

## Anger Related to Pre-Conception, Conception, and the Pre- and Perinatal Period

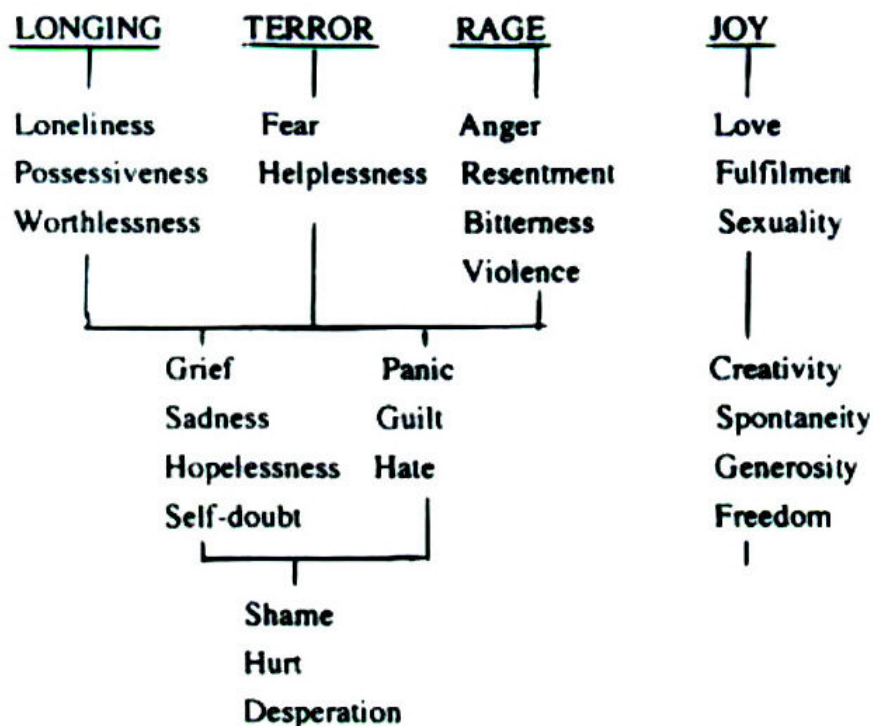
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**Full Text:** Headnote ABSTRACT: Searching for the possible roots of anger, the author, from extensive experiential, clinical work with clients looks at the pre-conception imprinting that colours not only the birth, but also the life scripts and personality of humans, in order to find healing from violent, angry, raging negative imprinting. KEY WORDS: Anger, aggression, violence, preconception, conception, imprinting, birth trauma, pre and perinatal psychotherapy. INTRODUCTION What is Anger? Anger is an honest, normal feeling. We all experience anger - it can be healthy, creative, and freeing or unhealthy, silent, destructive and binding. It can be positive or negative anger within our personality. It is what we actually do with these feelings, whether we can accept them, and deal with them, that causes all the trouble. Repressed Emotions To speak specifically about anger as an isolated emotion is difficult. In regression work one emotion rarely stands alone. Four pure primal feelings have been identified: longing the craving for the fulfilment of unmet needs such as love; terror, the extreme fear or dread of not being fulfilled; ,ay, the intense feelings of happiness and pleasure; and rage, the overwhelming angry passion directed at those who have not fulfilled the child's needs. It is important to be aware of, and clarify, these feelings during regression work in order to specifically place the emotion of anger in its rightful place. The following diagram (after Broder, 1976) may help to clarify this:



Our Research in the Last Decade on Anger We have found in our work, based on the hypotheses of Dr. Frank Lake, that anger may be stimulated by fear or terror, resentment or bitterness and lead into panic, grief, shame, and desperation. We live in a violent age, where rape, murder, joy riding and road rage are everyday events. Lake was a man ahead of his time. He made connections between the negative umbilical input of the first trimester and recognised that the anger and rage experienced here may push a person violently into ripping out trees, slashing tires, football violence, revenge killings, and other murderous atrocities. Throughout the last 28 October 2012

decades many researchers, Lake (1981), Lloyd de Mäuse (1996), Leboyer (1975), Verny and Kelly (1981), and Chamberlain (1995, 1998) to name but a few, and we also, in our work at Amethyst, have found that the out-of-control anger and violence being perpetrated on a personal and global level today may be an off loading of the violence experienced in traumatic births and violent and abusive pregnancies. Whatever we may think of this, people's anger has deep roots and a current conflict is usually a trigger for a reservoir of buried emotion to surface. Working in regressive states, whether it be Primal Integration and Regression Therapy, Holotropic Breathwork or Pre and Perinatal Psychotherapy, can offer new light, new insights and new hope on the nature of aggression, anger and violence. Grof (1998) states that according to these insights, aggression is not something that reflects our true nature but rather a screen that separates us from it. Hopefully through deep experiential work reaching pre and perinatal and transpersonal levels, anger, in whatever form, can be safely expressed, worked through and transformed. Pre Conception In our most recent research we have been led to believe that very early parenting begins before conception. If our discoveries and experiences in Pre and Perinatal Psychotherapy are to be taken seriously, then the state of the parents to be is of immense importance to the well being of the new individual to be conceived. If we are affected in infancy, childhood, and adulthood by the positive and negative situations in our life - then it appears from regression work that the sexual act between our parents, in whatever emotions or non-emotions we were conceived, will affect our coming into being. Anger does not appear to be a rare negative emotion in this respect. The Four Levels of Response by Baby to Mother and Father's Situation Lake emphasised four levels of responses by the baby in utero and also in birth - we have taken these back to preconception and conception relating to the emotional state of the parents to be and the situation awaiting the incoming soul. Level One is Ideally Good, where all is well in the respective parents to be, there is no stress, there is passionate lovemaking and a real focus of wanting a baby. It is interesting to note that rarely, if at all, do people who may have experienced this blissful situation before conception, actually appear in therapy. Level Two is Bearing and Coping and 'mild' anger may be present if a 'tired' sperm and 'fairly reluctant' ovum find it difficult to fertilise in a lethargic or 'can't be bothered' environment - but it is 'good enough' and self-confidence is present. Level Three is in Total Opposition - where there is no desire to conceive a child. Here the anger and terror may be paramount in the mother or father. It is a bad place, no preparation for conception, which will in turn attract rejection and hostility toward a new individual. Level Four is what Pavlov (1955) called Transmarginal Stress. Before conception there are overwhelming feelings of badness and bitterness relating to possible lust, anger, rape, and drunkenness. Here is beyond the margin, stress beyond bearing - everything to do with fighting has become too painful to bear. Here is the root of the most determined refusal to seek life or let oneself be loved. It is from the experiences of levels three and four that many angry situations arise. Imprinting - The word imprinting is used to describe rapid learning in situations of extreme urgency or trauma. Pre Conception Imprinting or Life Scripts We have, through visualisation, artwork, regression, and primal work been able to help hundreds of clients 'tune in' to the emotional state of their mothers and fathers before conception. Our clinical evidence of some memories that go back before conception includes statements and insights of anger, for example: "I feel I'm one of my father's seeds, a sperm. It seems angry." "I can feel my father's energy he's angry. It goes through every cell of him." "My mother is raging with my father. She's also terrified." "She's very frightened but I can feel her anger with him." "She's frightened of his violence." To a pioneering minority (Baker & Baker, 1986) parenting begins before conception because they consider it a spiritual process about which they want to be conscious. They may also appreciate that their own health, habits, and environment will determine the quality of their conception and they know their efforts at 'quality control' can spare their baby from a lifetime of violence, sickness and possible handicap. In 1982, just before he died, Frank Lake wrote in his last research work, that in response to the suggestion in his visualisation to clients, that 'positive' or even 'ideal emotions' were present in mother before conception, and that this led to the most violent expressions of the contrary sort. He believed that the sad recognition had to be admitted that this was a conception that was going to be totally without love, totally not

planned for, and a meaningless nuisance they would not want to recognise when it made its presence known.

**Conception** From our experience conception is the first bridge to a new dimension. Documented evidence from workshop participants and clients clearly show it is the transformation from a spiritual being into a physical body. There is often a great resistance to want to come into a physical body and a great sadness or rage at having lost the freedom of spirit in some way.

**Conception Imprinting** Many of the feelings experienced through visualisation, etc. come through the feelings of being the ovum or the sperm, and what happens as they meet and fertilise. The anger, rage, violence, and outrage that unwanted conceptions relive in regression together with the fear of rejection is also a very frequent part of their personality in adult life and is projected on many people and 'rejection felt' situations in life. It is such a painful place to live from - to feel rejected in a group or a family; it may turn inwards into great internal anger becoming a passive anger that eventually violates the body and causes sickness. "It was a violent scene. They physically enjoyed it but the sperm is an onslaught. The ovum was emotionally raped." "I'm really angry. My conception was an accident and I've had accidents ever since. I battle with my mother continually." "It's all very difficult. The sperm is full of life; it's energetic and playful. It wants to connect. It wants to penetrate the ovum. It wants to connect. The ovum is so rigid. It's so resistant. It's a huge struggle for the sperm to get in. It's raging. But it got in at last. The ovum is overwhelmed. The sperm has lost its energy. I'm so angry it was all so difficult," "They didn't mean to conceive me. I'm cross with them. I'm cross with you 'cos you're cross with me - and I'm not going to be what you want (a boy) I have to be rebellious to keep myself separate." These images and metaphors give clues to the nature and events surrounding conception. To some they may appear unbelievable, but they are real and may describe actual symptoms and be the hidden, deeply rooted problems that perpetuate angry, violent behaviour patterns later.

**Fallopian Tube Travel** Many people experience blastocystic bliss in this phase. Fear and anger may combine if the fertilised ovum travelling down the fallopian tube is immobilised or obstructed in any way. These primal scripts may come out as: 'It's so difficult and laborious.' Obstructions, tightness and difficulty seem to cause anger in not being able to move forward at the speed the fertilised ovum wants. "I can't move forward. I'm stuck." "I can feel myself getting angry but I'm also terrified. I sense such a huge resistance. I'm angry and frustrated at being blocked," "I can't get through this." "It's not flowing." Fallopian tube travel is analogous with birth canal travel. The participant always knows the place.

**Implantation in the Uterus Wall** Implantation is the first time we connect physically with mother. As in the fusion of the sperm and ovum, the fertilised ovum may find a resistant uterine wall. Implantation actually does involve fingerlike projections of foetal tissue that take root in the wall of the uterus (Noble, 1993). The way in which the fertilised ovum is received may bring scripts implying anger and terror and fear of annihilation. "Why can't I get in?" "I can't find a place to be." "Don't mess with me - I'm here." "Out of one bloody mess into another. Let me be." "I'm not going to make it." "Why does it have to be so hard to find a comfortable place?" "Why can't I find a safe place?"

**When Mother Finds Out She is Pregnant** Mother's reaction to her pregnancy can have a great effect on the new human organism. The terror is a direct result of what Frank Lake calls transmarginal stress. When mother is frightened or angry it's like a fire siren or security alarm going off. It reverberates right through the foetus. Revulsion turns inwards and becomes a profound and permanent sense of worthlessness and a very deep anger towards parents, people and life itself. "No one wants me." "I'm not wanted." "I want some recognition." When associated with mother not finding out for months there may be enormous fury with mother: "I'm cross. Nobody notices me. They don't know I'm here." "I'm a bit peeved she doesn't know I'm here after five months." "She doesn't want me. I feel guilty about being here and I'm angry. I have a right to be here."

**Attempted Abortion or Near Spontaneous Abortion** The implications for survivors of attempted abortion or near spontaneous abortion, including near accidental miscarriage, is horrifically stressful. The foetus, as we have learned from the reliving of attempted and failed abortions, knows that its presence is resented and its life in danger. It relives its own near murder, terror of death, with quite astounding accuracy. The enormous feelings of rejection and the murderous rage surrounding its own near annihilation throughout adult life are a serious and misunderstood affliction for many who have

survived this horror. "You are killing me. I will kill you." "If you don't want me I'll kill you first." "This is outrageous." Maternal Foetal Distress Syndrome or Negative Umbilical Affect Over thirty years ago Lake explored Mott's (1965) revival of a term first used centuries before - "umbilical affect." This denotes the feeling state of the foetus as brought about by blood circulating through the umbilical vein from the mother. There are now many scientific research studies producing possible evidence as to why this happens - e.g., Candace Pert and her studies of neuropeptides and their receptors as the biochemical correlates of emotions (Moyers, 1993). Continuing Lake's research we have confirmed that this is the predominant mechanism by which the positive or negative feelings of the mother from her life situations and her personal reactions to them, are transmitted to the foetus. So when mother is angry or terrified any time throughout the nine months of her pregnancy, the unborn baby is invaded by these feelings and every cell of the unborn is marinated and informed of the emotional crisis. The unborn's own emotions and reactions to the crisis are present. This does appear to be the source of many of the adverse, angry feelings felt by us in later life, whether as children or adults. Inter Uterine Imprinting Some of the many incidents involving anger, rage, violence, and other adverse emotions whether experienced internally or externally by the mother are documented from our research: The use of cigarettes, drugs alcohol and anaesthesia during pregnancy. Smoking provokes real anger in the unborn. Mothers who smoke will send their babies into respiratory distress (Noble, 1993), as has been observed with the use of ultrasound. In regression, we have observed real anger when the experience is relived: "Stop smoking you are killing me. My brain is splitting. It's split down the middle. The smell is smoky. It's going into my brain. I'm brainless." "You stupid bitch. Stop smoking. You are going to kill me. I'm not going to let you make me sick. My head is crazy." Irving-Neto and Verny (1992), in their research found that a fear of losing (one's) temper was more often reported by those whose mothers smoked cigarettes (30%) than those whose mothers did not smoke (24%) during pregnancy. A fear of becoming violent and destructive was more often reported by those whose mothers used cigarettes (25%) marijuana (44%) or alcohol (34%) than by those whose mothers did not use these agents. Irving-Neto and Verny found in his research that there was a significant relationship between maternal stress and anger. External Anger and Abuse External anger is experienced by the foetus and is a tragic, horrific reliving by an adult in regression. The helpless foetus is marinated in the external anger and rage of the perpetrator and the responses of mother to be: "He's hitting my mommy. I'm inside and I can feel him hitting her. I'm raging. He still has the power to hurt me." This type of event may lead to countless examples of anger and terror in adult behaviour. The Silent Anger Much of the violence that takes place in utero is the silent invisible type. Chamberlain (1998) says the injuries cannot be discovered until much later. Babies are trying to alert us to this damage but we are slow in learning. It is often stated that silent, passive anger is the killer. Anger may be a protection to the truth, it may disempower until it finds its roots and the truth and empowerment are realised. "Anger covers up pain, despair, and sadness because it shouldn't be like this." "I can't get angry with people or tell them how they affect me." The link between depression and frozen anger is evident from our work and requires a much wider documentation than can be given here. There may be a strong link between some forms of lifetime depression and the silent, inexpressible anger from the womb - as the blocked and retroflected rage is having to take in so much badness along with the good. The pain feeds the rage. Anger with Amniocentesis Chamberlain (1998) states that, now that amniocentesis is common, babies in the womb frequently confront a needle entering their private domain. From ultrasound studies, Ianniruberto and Tajani (1981) show that babies react fearfully, defensively and sometimes aggressively. Chamberlain relates an acquaintance's story of her experience during amniocentesis. Her husband, the doctor and the ultrasound technician all saw little unborn Claire bat the needle. The technician said, "Take it out!" When the doctor reinserted the needle, the foetus again attacked it, forcing the doctor to remove the needle. The husband and doctor were in a nervous sweat. The doctor said he had never seen a baby bat a needle before. Who wouldn't be angry at this intrusion! The Displacement of Maternal Foetal Distress - Specifically Anger Which May Lead to Personality Disorders and Physical Illness Our experience of spending thousands of hours with those re-living the effects of maternal

foetal distress gives us significant evidence, as Lake before had found, that affliction can activate a mechanism causing a "murderous splitting." The foetal victim displaces the anger and other emotions throughout the body in a severe overwhelming fashion. This displacement, localisation and disposal of negative umbilical affect appears to give rise to mental anguish in the roots of the schizoid, paranoid and hysterical personality disorders. When anger, rage and violence are displaced into the unborn's body, physical ailments appear in the child, teenager or adult in later life. It seems a possible cause for the roots of many diseases and psychosomatic illnesses as the in-turned anger destroys the cells of the body. Where the anger has never been able to be expressed by the client it results in inner destruction and illness. Some examples of displaced anger are: In the head - migraine, bad heads; in the eyes - looking daggers, looks can kill; in the jaw - clenched jaw, oral tension; in the lungs - coughing, choking, breathlessness; asthma - the cry of rage; fear of cancer - what is inside me will kill me; the effects seem endless.

**The Birth Trauma** It is a widely accepted psychological principle that pain produces anger and since even the best births involve some pain it is inevitable that all of us are left with a subconscious residue of primal anger. (Verny & Kelly, 1981) Numerous clinicians from various approaches have observed the imprints of birth trauma in the psychological dysfunction of their clients. Anger is one of the many feelings left over from the turmoil of birth and it can dis-empower us from before birth - and we may respond in anger as children and adults. Lake (1981) emphasises that the rage of the baby can rise to murderous heights as it struggles to survive against what feel like murderous pressures, with totally unreasonable demands, as it tries to get out. It is infuriated at being pushed out at the same time as being held in tighter than ever, with no instructions as to which way to turn. This may well lead to misperception, irrational deskilled responses and highly emotional violence, controlled or expressed. This knowledge is vital for counselling.

**Acting out Birth Trauma** In the acting out of birth trauma, angry, aggressive, driving behaviour that gets some babies out of the birth canal may cause a person to die prematurely from overwork or make personal relationships very difficult. This may now be seen as a fractal or rhythm or pattern from conception. For example: Violent behaviour of adolescent youths may arise from the invasive birth trauma, or the invasive violence which penetrated the foetus in the womb, or the violent penis which penetrated the womb in rape and invasion or the 'violent' sperm invading the unreceptive ovum.

**Angry Imprints from the Birth** "I can't move." "I'm stuck." "I've been in this position long enough." "I'm angry." "I'm not getting what I need." "I need to be understood." "I don't want to be this way." "Stop-! What am I supposed to be doing?" "I just can't get away from it." Absolute fury - "I can't do what you are asking me to do." "Nothing is right. It's a nightmare." "Stop trying to hang on to me Mammy." "Stop smothering me." Real anger and fury "Now I can't get out." "You are not going to take me over." "I don't care. If I die that'll be the end of it." "I have to do it." Gender "I'm not going to be a boy - to get at her. It serves her right for not wanting me. I'm cross with her. If I'm not a boy she's going to have to do it again - a boy for the business. I've chosen to be a girl to spite everybody."

**Cord Difficulties Including the Cord Around the Neck** Anything that jeopardises foetal life - like a tight cord entangled round the unborn's body or a tight cord round the neck would imperil life. Imprinting scripts are: "I can't do it unless the cord somehow moves, I'm stuck. It's going to be a long birth - and that will annoy me. Nobody is helping me. I am really angry." "Why don't they notice? I could get strangled. I am very angry. It's too dangerous. I'm angry. I'm angry - and there's no room. I'll die of strangulation. The cord's round my neck and I'll die slowly but nobody knows and nobody cares. I'm angry." "There's still a cord between us. I can't cut the cord. My relationship with my mother is strangling me. I'm furious. I always hurt women."

**Cord Work with Different Sets of Twins** A second twin: "I feel angry. I'm getting claustrophobic. Get off! He's got me all knotted up. The cord is round his neck. Watch out for the anger. It's murderous. He's hurting me." A first twin: "The cords are all twisted. He's stopping me doing anything. Why should you get out first! I'm first. Get out of my way. What's he doing? We're both trying to get out together." Another first twin - "We're tangled up. I'm being held back. I can't re-enact the violence. It's too much. I'm stuck in fury. I have been born in fury with the fear of violence."

**Twins Boxing in the Womb** Ultrasound is also revealing the hidden life of twins in utero. Chamberlain (1998) reports that by 20 weeks twins manifest a range of behaviours from affection to

aggression. Observers have reported twins hitting each other. At 24 weeks monoamniotic twins were filmed having a boxing match with repeated rounds of a few minutes each - one would strike with his hand and the other would strike back (Ianniruberto & Taiani, 1981). They also filmed twins in different amniotic sacs hitting each other by pushing the dividing membrane. Near Caesarean Birth An imprinting was angry. The nearly born saying angrily, "Cut her! Cut her! If they cut her open I could get out. Nothing will ever match that fight. Cut her! Cut her!" Caesarean Birth It is ironical that disciples of Rank proposed that all children should be born by Caesarean section to eliminate birth trauma. Jane English (1985) describes caesarean births as not being limited in time to the removal of the baby from the mother but it continues for years caesareans appear 'unborn'; their births are still in process. "I was ripped out." "I felt cheated, angry and not really here." "I really was raging - I could have done it myself." Breech A breech birth is violence in the womb and the breech born often becomes the victim. In absolute fury, "There's no way out. I'm squashed and choking and furious. I'll get out if it kills her - it's me or her. Why isn't she pushing? I'm furious." Absolute terror and rage, "I can't get out" "They are killing me." "I don't know what I am supposed to be doing. It is so violent. They are pulling me out by my feet." "I get into situations I can't get out of. I just stay and get more and more depressed. There is a lot of sadness and anger." Forceps The medical intervention of the forceps provokes a murderous rage within the baby, concealed often for many years into adulthood. An adult born in a severe forceps contraction delivery is pushed too soon into something they are not ready for and it may cause severe depression, with underlying murderous rage. Some have periods of being pushed "over the edge" and others may become hospitalised. "Let me out. There's no way out. Get out of my way. Don't tell me how to do it. I'll do it my way. You are all incompetent. I'll do it myself. I'll kill her. I really felt the forceps today at work. They were all so incompetent - I could have happily thrown them all out of the window." Premature Babies Chamberlain (1998) states that babies tell us the premature nursery is a theatre of violence. Babies arriving early find themselves in a surreal environment of needles, lights, incubators, and monitors designed for physical life support, but not for emotional life support. Designed in 1967, these nurseries were not expecting babies to have thoughts, feelings, or perception of pain. In adult regression work most of our premature babies have been put into an incubator - this means that they also need to be re-born out of the incubator to dissipate the anger. For example, angrily "I am here. I need you. I need to be touched. Pick me up and hold me. I feel Mommy is angry with me. When she is angry with me I always end up feeling I can't move. I want to get out of here. Out! Out! Please open the door. I want my own space." Adoption As Nancy Verrier (1993) points out, it is difficult to face the fact that every adopted child has suffered a devastating loss. This denial by some 'professionals' causes much anger and distress with those who have been adopted, on top of the layers of anger of their own primal wound of abandonment. The adopted child, with the anger of non recognition, of not being considered, of the devastating rejection and other violent, vulnerable feelings must not be left out of pre and perinatal work - where the loss and anger can be radiated and worked through for a new sense of self. How Does This Very Early Anger Imprinting Manifest after Birth? In an age where violence rages over our planet, watch baby faces carefully. A cross baby, born in anger, is telling us something. In the past, gruesome, screwed up faces and screaming voices were seen as "normal" (Chamberlain, 1998). Sleepless nights for months on end may be the result of inter uterine anger or cord difficulties or the need for early anger imprinting to be dissipated (Ward, 1998). Feelings of betrayal are linked with anger and violence, separation and loss. Oaklander (1978) describes anger in the children she works with as being like some awful, lurking monster having to be pushed down, suppressed, deflected and avoided. Where does it come from? Bullying This is the persistent, wilful, conscious desire to hurt another and put that person under stress. As bullying is aggression, then those who bully have an aggressive attitude towards parents, teachers, and peers (Ward, 1998). Connecting bullying to conception, inter uterine, and birth trauma, wherever the aggressive action has come from, it is connected with fear, and the child or adult who bullies may have had an aggressive reaction to a trauma with a real underlying fear of dying. Bullying may lead to many other forms of violence. So many families are in crisis because of it. War and Violence Although not all anger

comes from the pre and perinatal time, work in our field of Pre and Perinatal Psychotherapy over the years throws an entirely new light on the forms of human violence perpetrating the global crisis. Violence is displayed in the form of wars, riots, murder, torture, terrorism, and crime, all of which seem to be escalating. Many of these forms of violence can only come from individuals collectively. War would be the greatest struggle between nations. National leaders may take us into war as they act out their own perinatal dynamics in gruesome ways - and others follow their own dynamics. These are so hidden, repressed, and overlaid with defences that the conscious mind has absolutely no access to them as being part of ones unconscious. Adzema (1996) stresses that, consequently, the conscious mind is completely able to convince itself that those dynamics are actual, real and doubtless part of the situation - and requires an actual real and extreme response. Lloyd de Mause (1996) the psychohistorian says bluntly that groups, wherever, whether modern day or historical, induce a "foetal trance state" in their numbers, reawakening memories from uterine and perinatal life. We would now add to this, conception. What Do We Do about it? Realise it begins before conception. Take seriously the research that is rapidly growing from hundreds of researchers in diverse aspects of Pre and Perinatal Psychology throughout the world. In our experiential psychotherapy we discover, in the depths of the human psyche, aspects of human nature that are much deeper, and go further back than is comfortable for many people to perhaps want to know. As human race, we have much to learn, and more to take responsibility for. It is said that ignorance is the only sin. Parents, psychologists, the medical profession, all of us, have treated the earliest period of human development - from preconception to birth as an insensitive, unconscious, unfeeling period of growth. Babies are teaching us the opposite. Realise that the time in the womb is crucial. The painful and life threatening experiences associated with pregnancy abuse and the passage through the birth canal naturally provoke a corresponding violent response - it acts as a psychic draw to later life situations. Teach mothers to be that emotions of deep anger can be dissipated in the womb. If mother is aware of her own emotions, and owns them, the foetus does not have to imbibe them. Even though the foetus may feel the anger, the clarity of who the anger belongs to, can lessen the impact on the foetus. The love of the mother and father can help to decrease the impact of outside anger and tensions. This good, understanding parenting is essential. No parent really wants his or her child to suffer. Discuss seriously birthing and child-caring methods. These methods would prevent violent acts of crimes and war. Leboyer (1976) was a major force in the argument towards more gentle birthing methods. He taught that violent births breed violence, gentleness, breeds gentleness and peace encourages peace. Enlighten people that this early imprinting research is well documented. Newborn babies and also adults who were traumatised in this early period are teaching us this. These early imprinting memories arise when the problems presented by people are related to these areas. This repository of aggressive, angry tendencies is harboured in the unconscious for the rest of our lives, until or unless we make an effort to confront them and transform them in some variety of selfexploration. From the field of experiential psychotherapy the answer to the cycles of violence, war and death-rebirth is to stop the acting out, and relive these cycles of violence at their preconception, conception, and pre and perinatal origins - in order to find peace.

***Happy Conceptions  
make Happy Babies  
make Happy People  
make a Happy World***

We are coining to the beginning of a new earth story - we are moving towards global civilisation in the next millennium, expanding out into our universe and proposed planetary exploration. Let us not make Star Wars fact! A new conscious gestation is required that has never taken place before in the history of mankind and our planet. This consciousness is necessary to understand:

**HOW WE ARE PREPARED FOR BEFORE CONCEPTION -  
THE STATE OF OUR PARENTS WHEN WE ARE  
CONCEIVED -  
HOW WE ARE TREATED IN THE WOMB -  
HOW WE ARE BORN -  
INFLUENCES OUR LIFE LONG BEHAVIOUR.  
CONCLUSIVELY WE LIVE OUR LIVES  
ACCORDING TO THE TRAUMA OR  
GLORY OF OUR CONCEPTION  
AND OUR BIRTH.**

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