VINTAGE

Babywatching

Desmond Morris

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About the Book

Desmond Morris combines his skills as a zoologist and manwatcher to take a close look at the most remarkable life-form ever to draw breath on this planet – the human baby. In a revealing portrait of life from the baby's point of view, Desmond Morris answers the questions that parents ask: How important is a mother to her baby? How well can babies hear, smell and taste? Why do babies cry? And what makes a baby smile? Do babies dream?

Babywatching is a classic to rank alongside Desmond Morris's world bestsellers, *The Naked Ape* and *Manwatching*.

About the Author

DESMOND MORRIS was born in Wiltshire in 1928. After gaining a degree in zoology from Birmingham University, he obtained his D.Phil. from the University of Oxford. He became curator of mammals at London Zoo in 1959, a post he held for eight years.

He was already the author of some fifty scientific papers and seven books before completing *The Naked Ape* in 1967, which was to sell over 10 million copies throughout the world and be translated into almost every known language.

Desmond Morris has made many television programmes and films on human and animal behaviour, his friendly and accessible approach making him popular with both adults and children, and he is now one of the best-known presenters of natural history programmes.

He is also an accomplished artist and his books include *The Biology of Art, The Art of Ancient Cyprus* and *The Secret Surrealist*, as well as his familiar series of *Manwatching, Bodywatching* and *Animalwatching*.

Also by Desmond Morris

The Biology of Art
The Mammals
Men and Snakes (co-author)
Men and Apes (co-author)
Men and Pandas (co-author)
Zootime
Primate Ethology (editor)
The Naked Ape
The Human Zoo
Patterns of Reproductive Behaviour
Intimate Behaviour
Manwatching
Gestures (co-author)
Animal Days
The Soccer Tribe
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The Book of Ages
The Art of Ancient Cyprus
Bodywatching
The Illustrated Naked Ape
Catwatching
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The Secret Surrealist
Catlore
The Animals Roadshow
The Human Nestbuilders
Horsewatching
The Animal Contract
Animalwatching
Christmas Watching
The Naked Ape Trilogy

The Human Animal
The Illustrated Catwatching
Bodytalk
The Illustrated Babywatching
The Illustrated Dogwatching
Catworld
The Human Sexes
The Illustrated Horsewatching

BABYWATCHING

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Jonathan Cape
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Introduction

It is not exaggerating to say that the human infant is the most remarkable life-form ever to draw breath on this planet.

Small, vulnerable and wordless though the baby may be, it is at the same time power-packed with astonishing potential. Programmed by a million years of evolution to transform its sophisticated parents into doting protectors, it radiates irresistible appeal. But how deeply do we understand its true nature?

How much do we really know about its behaviour and its reactions to the world around it? Have we, perhaps, sometimes been misled by old traditions – entrenched ideas that tell us more about the adults that support them than they do about the babies themselves?

It is time to set the record straight, time to tear away the veils of superstition, fashionable distortion and adult-centred bias, and look again with an unprejudiced eye at the baby itself. This is not easy. They are such charmers that it is difficult to maintain an objective approach. One gurgling smile from a tiny face and even the hard-nosed scientist is undone. A special effort is needed to keep a clear head, but if this can be achieved some fascinating facts come to light, and a revealing new picture of the baby's world begins to emerge.

After studying human adults for many years, I have decided in *Babywatching* to focus my attention exclusively on the first twelve months of human life – the official period of babyhood, before walking and talking arrive on the scene. The subject may be familiar, but with an observer's

eye I have tried to bring a new approach to bear on a number of the most intriguing and frequent queries:

Why, for instance, do human babies enter the world with such difficulty, when the young of other animals arrive so simply? And why do they cry so much more than the young of other species? How well can babies see, hear, smell and taste? Close examination reveals that they are much more sensitive to the outside world than was once believed. How do they feed, sleep, dream, play and crawl? Why do they alone weep, smile and laugh? Just how intelligent are they? Can babyhood be rushed, or must events proceed at their own fixed pace? Is it true that newborn babies can swim under water? And can sleeping mothers really distinguish the cries of their own babies from those of others? Most important of all, how much love and comfort do babies need from their mothers?

In the past, adults have sometimes wrongly looked upon the baby as a ‘blank canvas’ on which anything can be imposed, or as a little lump of insensitive flesh, barely reacting to the outside world except in a few very basic ways. One Victorian commentator summed up this condescending attitude with the remark: ‘Here we have a baby. It is composed of a bald head and a pair of lungs.’ In similar vein an insensitive priest defined a baby as ‘A loud noise at one end and no sense of responsibility at the other.’

We now know better. In reality, the baby is highly responsive to its environment, right from the moment of its birth, and it is endowed with an immense capacity for stimulating its loving parents, and for monitoring and influencing their behaviour.

Contrary to certain opinions, babies are almost impossible to train. Throughout their entire babyhood they only respond badly to attempts to chastise them or to over-regulate their lives. Unless their parents have been indoctrinated with inappropriate regimes, they will escape

this fate. And so they should because a secure babyhood provides the basis for a successful adulthood. No baby can be loved too much.

Babywatching is a way of looking at infants so that we can see the world from their point of view instead of ours. The more we can think like a baby, the greater our chance of becoming good parents. This applies to fathers as well as mothers, and if the chapters that follow sometimes seem to ignore the father's role, this is only because in the past so much of our information has been gleaned from observations of maternal behaviour.

Babies not only bring intense joy, they are also our genetic immortality. If we rear them well it is they who will continue our genetic progress through time. Because of our spoken or unspoken awareness of this continuity, the arrival of a new baby is a profoundly rewarding experience, no matter how familiar the event may have become. As Charles Dickens once remarked: 'Every baby born in the world is a finer one than the last.'

This said, I must apologize for referring to the baby as 'it' throughout the book. Some authors use 'he' or 'she', but both methods exclude half the babies in the world. The English language is awkward in this respect. One author tried to solve the problem by using 's/he', which was so obtrusive on the page that it ended up being irritating. So I have settled for the rather impersonal 'it'. No insult to babies is intended, as I am sure the text that follows will confirm. After writing this book I have even more respect and admiration for that most extraordinary of all living things … the human baby.

How do babies enter the world?

Often with great difficulty, as many women can testify. But why should human birth be such an effort, when so many other animals appear to produce their offspring with so little trouble? There is no ambulance to rush a mother giraffe to hospital when she is about to produce her six-foot tall calf. Despite its ungainly shape, the newborn giraffe simply slides out of its mother's body, crashes to the ground and then quickly staggers to its feet. There are no doctors or midwives to assist an orang-utan mother as her baby edges its way into the outside world. Again the whole procedure seems remarkably relaxed and simple. When the family cat hides away to deliver her litter of mewing kittens she does not appear to be racked with pain. She goes through birth after birth with quiet efficiency and little fuss. So why has the human baby's entry into the world become a time of such high drama and concerned medical supervision? Has our species become somehow inefficient at giving birth and if so, why?

It is often argued that the frequent agonies of giving birth are the result of the fact that human beings, uniquely, spend their lives walking around on their hind legs. This bipedal position certainly puts some conflicting demands on the female pelvic girdle, which must be both a vertical locomotion support and a birth passage. The baby has to emerge through a ring of bone that must, of necessity, be a compromise between its two main functions. But although this factor may play a part in making human birth more difficult than birth in other species, it cannot be the whole answer for one very simple reason: primitive women did

not have ante-natal clinics, hospitals, drugs, anaesthetics and obstetricians for expectant mothers. The primeval human female had to produce her babies under simple, tribal conditions without any modern technology to help her and she had to continue to do this for thousands upon thousands of years for our species to succeed. And succeed it did, on a global scale.

If primitive mothers could manage without any specialized help, why can we not do the same? A favourite answer is that the tribal mothers were working ‘in the fields’ all day, and this made their bodies more muscular and stronger, so that they could give birth more easily. Bearing in mind how well fed we are today and how fit young women keep themselves, this explanation no longer seems very persuasive. It may have applied in epochs and cultures where women were made soft by being forbidden to do physical work, but even there it is hard to accept it as an important factor.

Looking at the evidence from ancient societies and from modern tribal societies in remote parts of the world, it seems that there are two major differences between their simple births and our more painful ones. These differences concern the *place* where the mother gives birth and the *position* in which she does it. We have altered these two aspects of delivery and, in doing so, have created unnatural obstacles to easy childbirth.

This may sound strange, but consider the facts. The tribal mother-to-be gives birth in a familiar place, soothed and helped by familiar female friends. She is not rushed off to a strange and rather daunting location, to be attended by strangers. The modern mother-to-be is not ill, but she is taken to a hospital – a place that we all automatically associate with sickness, injury and pain. This removal to an unfamiliar place with alarming associations makes her anxious. Consciously, she knows that everything is being done to help her, but at a deeper, subconscious level, she

feels the unease we all sense as we approach a hospital building.

This anxiety has a quite specific effect on her, and to understand it it helps to look at the behaviour of certain other pregnant females. Among horses, the pregnant mare is capable of holding back her moment of delivery until she feels completely secure. Nine out of ten foals are born in the middle of the night. This is no accident, this is the result of the mares controlling the timing of their contractions. They wait and wait, until they are alone and all is quiet. Only then will they give birth. This is not something they learn. It is an instinctive ability and it helps the mother to make one of her most vulnerable moments also one of her most private.

This same mechanism is at work in humans. If the expectant mother is fearful or anxious, this mood automatically delays her labour. A specific chemical (epinephrine) is released into the mother's system and this has the effect of delaying the birth. The biological function of this postponement is, of course, to allow the mother to wait for a more relaxed, less intimidating moment before she becomes vulnerable. In primeval conditions this makes a great deal of sense. It helps her to avoid dangers. She can time her delivery to safer moments. But for the modern female it is no advantage at all. It is a nuisance. What is worse, the prolonging of the delivery makes her even more anxious and fearful and this in turn prolongs it still further. It is a vicious circle that sees many of today's mothers undergoing periods of labour many times longer than normal for our species.

This could be avoided if the mother felt entirely relaxed and 'among friends'. The less apprehension, the less pain. If mothers must be moved to maternity hospitals to give birth, for reasons of hygiene and access to medical emergency treatment, then those hospitals should be made as familiar and friendly as possible.

It has recently become fashionable for the father to be present at the birth. Although this is usually said to be a return to a ‘natural’ condition of parental sharing, with the father’s presence acting as a bonding device, the truth is that fathers do not seem to have been particularly prominent in the birth customs of ancient or tribal peoples. The supportive friends have almost always been exclusively female. Females who have previously given birth themselves seem to have been more calming in their influence than males. An ‘expectant father’ may be even more anxious than the mother and risk transmitting his fears to her, worsening her state of mind instead of improving it. In other cases, however, the father is the only ‘body-intimate’ a woman has today and so, in some instances, if he is calm and relaxed himself, he can provide the familiarity that she needs. It clearly depends on the individuals in each case.

From this argument it could be concluded that giving birth at home would be better. The mother would feel more at ease and the delivery would not therefore be delayed by internal chemical reactions to anxiety. This would be true if the home could be made hygienic enough and if the mother had around her expert, but familiar help. The problem for the modern female, however, is that she has been so firmly indoctrinated with the idea that it is only safe to go to hospital to give birth, that remaining at home might itself become a cause for anxiety. She is trapped between two alternatives, both of which have their own built-in anxiety factors: the hospital is strange and clinical, the home is lacking in expert technology. The solution must always be to choose the course of action that makes the individual mother feel most secure and relaxed. Then she will not suffer the automatic ‘protection device’ that is built in to her system and which keeps holding her baby back, no matter how hard she struggles to deliver it.

In addition to finding the right place to give birth, there is also the question of adopting the right posture for the delivery. If, again, we look at ancient and tribal societies, it is clear that lying down on your back to give birth is not the favoured position. In fact, looked at logically, it is rather ridiculous, because it makes no use of gravity. Instead of ‘dropping’ her baby, the mother has to be urged to ‘push, push’. She must force the infant out horizontally. Again, this seems a strangelymedical procedure that has no place at a ‘natural’ event. It is as if the mother, having been shipped to hospital, is now being treated as though she really is ill. She is placed in a bed, like a patient, and attended by medical staff, as though there is something wrong with her – when in reality there is something wonderfully right with her. It seems as though this medically dominated atmosphere has been accepted as the inevitable norm for human mothers, but the truth is that it is no more than a modern fashion.

A survey of birth postures in tribal and ancient societies reveals that squatting, not lying, is the natural delivery position for our species. Even the ancient Egyptian hieroglyphic for ‘birth’ shows a squatting woman with a baby’s head emerging from below her body. The same is true in ancient Babylon, Greece and in the Pre-Colombian peoples of Central America. In ancient Rome they made use of special birth chairs. These chairs had cut-away seats that permitted the baby to emerge downwards while the mother clung on to handles fixed to the front of the chair arms. These devices remained popular in Europe for centuries and were still in use in some regions right up to the beginning of the twentieth century.

Giving birth in this way is easier, as we know from careful modern studies by anthropologists in New Guinea and elsewhere. Their observations of the few remaining tribal societies that have not yet been ‘helped’ by advanced cultures, show that the primeval squatting position greatly

reduces the effort needed to deliver the baby. There may still be contorted facial expressions and moments of inevitable discomfort and even pain, but the whole process is quicker and more efficient.

We need to re-learn some old lessons when bringing babies into the world. Providing mothers are healthy and there are no signs of complications, we could do well to reconsider both the place and the position for delivery. Birth is a natural process and we should give biology as well as medicine due consideration when planning it.

Why do babies cry when they are born?

Parents can be forgiven for smiling when they hear the first sounds of crying from their newborn baby. It signals to them that the new arrival is alive and breathing. But is this crying really necessary? At any other time it is a signal that distresses the parents and makes them anxious about the pain or discomfort they know the baby must be feeling. Is their joy at hearing the audible signs of life from their offspring masking what should perhaps more correctly be their concern about the baby's panic? Is the traditionally accepted procedure, at the moment of birth, the best from the baby's point of view?

To find the answer to this question we need to examine what confronts the baby as it emerges into the outside world. It comes from a warm, dark, quiet, soft, all-embracing, liquid world into one of stark contrast. In the old established hospital routine, there are bright lights – for those attending the birth to see clearly what is happening; there is considerable noise as the hospital staff encourage the mother and talk to one another; and, for the baby, there is loss of body contact as the doctor or midwife holds and examines it following delivery. Again, it has been a hallowed tradition for the doctor to slap the baby to encourage it to cry, as a way of initiating breathing. The ever-present fear that the baby may not start breathing quickly enough causes impatience and a deliberately harsh treatment to force the baby to react. Other procedures, such as cutting and clamping the cord, weighing and examining the infant, and washing and clothing it, may all

be undertaken without delay as part of this standard medical sequence.

Like the parental smiles at the sound of crying, these hospital activities are easy to understand. The primary concern of the medical staff is that nothing should go wrong and that they should ensure for the parents the delivery of a physically sound and healthy baby. Nobody can blame them for this, but it has recently been suggested that, in their urge to ensure physical well-being, they have perhaps gone too far, treating the newborn as a patient instead of a perfectly healthy new arrival. In rare cases where there are genuine medical problems they are, of course, entirely justified with their speedy, businesslike approach, but in such instances they are today usually well aware of possible dangers before the delivery begins. The warning signs will have shown up during earlier examinations and they can then be ready for them. In the vast majority of cases, however, where both mother and baby are physically strong, healthy and normal, there is something to be said for a gentler, calmer approach to ensure that the baby is given the smallest possible trauma as it first encounters the outside environment.

What should this softer approach be? It is to proceed more gradually, so that the newborn can take on board the inevitable shocks of the outside world little by little, instead of in one dramatic explosion of novel stimulation. Observing the behaviour of newborn babies closely soon reveals ways in which this can be achieved without taking any undue medical risks.

First, there is no need for loud voices or the clatter of hospital equipment once the baby has started to emerge. Unless something goes wrong with the delivery, the birth room can be kept completely quiet and the baby’s ears can become slowly accustomed to the clamour of the open air.

Second, the bright lights of the typical hospital room can be dimmed considerably without serious risk, especially

from the moment that the baby has been successfully delivered. Instead of screwing up its eyes against the glare it can then gradually adjust to this totally new sensory experience.

Third, its panic at loss of body-contact can be much reduced by allowing it to remain in direct touch with its mother's body as it emerges. It is not held up, away from the mother, but placed gently on her stomach – now conveniently hollow – and left there to lie quietly in contact with her soft, warm skin. At the same time, adult hands can clasp and embrace it, holding it snugly on to the mother's body. Initially, these can be the hands of the doctor or midwife, but then the mother herself can take over and, for the first time, feel her baby's tiny shape. The change for the newborn from total contact to loss of contact is made into a gradual process instead of a sudden shock.

Modern doctors introducing this more gentle approach to birth have been rewarded with far less panic-stricken newborn babies. There are no screaming, contorted faces. The new arrivals lie placidly and peacefully in their mother's arms, calmly resting after their strenuous journey. They may not be totally silent but the expected prolonged screaming is replaced by no more than a few brief cries as they emerge from the birth canal. These cries are the inevitable consequence of the sudden expansion of their small chests as they leave the tight constriction of the vagina. One moment their chests are compressed and the next they are expanded and this encourages the air to rush in. The exhalation that follows produces the brief crying sound, but this is quickly followed by silence if the newborn's body is kept in contact with the mother and moved gently up to lie on her.

At this point there is a moment of peace and rest for both baby and mother. Instead of hurrying on with the various medical procedures – cutting the cord, washing, weighing and clothing the newborn – it is left in its mother's