at around age seven the great social bonds. All societies throughout history have recognized the appearance of the social ego and our social inclinations at around age seven. Our matrix begins to shift from family to society as our main source of information and so on.

First come these bonds and then later adolescence and the great pair bond between male and female on which all life rests. Maybe you can get it from a test tube, but it won't be the same. All life rests on that and these pair bonds all depend on the establishment of very basic biological neural structures in the body/brain system. Establishing the bond at birth is no guarantee of any other bond taking place. That whole thing can come to a halt at any point. But without the establishment of the foundation you're pretty well assured that it will be doggone difficult to establish further bondings later on. So again, the preliminary structures must be established in order for higher structures to open. So for these very high bonds, bonds of the spirit—don't think there's not a bond of the spirit that should open up later in life—none of those stand much of a chance if that initial foundation is missing, and we systematically eliminated it in our children over a 40 or 50 year period.

There is a raft of children being born to the world who are abandoned, abandoned very quickly. The plight of the unwanted child became a focus of international studies centered in Czechoslovakia recently, and a couple of years ago the final reports were published. They find that the child who is unwanted, who is abandoned at birth, or who senses that they are unwanted and abandoned at birth, the plight of that child is extreme. They are at risk on every level of human development. The intellectual system is severely at risk for development. The immune system is at risk. Why? Because immunities are controlled by the emotional cognitive, it's interaction with the heart and the hormones there.

We speak of America as the world of the touch-starved child. Montagu wrote a marvelous book on the subject: touch-starved children, children deprived of the stimulus of their physical body system in the early years of life as the result of isolation and separation.

I'm just trying to hammer this down to make sure that we recognize the full scope of the critical need for the infant's interaction with either the mother or a permanent caretaker of some sort, immediately at birth and from then on. This doesn't mean that if separation takes place all is hopeless. Any of these processes can be compensated for and the deficiency overcome later on with sufficient work and intelligence. Unfortunately, those two are too often absent.

Now let's look at what finally happened with hospitals. When all this stuff began to come out, and we're talking about major articles in *Science* and *Scientific American*, what did the hospital and medical people do? A smart chap a couple of millennia ago said, "Agree quickly with your adversary." Well, what they did was they disagreed quickly with their adversary. They've got to protect their \$50 billion a year industry so what do they do? They say, "Bonding, oh, well sure, we'll bond." And it's sort of like the teacher saying, reading Montessori, "Oh, I'll teach Montessori." We're gonna come in and we're gonna cram this process right down. We'll set up bonding, all right.

We'll even give them a bonding room. In some cases—maybe one hospital out of a thousand would have it. But they all begin to absorb bonding. And so they begin to let the fathers come in with their camcorders and tape them going through the same old routines: the same brilliantly lit place, the drugs, and all the rest of it. But now here's father, and after they bring the little baby out and clip the umbilical cord and clean up, they put it on the mother's belly for a minute and the father holds it and the mother holds it and then off it goes and meanwhile the camcorder is recording everything,. And everybody says everything is great, now we've bonded, you see. Now we've bonded. And now we don't have to worry. And we've got daycare, but that's okay, we've all bonded. So the child's not going to be with the momma, she's going back to work and will be with her for a couple of weeks and so on. It's okay, we've bonded. Now this is the myth of bonding that is truly a bogus issue and I thank Dianne Ayres for pointing out the myth of that whole thing in her book.

But bonding has to be established somewhere and should be established in that early period, but this is simply the first step in a long, long developmental process. So denying that, we have a whole nation of children in trouble; we're dealing with about three generations that are in trouble, and that trouble is emotional and psychological. We have a nation literally at war with itself. The betrayal of the newborn infant by his primary caretakers, by abandonment, is probably the single most damaging thing that can happen in life.

Never again can children enter into any close bonds: they can't trust them. They can't open up and embrace the world because the world has betrayed them. It has violated them, damaged them, and harmed them. They close up to a defense position. Even when they go ahead and develop high levels of intellect and brilliance and genius, they're doing it on behalf of a self-system that feels betrayed, that doesn't trust its world, that doesn't open up to it, that draws from it simply to bolster its own defense system.

The government of Sweden has for a long time offered newborn mothers a full year's leave of absence with full pay to stay home with their infants. Why? Because it saves the state so much money later on. Now Sweden has passed a law that allows fathers a year's leave of absence with pay to stay home as well, because they were so critical to the whole process. How can they afford to do that? How can they afford not to do that in this current day and time?

Austria gives a mother a full year's pay and leave to nurture her infant. Australia gives any pregnant woman a stipend to live on that she might be able to stay with her infant. So we find that throughout the world there has been a growing awareness of the importance of this first year of life. Our country's benevolent government cannot even afford, and wouldn't even tolerate the idea of allowing a woman one month's leave of absence, pay or no pay, one month's leave of absence to stay home with her infant. At the same time that same government screams about family values and so on and so forth. This is irony to an extreme.

So we find that it costs an average of \$37,000 to keep one prisoner in the cheapest jail in the United States. It costs an average of \$37,000 per year. Our prison population is expanding at the most rapid rate of any epidemic in history. I've forgotten exactly the percentage of Americans who are in prison at any one time, but this issue of the rising prison population is one I've been asked to address many, many times. To say that it all stems from the birth process would be ridiculous, but to state that the birth process is probably the critical element in it and the prime cause is simply looking squarely at what's going on.

My evangelistic call is for women to rise up and take the right to control their own reproductive process back from male surgeons. Until they do we will be in increasing jeopardy. I would mention by the way that there are six times more fatalities in hospital births than in home births regardless of the situation or the conditions in the homes and that's true worldwide. I know the reasoning the hospitals have for that, but nevertheless, there are six times more deaths in hospitals than in homes from the birth process. We stand twenty-first among technological nations for fatalities at birth and birth conditions. Twenty of the technological nations have better birth records than we have in the United States and yet it costs vastly more to have a baby in the United States than anywhere else in the world. So we have this great irony of the most expensive medical system in the world and the lowest possible level of care.

One final thing. I must mention briefly the plight of the unwed early black teenage mother. This is an issue I have to steel myself to approach. If I didn't get enough sleep the night before I can't approach this issue because I get too emotional, but we find this rapid epidemic increase of early pregnancies, particularly among our black ghetto children. It's down to nine at an epidemic rate now throughout the United States; pregnancies at nine and deliveries at nine and so on, and at ten and eleven also an epidemic increase. Sixty percent of all black babies are being born to unwed, very early young mothers with no support at all from any direction. They have virtually no families, no support, and no help, and they are given the worst possible treatment in hospitals..

Secondly, they have experienced total unloving in the world; they have never been loved, nurtured, or cared for. So they look for something that they can love unconditionally.

Thirdly, they look for something that will unconditionally love them in return. By the time they get out of the hospital they are at war with their infants. They abandon them at the greatest rate in the United States, abuse them at the greatest rate in the United States, and kill them at the greatest rate in the United States. What happens? It's the treatment they receive. I received a study about the treatment of minority mothers in American hospitals that came out in 1977 and got no further than about a chapter into it before I burst into tears. I said I'm through with the whole business, I'll never fool with it again. And I didn't for a number of years, until I got caught back up doing what I'm doing now.

Questions

Q: I don't know if it's really a question, but I deal with the inner-city, teenage mothers that you're talking about without childbirth partners. I go through labor and delivery with them and it is a nightmare and they still do that, pull on the cord—it's basically child abuse. The sad thing is that most of the girls don't realize that they're being abused because they come from abusive homes. It's really sad to watch it. They don't have it in them to fight back because they're so used to being abused. It's so hard because you're just fighting such a big establishment; a lot of times I feel just hopeless in the hospital. A lot of times I just wait as long as I can, labor with them at St. Annes and then bring them to the hospital and they're ready to push already. I'm happy when we get a drug-free baby. They just drug them out from that moment on and it takes three hours to get the baby in for any kind of bonding. What do you do? I feel so hopeless.

A: No, I don't think it's hopeless at all and I think that the power of an aroused feminine group can be just astonishing. Now I have given several talks for MANNA, the mid-wives alliance in North America, and some other mid-wife groups, and boy this is one of the most powerful group of women I have ever come across. They are operating out of pocket and just self-sacrificing to do what they can. What they're working for is direct entry mid-wifery in hospitals so that mid-wives can go into hospitals and literally practice mid-wife techniques, not ape the graces of the technological process but actually practice true mid-wife processes.

Q: But the laws are such that it's so hard...

A: Yes, but they are organizing lobbyists in Washington, D.C. to operate the same way the American Medical Association does. Of course, it's out of pocket and a very minuscule effort, but it's the start of it. And I think if this kind of thing received a lot of support ...

Q: Yeah, but I wish more lay mid-wives would receive the support of the community because it seems like a lot of the time the community is also in the way of thinking that well, yes this is irresponsible and parents should never go to a lay mid-wife, they should have a certified nurse behind this. It's two different, two separate...

A: Well all of that we'll just have to work through. But again I think the first thing is that women should be really informed, really made to understand that it's six times more dangerous in a hospital than at home, regardless of the situation. That's statistical.

Q: Sometimes they don't want to know.

A: You can get this across, but you're dealing with a massive generation-by-generation indoctrination, literally a brainwashing to believe that childbirth is the most painful and dangerous experience you'll ever have and that to operate outside the medical umbrella is tantamount to suicide. I've heard those very words used in the address of nurses to hygiene classes and in high schools to young women. They're told that if they do anything other than keep themselves under the medical umbrella it's tantamount to suicide and the most dangerous move they'll ever make in their life. So you have this as a whole national acceptance built up over many generations and it's pretty tough—but it can be broken. I think one of the reasons it will be broken is that they'll realize the difference it makes in the infant and in the women themselves.

Q: Well with this one baby, for example, even the staff nurses came just to look at this baby because they had never, one of the student nurses came and she'd never seen a drug-free baby. Gosh, this is amazing.

A: Yes it's amazing. As Michael Mendizza verified, when that infant first comes out and makes eye contact and they're not drugged, this tremendous thing happens. It's a mystical experience. It's a religious experience. It stops your world right at that spot.

So don't forget that what happens at that period is critical to everything that's going to happen the rest of your life. You women should take that power back into your own hands, get it out of the hands of the male surgeons while there is still time.

END