Communicating with the Mind of a Prenate: Guidelines for Parents and Birth Professionals

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Full Text: Headnote ABSTRACT: After a struggle of many decades, the true dimensions of fetal consciousness are emerging, thanks to a growing literature of firsthand reports from parents and abundant observations of life in the womb. In retrospect, scientific views of the sensory, emotional, and mental nature of prenates and newborns, grounded exclusively in a brain-matter paradigm, were grossly inadequate. A new paradigm is replacing it based on baby awareness and knowing. This presentation offers some initial guidelines for parents and birth professionals who seek two-way communication with babies before birth-a dialog that promises greater safety, meaning, and satisfaction in pregnancy and childbirth. KEY WORDS: fetal consciousness, fetal memory, fetal senses, fetal learning, prenatal communication, brain-matter paradigm, new paradigm of awareness. INTRODUCTION My book, The Mind of Your Newborn Baby (currently in ten languages), provides documentary support for a fundamental change in how we understand babies. During the past century-it is now apparent-both psychology and medicine failed babies by denying them sensation, emotion, and mind. These potent realities were thought to begin functioning months or years after birth. Parents were taught that during gestation in the womb, the baby was an unfeeling, unthinking, and passive passenger incapable of communication. Obstetrical protocols were confidently based on a baby who would not recognize either pain or parents, and would not recall or learn anything from the birth experience however traumatic or beautiful it was. Sigmund Freud's false idea of "infantile amnesia" assured scientists everywhere that all humans were memory-free until three! In the new millennium, many parents and birth professionals are trying to escape the grip of these old beliefs but babies are still suffering because they are not yet recognized as the complex beings they are, richly endowed for participating in life, beginning with life in the womb. Or before life in the womb. A growing literature based on parent reports is presenting hundreds of cases in which "babies" were successful in opening a dialog with their future parents before conception, a notion in total conflict with scientific materialism. They accomplish this within vivid dreams, make contact during meditation, appear in visions or startle them by a voice the parents can hear in their minds. One said plainly, "Mommy, when are you going to be ready for me?" When she asked, "Who are you?" he explained "I am Timothy, your son." She said she awoke startled, instantly different, and came away with a feeling of great peace and love. A year later she conceived and Timothy was on his way. Repeated stories of this kind reflect not only an innate capacity of babies to communicate but a similar innate capacity of parents to respond. Parents speak of these contacts in superlatives, as most profound, most unforgettable, and most loving moments of their lives. Modern parents tend to share these extraordinary moments cautiously, but a survey of world literature by the Carmens (2000) reveals that these stories are universally found in many different cultures across millennia of time. First contact from the baby can occur long in advance of conception and touch off significant negotiations often starting with "No!" or "Not now!" Eventually, through honest dialog, a resolution is achieved. If it is a "yes" then, in time, conception and pregnancy follow confirming the accuracy of earlier impressions of the baby's facial appearance and personality. For a broad collection of reports see the books by Elisabeth Hallett and Sarah Hinze; for individual reports, see books by Roy Mills, Manuel David Coudris and Mary Grace McManus listed in the Selected Readings on Consciousness. From this larger perspective of baby awareness and knowing, I offer some guidelines based on brief examples from my own practice and cases shared with me by colleagues. These are to assist parents and birth professionals who have a deep desire to communicate with babies in the womb-an activity that has no validity in the current medical paradigm. GUIDELINES #1. Face, as soon as possible, the

inevitable clash of old and new paradigms by loosening your grip on the 19th century idea that humans are defined only by their brain matter. This view was widely embraced as the only adequate and legitimate definition of a person. Importantly, prenates and newborns were left in limbo by this definition. In retrospect, this version of science was a measure of a human being reduced to matter alone and fails to incorporate a century of important research on human consciousness including research on psychic abilities, altered states, near-death and out-of-body experience, and verified memories that clearly rise above brain matter, space, and time. Missing from the old paradigm are the most precious features of human life including the greatest feats of mind and memory that babies repeatedly manifest. Here are two examples of memory from a time before any brain was available, at conception. Examples: (1) Ingrid remembered her mother and father making love on a couch in Germany-before they were married. The doorbell rang to announce that Grandmother and Auntie had come back from shopping much sooner than planned. The encounter sent shockwaves through all present. Ingrid says, "Mother was beside herself. She knew she got pregnant and was ashamed. She didn't want to do it in the first place.. .and she blamed me for her trouble." (Ingrid believed that this event created a pattern to be constantly afraid of and guilty about hurting others-a problem that drew her into therapy. She had also developed a specific anxiety reaction to sudden sounds like the unexpected ringing of a doorbell or telephone.) (2) Ida remembered serious trouble at her conception. "It wasn't the right time," she said. "Mother was not in the condition for me to come in. She was drunk: It didn't seem right. It was not a holy time; it was a bad time. She didn't want to be there with my dad. She was mad at dad; he forced her to be there. She didn't want me there; it was just an accident. I could see that the time wasn't right for me to come in. I knew. Funny, that I would know that it wasn't right." #2. Gently push aside the traditional theories of learning and memory that impose severe restrictions on all human memory and automatically disqualify prenatal memory and learning. Babies are not tabula rasa (blank slates); they are not without intelligence, and not without a sense of self and a purpose. A close look at early memory and learning defy the limitations traditionally placed on them. Memories of birth shine with verifiable accuracy, keen perception of meaning, and with unexpected wisdom-and yet such memories were not supposed to exist at all. Another surprise: baby memories reflect empathy and caring for the suffering of parents or of a twin dying in utero-qualities and virtues that were not expected in prenates or neonates. In reality, womb babies are becoming familiar with television theme music, scary movies, classical music being rehearsed by their parents, domestic violence, and mother's native tongue. They are keenly aware of parental sexual activities, get "wired" with caffeine from mother's coffee, know if they are wanted by one or both parents, and develop early relationships with older siblings and household pets. They learn and copy a mother's depression as well as her voice characteristics. The unborn are constantly learning from personal experience but like all other humans, are vulnerable to trauma and a misunderstanding of surface realities. Indeed, a baby presents a complexity of character to inspire awe when you contemplate communicating with one. Examples: (1) In my office, Loretta remembered being inside her mother's tummy pressed up against the railing of a boat. Her mother became uneasy, she said, and her father helped her to find a place to sit down. When she went home from the session and told her parents she learned they had been on a sightseeing trip by boat at the time. They had never spoken of it and were amazed she could have such a memory from the womb. (She was probably clairvoyant.) (2) Australian psychiatrist Graham Farrant became aware from repeated "primaling" on the floor of his studio that his mother had tried to abort him. When he questioned her, she denied it. After additional primaling, he became aware of how she had done it. When he questioned her a second time, she again denied it, so he explained exactly how she had done it. The accuracy of his memory of that experience in fetal life was confirmed when his mother said, "You could not have known that! I never told your father." (3) A foster mother was concerned about the seductive behavior of a three-year-old in her care. The young child preferred to wear as little clothing as possible, liked to continually take her clothes off, and climbed up on tables where she danced "very provocatively." It turns out the birth mother was a Night Club stripper who became pregnant and continued working all through the pregnancy. After birth, the daughter was sent to foster

care and never saw her mother dance. Question: How did the child learn her mother's striptease routine? Hint: What was the baby doing while her mother was performing? #3. Scientific skepticism has long surrounded the senses of the baby in the womb. Senses were said to be either not yet constructed or not yet meaningful due to the immature state of the fetal brain. Actually, the full scope of the prenatal sensorium is not yet found in any academic texts (2003). The typical "shrinking" of the prenatal senses over the last century was the result of a mixture of scientific prejudice, ignorance of life in the womb, and denial of fetal discoveries that did not fit the old paradigm. (Developmental psychology was organized before ultrasound and before fetal observation could provide a database of earliest behavior.) Authorities today find the idea of "five" senses, dating from the Renaissance, a dubious oversimplification. The correct number, they claim, would be between 5 and 17 senses. My own suggested list of prenatal senses which follows, identifies at least twelve. Briefly, the baby's radar system includes the following: (1) tactile senses (receiving touch, and reaching out to touch), (2) thermal sensing, and (3) pain reception (nociception) involving crushing and nerve damage. Hearing (4) begins as early as 14 weeks after conception and improves greatly in the next ten weeks allowing for sound discrimination and preferences. The sense of balance, gravity, and orientation in space (5) while located in the inner ear is a separate sense that develops from week 7 to 12, supporting a burst of movement in the womb. The sense of smell (6) operates in utero in close association with tasting (7); in utero both are bathed by the same amniotic fluids which contain chemical markers of the mother's diet. In addition to the tasting that is done in the mouth, "mouthing" is used in another way to sense texture, hardness, and contours of objects (8). Other mouth-related pleasure senses in utero are associated with sucking and licking (9). The sucking of fingers and toes seems explorative, not nutritive. Thumb sucking begins about 13 weeks from conception. Thumb sucking by boys is often paired with erections, suggesting pleasurable self-stimulation or sexual sensations. Prenates are observed licking the placenta and twins are seen licking and sucking on each other; this form of intimacy seems a satisfying mode of bodily contact suggesting sensual or sexual pleasure. Vision (10) in utero is paradoxical because it is obviously limited (especially with eyelids fused shut for about six months) yet it seems functional in hitting targets accurately, like needles during amniocentesis at 14 to 16 weeks of age, and in twins boxing, kissing, and playing together. Although prenates have never been acknowledged for their psychic gifts, they do demonstrate clairvoyance and telepathic sensing (11). They see things that are out of sight, know whether they are wanted or not, and discern the character of their parents. Finally, prenates also demonstrate transcendent sensing (12) in near-death and out-of-body experiences. When out-of-body, no senses should work for either babies or adults, but they do. The physical immaturity of the senses is also unrelated to the fact that they function well in these transcendent states. Babies in the womb are superbly equipped for sensing! Examples: (1) My patient Ray recalled this moment of his life in utero revealing his keen perception of his parents. "My mother and father are arguing. They're yelling at each other. I feel the intense vibrations. I feel a quivering. I feel endangered, as if I'm responsible. I'm what they're fighting about." (2) Have you ever wondered how a test-tube baby might feel being conceived in a petri dish? A colleague of mine questioned a mother about her child who had been born this way. As a baby, the mother explained, she would wake screaming every two hours all night. When she was finally old enough to talk about this the baby said she was having dreams in which people in white coats would loom over her holding "scissors and knives," and she was terrified! (Today, she is described as "a very bright, loving, and creative child"!) (3) At age forty-one, Jeannette vividly recalled a near-death experience she had in the womb. The experience was caused by an abortion attempt in which acidic chemicals were introduced to the uterus by the mother at the insistence of her drunken husband! (Jeannette commented that in childhood she had always feared her father but never knew why.) As she was overwhelmed by the chemicals, she said her heart was "beating faster and faster until it killed me." She described the sensations as "searing." Her panic ceased as she was escorted through a luminous realm of beauty and love. A particularly moving part of the adventure was the realization that "all knowledge was freely available to me." After this uplifting adventure, she returned to her body in the womb. #4. In addition to all this sensory radar, the womb

babies you want to communicate with have an emotional life which science always denied them. Prepare yourself for this uterine reality with the key idea that emotion is almost always expressed in motion, action. Motion and emotion are organically related, not widely separated into different developmental periods. Body language reigns supreme in utero and feelings are visible in fetal movements like hiding and freezing, retreating or advancing, attacking or relaxing, boxing or caressing. The uterine and extrauterine "environment" babies dwell in can inspire anger and fear, frustration and depression, happiness and love, grief and guilt. Accidents that happen to mothers happen to their babies inside. Mothers who need emergency surgery take their babies with them through surgery. Setbacks and decisions can cause disappointment, a death in the family that can leave a baby in grief or dread. During the procedure of amniocentesis, prenates seem to instantly recognize that needles pose a threat to life: some react by retreating and freezing all movement for days, and some aggressively attack the needle barrel! On the other hand, some surgeons working frequently with ultrasound have been able to win the cooperation of a fetus by explaining what they are going to do and telling babies what they could do to help. Not all emotions are negative, of course. Some babies seem very happy and full of positive feelings which they convey to their delighted parents. Examples: (1) A nurse midwife (cited in Hallett, 2002, pp. 57-60) was called to the home of a mother whose pregnancy was due to rape. After she arrived, the baby began an intense series of communications with her. He began by expressing disappointment that his hiding place had been found, as if he were a stowaway. His mother knew about him unconsciously, he said, and the family dog had realized his presence almost from the beginning. However, he was most deeply concerned about family reactions to his presence. He kept saying, "Don't let them hurt me ... Please don't let them hurt me!" After the decision was made to let him be adopted, he was much relieved. It turned out that he already knew and loved both families and he stated forthrightly that in spite of how he was conceived, he had a purpose in coming. Approaching delivery, the labor stopped when the baby was temporarily overwhelmed with fear about the pain of coming out and the grief his birth mother would feel giving him to the other family. After words of reassurance and support from the midwife, the baby was satisfied. After offering advice to the midwife about a change in position for the mother, labor proceeded easily, and he was born in 4.5 hrs. (2) An obstetrician who had done many ultrasound examinations learned something about the responsiveness of a fetus. When he found a fetus lying absolutely still, he would remark to the mother, "Mrs. Jones, your baby is not moving!" He knew what would happen. The fetus would always spring into action! #5. Life-threatening experiences seem to make high voltage imprints that tend to endure over time. These impressions may need healing in order to escape pathological consequences. This is as true for babies as it is for other humans. In communicating with babies, therefore, be especially alert to critical junctures when the baby might have had an emotionally jarring or lifethreatening experience. In my experience, the following times are exceptionally vulnerable: (1) When parents react to the discovery of the pregnancy (Pay special attention to how each parent responded at the time); (2) At times of injury, serious illness, or surgery to the mother or baby (Ask yourself What did the baby go through?); (3) Upon a death in the family circle or upon the loss of a twin in utero (Note the grieving or lack of grieving done at the time. What did the baby learn from this?); and (4) Any crisis or loss of consciousness during labor and birth (Were there complications, setbacks? How directly was the baby involved? How scary might this have been for the baby?). These flash points for trauma are the familiar territory of birth-oriented therapists. Examples: (1) Child psychoanalyst Myriam Szejer and her colleagues work in intensive care nurseries in Paris (Szejer, 1997). Their unlikely work is with neonates who "fail to thrive" after birth, a euphemism for wasting away. Work begins with a thorough interview of the parents in which they look for any traumatic moments that might have discouraged the baby from living. When the search is complete and they have a sense of the series of negative events that might have led to despair, they have a direct talk with the babies. Essentially (in plain French) they tell the baby's story in empathie detail, emphasizing to the baby the positive conditions that now favor life; and finally, they challenge the baby to take responsibility for life and make the decision to live! (Their experience is that this process works! After this intimate but bold encounter, babies make a critical turn toward

health and life.) (2) Bob enjoyed good times with his buddy in the womb until a series of things went "wrong." This series of things became his list of fears and core beliefs for the next 48 years. His story is representative of others who have been through the death of a twin in utero, a phenomenon called "vanishing twin syndrome." Usually no one else is privy to what happened and the ordeal remains an unconscious and lonely experience. According to the brain-matter paradigm, no consequences from this intimate encounter with death and loss are expected, but the testimony to reality is how the fears persist and dominate life. Bob sensed that his mother's anger and rejection of the pregnancy had weakened his brother and might kill him too! He was chronically afraid of his mother, of death, and of being powerless. He felt ashamed for not helping his brother and felt guilty for surviving. He emerged from this early crisis of his existence obsessed with the idea his life depended on being perfect and knowing as much as possible. However, no matter how hard he studied and worked, he feared a catastrophe would overtake him, like the one in his mother's womb. #6. Remember, babies are the ones with power to end the pregnancy and initiate labor. This involves premature labor, a growing problem in many parts of the world. Premature labor virtually guarantees that the environment outside the womb will be more disturbing and dangerous than the environment inside. Babies may not be able to anticipate these consequences of premature labor, especially if they are being driven by fear. My colleague, the late obstetrician David Cheek, taught me that fear is the most likely cause of premature labor and that time is of the essence in reaching the baby with strong reassurance that he or she is safe and loved and should stay inside to finish growing. He warned his clients to call him immediately if this should happen and then coached them on what to say to the baby, before the labor reached an irreversible point. He had great success following this protocol. Example: A mother who deeply desired to have a vaginal birth called me for psychological assistance when her obstetrician told her that she had developed gestational diabetes. The doctor set a date for surgery one month earlier than the due date to avoid the risk of hemorrhaging in the capillaries of her eyes that might be caused by birthing a full-term baby. Facing this reality as a team, we decided to give the baby a chance to choose between a vaginal or Cesarean delivery. As the critical day approached, we informed the baby repeatedly that "if he wanted a vaginal delivery, he would have to initiate labor before 9 o'clock on Monday morning. Otherwise, the surgical delivery would be done." (This baby did initiate labor before 9 o'clock on Monday morning and had a vaginal delivery-a full month before the due date.) #7. Babies that are anxious about being born may often resist making the final turn from breech that will allow labor to proceed in a normal and comfortable way. As turning becomes more urgent for all involved, practitioners will resort to techniques they know, including forced turning (which in some cases may even be reversed by the baby); having the mother practice on a slant board; utilizing an acupuncture technique, or even an Electrolarynx, a kind of electronic "shout" to get the baby moving. An alternative would be to establish full communication with the baby to see if a reason can be discovered for resisting the turn and delaying the birth. This revelation may lead to a resolution that allows the baby to turn voluntarily. Example: A report cited in Hallett (2002, pp. 274-275) offers a theory about the breech position and a method of direct communication with the baby to reverse it. A woman seeking a home birth was 7.5 months pregnant with her second child; the child was persistently in breech position. She spent a week doing pelvic tilt exercises, to no avail. While pondering this problem she had a sudden insight (which could be seen as the moment the baby's communication breaks through to the mother). "I already had a little boy," she used to reason, "so I wanted a girl; and assumed I was carrying a girl. The new insight was that if this is really a little boy, he might be afraid to come out because he might not be loved as a boy." She looked down at her belly and spoke clearly to the baby: "If you are a little boy, I want you to know that I will love you completely. It will never matter to me in the slightest that you are not a girl. I will always be there for you, and always accept you as you are." This was in the afternoon. The baby made the turn during the night and she noticed her shape was different in the morning. He went on to have a completely normal birth at home. #8. A baby who knows what is happening in the womb may be sending a stream of pertinent warnings, reassurances, or even directions to the mother and birth professionals, but what if no one is listening? A childbirth educator in the Sierra foothills, Katie

Walsh, teaches everyone in her class to talk to babies, and they practice at every meeting. Her instructions are short and simple. She just says, "Ask the baby what it needs." In class she tells about a young woman who was determined to have a vaginal birth but got stuck at 8.5 centimeters. "Ask the baby what it needs," she said. The first thing that flashed to the mother was "I need to get out and I need to get out now!" This mother was listening! With that urgent request, she was able to change her mind and give approval for the Cesarean delivery. The doctors found a very large baby and a head that was indeed being bruised from trying to get out. Examples: (1) Kit had a life and death struggle to be born. Her memories of it take us into an unimagined world of moral dilemmas, compassion for her mother, and vivid personal feelings. She realizes the womb has filled with blood and she feared that if she came out her mother might die. With agonizing sobs she says, "If I come out and she dies, she'll never know how much I love her! I want to know her. She talked to me a lot before I was born but nobody else knew because they'd think it was silly ... I felt like I was going to drown, and I knew I wasn't supposed to ... Ohhh, they just don't understand what's happening! During a long resuscitation period after delivery, Kit seemed completely familiar with the thoughts, emotions, and actions of the attending doctor and nurse. She says, "The nurse wants the doctor to just stop because she thinks I'm dead! The doctor just told her to shut up, they're not going to stop. It feels like my body is shriveling up. That's why the nurse keeps saying, "She's dead." She wants to go home. They've been there all night ..." (2) Deborah couldn't get through to the doctors and nurses helping at her birth. Here is how she summed up the experience. "I felt I knew a lot-I really did. I thought I was pretty intelligent ... I thought I was an intelligent mind ... I saw all these people acting real crazy. That's when I thought I had a more intelligent mind, because I knew what the situation was with me, and they didn't seem to. They seemed to ignore me. They were doing things to me-to the outside of me-but they acted like that's all there was. When I tried to tell them things, they just wouldn't listen, like that noise wasn't really anything. I really felt like I was more intelligent than they were." CONCLUSIONS 1. The real prenate is just emerging from cultural obscurity to be seen as a whole human being with a spectacular range of senses and lively emotions expressed in body language. 2. Unless babies are deformed, drugged, or terrorized, they are actively observing and actively sending information to us. Unless we are deformed, drugged, or terrorized, we are also equipped to communication with them. 3. Mothers and fathers are in a perfect position to engage their baby in two-way communication from preconception onward-if they choose to give attention to this possibility. 4. Birth professionals are in a privileged position to communicate with prenates from the first prenatal visits to the climactic experience of labor and birth-if they choose. 5. Currently, the territory of two-way communication with babies is uncharted, adult preparation for it is negligible, and guidelines are missing, yet the door stands completely open and the possibilities are unlimited. References SELECTED READINGS ON CONSCIOUSNESS I. Consciousness Before Conception Bongard, Gerald (2000). The near-birth experience: A journey to the center of self. New York: Marlowe &Co. Bowman, Carol (2000). Return from heaven: Reincarnation within your family. New York: HarperCollins. Carman, Elizabeth &Carman, Neil (2000). Cosmic cradle: Souls waiting in the wings for birth. Pairfield, IO: Sunstar Publishing. 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