

Reflections of a Psychotherapist on Human Conception

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Abstract: Based on the author's practice of regression therapy for over a decade, this article explores her observations concerning human conception. Included are sections on the validity of memories of conception, related clinical observations from the literature, and a discussion of concepts around the possible effects of conception dynamics on the formation of personality. The conclusion includes advice for professionals working with parents wanting to conceive a child.

Keywords: human conception, early personality development, prenatal psychology, embryonic consciousness

In the early 1980s and 90s I worked as a regression therapist with adult clients wanting to explore their "past lives" in order to heal their lives in the present. Clients who did not believe in reincarnation explored their inner "life stories." The method used consisted of a three-part regression exploration: past-life/life stories; prenatal and perinatal memories; early childhood to adult experiences. This material was retrieved and relived experientially through a process of guided imagery. Its purpose was to encourage the patient to become aware and let go of unconscious patterns built from past experiences, often traumatic, and to reevaluate decisions made at the time, that still shaped present behavior.

So-called "past lives"/ "life stories" appeared to be a very useful projective screen to identify and clarify problematic personality patterns in the present for my patients. As I relived in my own regression therapy, my prenatal experiences, and worked with those of my clients, I soon developed a fascination for how prenatal and perinatal experience seems to mold our personality from conception onwards.

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From the beginning in 1982, I was particularly interested in exploring the deeper nature of conception. My main focus was psychotherapy, not research. I did not deem it necessary to regress all of my clients to their conception. The clinical observations I am sharing in this article are based on a dozen or so of my clients. Most of them were seen when I did regression therapy from January 1982 to December 1984, and between 1990 and 1995. After 1995, for many reasons, mainly professional constraints, I ceased to do regression therapy, and gravitated towards humanistic-experiential psychotherapy, based on the here and now, which I still practice today.

For many years I had the desire to pursue my observations on the psychological aspects of conception, but never could. As I become older, though my early exploratory observations are still not as complete and as thorough as I would have wished them to be, I am electing to share them in this article in the hope they will inspire others to further explore the psychology of human conception and its role in the formation of personality.

Evidence for the Validity of Conception Memories

The validity of later prenatal and birth memories is slowly becoming more widely accepted in the field of psychotherapy and psychology. However, the validity of conception memories remains problematic for many, considering not only the nonexistence of a brain at that point in development, but also of a body. First we need to acknowledge the significant number of verified instances of memory of conception compiled in the last decades, especially since psychotherapists have been working with this material both with adults and children. Following are some examples.

In an interview with Steven Raymond (1988), published in the *Pre- and Perinatal Psychology News*, Australian psychiatrist Graham Farrant states that he documented in a 1979 personal video his repeated experience of reliving his conception in primal therapy as a sperm, then an egg. In Farrant's experience, the egg, far from being passive, seemed to welcome into itself the sperm of its choosing. This was contrary to the accepted medical perception of the sperm swimming to the egg and competitively trying to penetrate a totally passive egg. Being a doctor, Farrant subscribed to this medical vision of conception, and was troubled by the content of his subjective experience, which is one of the reasons he made a video of it. In 1983 the Karolinska Institute from Sweden released Lennart Nilsson's documentary "The Miracle of Life" presenting a sequence of human conception through the lens of an electron microscope: it showed exactly what Farrant had repeatedly experienced and finally

filmed in 1979, the ovum seemingly opening itself to a particular sperm. This documentary revolutionized our medical view of human conception and confirmed the truth of Farrant's conception memories.

Another example comes from psychotherapist Wendy Anne McCarty (2009), who has a rich experience working with babies and children. She cites the case of six-year-old Terry who, in family psychotherapy, accurately played out his conception, of which he had no prior conscious knowledge. Using props in the therapy room, the boy invented a game in which he rode on his father, who was on all fours, towards a "wall" (a futon) behind which he had placed his mother and the therapist. The purpose of the game, gleefully repeated many times by Terry, was to charge the wall to make it fall and have everyone tumble on the floor together. Then, one last time, just before he started to charge the wall, Terry exclaimed "Ready or not, here we come!" It was subsequently discovered in the session that Terry had been conceived when his parents had not wanted another child and were using a diaphragm to prevent a pregnancy. At conception he literally could have come into his body saying "ready or not here I come!" Terry then talked about his parents' negative reaction to his being in the womb, from the very beginning of the pregnancy, which also had never been discussed. Terry's parents confirmed both the nature of his conception and their reaction, with much empathy for the feelings of rejection Terry had had during his prenatal experience, and affirming their love for him. This was extremely healing for the child, as well as for the parents.

Expert on consciousness Jenny Wade (1996) reports that psychiatrist and father of Holotropic Breathwork, Stanislav Grof, and medical hypnotherapist, David Cheek, wrote in the early 1990s about a number of veridical reports of conception memories from their patients that were confirmed by parents, doctors, and medical records .

California psychologist David Chamberlain (2013) also gives many examples of consciousness and memory outside the boundaries of what materialistic science deems possible, and yet have been confirmed as true. Some of these are conception memories (p.181-182). In his book, *Windows to the Womb* (2013), written shortly before his death in 2014, he states:

While brain matter has no explanatory power for such memories or any other manifestations of intelligence, emotion, or purpose during this time period, the evidence for consciousness remains pervasive and continuous. Thus, with no brain matter to explain them, memories continue to form and consciousness supports the memories found at conception, (and) shortly after conception. (p.146)

Based on the previous examples, it seems clear that we can and do have valid memories of conception. The question then becomes: How do

we fit them into a new theory of personality (or consciousness) that includes a non-material, non-corporeal dimension?

In *The Secret Life of the Unborn Child* (Verny & Kelly, 1982), psychiatrist Thomas Verny postulates two separate, complementary systems co-existing within a human being from the beginning, that could explain prenatal memories: one based on the central nervous system that obeys the laws of Newtonian physics and chemistry, the other being a para-neurological system that predominates at the very beginning of life and gradually diminishes, but seems to reappear at times of great stress, or during altered states of consciousness (p. 192-193).

Expert on consciousness, Jenny Wade (1996), also states that the evidence we have from published regression therapy transcripts strongly suggests the existence from the very beginning of life of a transcendent consciousness co-existing with the consciousness linked to the fetal body. The latter's vantage point is *in utero*, as would be expected, whereas the transcendent consciousness's vantage point can be located outside the body of the baby and even outside the body of the mother.

Wendy Anne McCarty, in her book *Welcoming Consciousness* (2009), continues to build on the concept of the basically dual nature of our consciousness and memory, integrating a great number of sources, from modern physics to Ken Wilber's *Integral Psychology* (2000) and Wade's (1996) holonomic theory of the evolution of consciousness over the lifespan. McCarty describes our consciousness as having two quite different levels: the transcendental and the biological human. The transcendental is a superconscious ever-present Self, an implicit, non-local, nonlinear, holographic aspect of ourselves. It functions as a caring, compassionate witness to our experience, free of strong emotions. Its form of communication is telepathic, mind-to-mind, independent of physical form, yet can be felt in, and connected to, the body. The biological human is more familiar to us: it is an explicit, linear consciousness based in space and time, felt as residing inside the human body and brain, and processes experience through biological human perception and senses. It feels strong emotions and responses, and is fused with the body's experience and its environment.

McCarty (2009) suggests that the Transcendental Self, operating apparently before conception, is our primary awareness, whereas the biological human awareness begins at conception and, as the child grows, this awareness evolves in the developmental sequences familiar in child psychological development. She sees these two sources of awareness coexisting in an Integrated Self. As far as we can observe, the transcendental consciousness is dominant from conception to birth and a little beyond, and the human biological consciousness gradually becomes dominant as the child matures. Like Verny (1982) and Wade (1996), McCarty states that transcendental consciousness does not disappear in later life: though it may seem to be dormant in ordinary life

circumstances, its presence often becomes observable when a person is in an altered state of consciousness, induced for example by drugs, intense stress, trauma, near-death experience, psychotherapy, or hypnosis.

Much more could be said about the implications of the fact that we can accurately remember our conception, but for the purpose of this article it is only necessary to make the point that the information volunteered by my clients is considered valid by this author.

Exploratory Research into Conception During Psychotherapy Sessions

My intuition in the early '80s was that conception was a much more meaningful, possibly spiritual, event than the result of the random meeting of an ovum with a spermatozoid, at a time of her month when a woman happened to be fertile. Conception does not always result from the meeting of sperm and ovum, even when fertility conditions seem auspicious. I was curious about the difference between a fertile and a non-fertile meeting of gametes.

I searched for a suggestion I could use during guided imagery work that would be as neutral as possible, and would bring my psychotherapy clients into something beyond the conception experience they spontaneously expressed in their guided imagery. I started to use the following suggestion: "If your parents were, at some deep level, aware that they were conceiving a child at this moment, tell me the first words you would hear from your father/mother." I asked this question when the person was still in an altered, open, state of consciousness, generally after they had already explored the circumstances of their conception and the relational dynamics of their parents at the time. I was quite surprised to observe that every person I questioned answered by revealing a desire on the part of each parent for a child who would meet some need felt by that parent at the time of conception. The formulation was usually of the type, "I want a child who will be like this or that, who will act like this or that." Sometimes the sex of the child was stated in the desire of the parent.

I also noticed that, in reliving their conception, my clients would very often describe a relational pattern between their parents similar to their own particularly difficult long-term issues, often specific relationship problems with themselves or others. I recognized that these were the same issues that those clients and I had been working on extensively for months, sometimes years. I started to hypothesize that maybe the patterns present at conception between the man and the woman conceiving a child could be a determining factor in the formation of the personality of the child entering its physical existence. I also hypothesized that the specific desire of each parent for a particular type of child was an important part of this total complex pattern present at conception. Clinical research in prenatal and perinatal psychology suggests that early

experiences have a very important impact. What I observed is that these conceptual patterns seemed to form a kind of “background” to the life or personality traits of my clients.

Ellen’s¹ case is a particularly clear example of this. She came to see me in psychotherapy when she was nearly 50 years old. She had never married, though all of her siblings were married. She had never had intercourse with a man despite her attraction to men. Somehow, every time there could have been an opportunity to have sex with someone, events or circumstances prevented it. In her early twenties she was engaged to be married to a man who mysteriously broke off the engagement, without ever giving her a reason. He soon married another woman. In her thirties, Ellen was attracted to a married man who said he would leave his wife, but never did. Both were ordained ministers and sex was, for them, forbidden outside of marriage. In her forties Ellen had a prolonged platonic love relationship with a man who was single, said he loved her deeply, but did not desire her sexually. During the time Ellen was in therapy with me, she learned that he had subsequently married another woman and had a child with her.

Ellen was the fifth child of a family that was eventually comprised of seven living children. When she was born she had three older brothers, a fourth brother having died in early infancy. Actually, Ellen’s account during exploration of her conception revealed that she was conceived on the very day that this brother had died. Her parents, who loved children and wanted to have many, had just lost their four-month-old baby boy to whooping cough. They were devastated. Father, for the first time in his life, was openly crying in front of his wife. He needed to be comforted by his wife and, to express this, initiated sexual contact with her. The mother was in her own deep mourning for her baby. She was not at all open to sexual contact at that time. And, being a deeply religious woman, she felt it was inappropriate, even shameful or sinful, to have sexual contact with her husband on the day of her baby’s death. But her husband was so distraught that she did not share her feelings with him and accepted sexual intercourse in order to comfort him.

When I asked Ellen the question, “Were your parents conscious at some deep level that they were conceiving a child?” she responded by describing each parent’s desire for another child. Mother felt terrible emptiness from the loss of her infant son; she just wanted to hold another baby in her arms, in order to fill the void. Father remembered how his older sister used to comfort him so lovingly when he was young, and wished he could have a daughter as loving and comforting as his sister.

Ellen’s relationships with men seem to reflect some basic themes from her conception. At conception, her mother thought it was shameful to have

¹ all the names of clients used in this article have been changed to protect their privacy.

sex, for religious reasons. She accepted intercourse only to comfort her husband. Her husband was looking for something other than sex, despite his sexual advances to his wife. In a sense, there was very little sex per se in Ellen's conception, and this was an element missing in her life, a situation she wanted to change, and the reason why she came into therapy. We can see throughout Ellen's life how events, or religious interdictions, prevented the expression of sexuality. The significant fact that she was an ordained minister, of course, presented her with additional obstacles to the expression of sexuality compared to a lay person; this is similar to her mother's hesitations for religious reasons about having sex with her husband during Ellen's conception. Another aspect of Ellen's life is interestingly comparable to her conception themes: Expressing a maternal comforting role came quite naturally to her. She earned her living as a counsellor specializing in grief and bereavement issues. I wish to add that Ellen also intensely worked in psychotherapy on her very significant experience in the womb of a mother conceiving and carrying her while she was grieving her dead baby.

I continued to observe this same trend of the importance of conception patterns and parental desire at conception in the formation of personality in the early 1990s. I started to talk occasionally in small groups about my observations around conception and my hypothesis of the apparent necessity of the unconscious desire of both parents to conceive a child in order for conception to happen. Marilyn, a psychotherapist in her early forties, was present during one of those talks. She reacted quite vehemently by saying, "This doesn't make sense! I had a child when I was 17, and there is no way I desired that child at the time she was conceived." I was, therefore, surprised when, a few months later, Marilyn asked to come in for a regression session to explore the conception of her first child. She explained that, despite her strong initial reaction, my words about parental desire at conception had stayed with her and wouldn't go away. She said, "If I unconsciously wanted to have a child at that time, I want to know."

During her session Marilyn described being 16 years old, graduating from high school and leaving home for the first time in her life to go to college in another city. This was quite frightening for her. She was also in the process of breaking up with her boyfriend, therefore feeling even more alone. When she relived having intercourse with her boyfriend and conceiving a child, she discovered her unconscious wish not to be so alone, wishing she had someone with her as she left home. She did not leave home alone. Her daughter was born when she was 17 and Marilyn managed apparently quite well with studying and raising her daughter. During her session, she also remembered that when she would come to visit her family with three- or four-year-old Sarah, her parents would say to her daughter, as they left: "Now, Sarah, you take good care of your mother." She remembered being surprised at the time that they didn't ask

her to take good care of her daughter. She suddenly realized that it was as though her parents had somehow understood the role this child played in her life.

The Case of Rape Conception

What about rape conception? Can there be a parental unconscious desire there also? Twice I had the opportunity to lead a regression to a rape conception. The first was Sonia, a woman who reported during guided imagery having conceived a child at 13. The second was Allison, a client reliving her own conception, again in guided imagery during psychotherapy.

Sonia was in her mid-forties when she entered therapy with me, suffering from a severe depression related to the loss of a love relationship. She discovered in psychotherapy, having totally repressed this from her memory, that she had been sexually abused from the age of five to 13 by an older brother. When Sonia was 13, this brother was in his early twenties, about to get married and leave home. It seems he raped her before moving out, and it was during this rape, perceived by Sonia as quite violent, that she described conceiving a baby.

Within the process of guided imagery, Sonia discovered that her relationship with her brother over the years of sexual activity had actually become somewhat tender. In a family of numerous children and very little, if any, affectionate contact or attention, this was what Sonia perceived as the most loving relationship in her life at the time. When her brother announced he was going to marry a woman about his age and leave home, she felt this as a shocking abandonment. So, when her brother imposed himself on her at 13, she told me that she had an unconscious wish to conceive a child to show him she was just as good a woman as the one he was going to marry. Sonia never married and remained voluntarily childless throughout her life. She always felt she should never have a child, because some catastrophe would ensue, insinuating she would kill it. In her regression experience to the age of 13, she perceived herself as having “strangled” the baby in her womb at around two months gestation and did not carry the baby to term.

Allison was in her thirties and married with two children when she came into therapy. She had been born in a foreign country and been adopted as a small baby by parents in Canada. Allison knew from adoption records that when she was conceived her mother already had four children, the youngest being 11 years old, and that seemed to be the reason why she was given up for adoption. She came into therapy specifically to explore her feeling that she had been the victim of ritual child sexual abuse by her adoptive father. We did most of her therapy work around that theme, but we did explore her conception. What follows is what she perceived when she relived that moment.

Her birth mother and birth father knew each other very well as they had worked together in a volunteer church group for some time. Both were married, but not to each other. One day, as mother and birth father were working together for a church project, driving out into the countryside, a severe storm broke out and they took refuge in an abandoned house. This is where Allison said her birth father raped her birth mother. When I asked my usual question about consciousness of conceiving a child, she answered that her birth father, married for a number of years, had never been able to produce a child. He wanted to conceive a child to prove his masculinity. He of course knew that his companion was fertile, having had children. It seems that for the birth mother, her desire was to please this man. My understanding is that they were good friends and she generally tried to please him.

This experience suggests that, as with Sonia's conceiving a baby at 13, even in such a difficult situation as rape, there can be an unconscious desire to conceive a child. My personal experience also testifies to this. In 1982 to 1983 I underwent my own regression psychotherapy with Morris Netherton, a psychologist from Los Angeles, who trained me to do past lives regression therapy. This therapy was a requirement in order to become certified as a past lives therapist. It was also tremendously helpful for me in my personal growth process. This is where I experienced how I had been conceived in marital rape: My mother and father, who were Catholic, were already raising two boys, aged two and one, born eleven months apart, at the time I was conceived. I believe they had agreed to space out their next children, using the rhythm method, the only contraceptive approach allowed by the Catholic Church in Quebec at the time. On the day of my conception, my mother knew that she was in a fertile time of her month and wanted to have more children eventually, but really did not want to conceive another child so soon. She refused my father's request for intercourse, but my father insisted, and finally angrily forced himself on her. I became aware in therapy of my father's frustration at my mother's refusal of his advances, and the desire which seemed to be present in his mind at the time of having a girl who would say "yes" to him. At the same time, my mother, feeling powerless to fight my father off, wished also to have a girl, who would be able to say "no" to her father. I later had access in regression therapy to another aspect of my father's desire to conceive a child at that moment: He was aware that my mother was very unsatisfied with their relationship and wanted to keep her busy with taking care of babies so she would not leave him.

I am choosing to share this because my own story is probably what has been the most important confirming factor in the elaboration of my hypotheses concerning parental desire and the psychological impact of the circumstances and relational patterns present at conception on the formation of personality. I entered into psychotherapy for the first time during my university studies in psychology because I had become aware

of how I had refused and neglected my feminine side since childhood. My intimate relationships with men from adolescence onwards were fraught with problems and never lasted for long. When in a close relationship with a man, I would occasionally become overwhelmed with intense emotions of fear, anger, and powerlessness. These emotions were unexplainable for me, and the situation would become so uncomfortable I would terminate the relationship. At nearly 37 years old, when I started to go out with my future husband, my “record” was six months in a close relationship with a man. Of course, my husband brought his own relational challenges to our marriage. Our early life together was very difficult. It took much patience, therapy and love from both of us to heal our personal and relational issues. After over 30 years of marriage, we are happily continuing to support each other’s personal and spiritual growth process. I also recognize that the conceptual pattern of male-female opposition seems to have played out even in my professional life in certain ways, for example making male-rational-academic psychology difficult to integrate at times with female-intuitive psychotherapy practice. This is what I call a kind of “background” energy in my life.

Related Clinical Observations

Conception, because of its intimate nature (except in assisted reproductive techniques), is difficult to study. We can document what is observable from a physical point of view. Rather little seems to be known about the psychological factors involved in human conception. I have found a number of clinical observations from psychotherapy or psychoanalysis in the professional literature. I have chosen to divide them into three themes: a) the global influence of conception dynamics on the formation of personality; b) the three desires present at conception; c) the influence of parental unconscious desire on the personality of the child.

a) The Global Influence of Conception Dynamics on the Formation of Personality

Already in 1941, in an article written by Austrian psychoanalyst Isador Sadger (1867-1942), the significant influence of the conditions of conception on a person’s personality had been hypothesized. Verny (1994) reports Sadger as saying

... that it makes a difference under what emotional conditions the spermatozoon is expelled and how it is received by the ovum. Sadger believed that it is to the benefit of the individual if sexual congress is accompanied by feelings of sensuality and love and if the ovum receives the sperm cell with ‘open arms.’ (p.168)

Frank Lake, a British psychiatrist and psychoanalyst, pioneer in pastoral counseling in the United Kingdom from the 1960s onwards, believed that the experiences of a fetus throughout its gestation, and especially during its first trimester, deeply impacted it even into adult life. Stephen Maret (1977), who devoted his doctoral dissertation to studying Lake's "Maternal-Fetal Distress Syndrome," states that Lake first thought this very important period started at implantation. But near the end of his life, in 1977, Lake (Maret, 1977) attested to having seen a number of cases of people whose conception seemed to have been a difficult, disastrous experience that negatively impacted their attitude towards life and their self-esteem from the beginning, and throughout their prenatal development.

In both an article (1994) and in his book, *Tomorrow's Baby* (Verny & Weintraub, 2002), Thomas Verny explores the example of a man who was conceived in marital rape. This man felt torn all his life between feminine passive and masculine aggressive impulses, and was extremely ambivalent. Verny postulated that these violent and abusive emotions initiated in this man particular character traits at his conception. Verny further remarked that psychotherapy helped this client to recover his health over time.

Farrant is, to my knowledge, the psychotherapist who studied in most detail the psychological impact of conception. For Farrant (Buchheimer, 1986), the state of consciousness of both parents during conception leaves a definite imprint that can be somewhat modified, though he believes that there are basic characteristics that are probably fixed for life. He offers as a personal example an observable and marked personality difference in his two sons. He reported that the first was conceived at a time when he and his wife were in more difficult, restrictive circumstances and that this son has a rather constrictive personality. Whereas his second son, conceived in circumstances during which the parents were much more comfortable in every way (financially, socially, professionally), is definitely a more expansive type of person.

Françoise Dolto (1908-1988), a gifted French psychiatrist and child psychoanalyst, was already doing psychotherapy with very young infants during the Second World War. She frequently worked with psychotic children and seems to have always considered the importance of prenatal experience in her practice. She (Dolto, 1978) stated that the child conceived in hate, death wishes, or various negative impulsions, will carry these constrictive tendencies as unconscious baggage.

In his interview with Raymond (1988, p.20-21), Farrant states that he has observed discernible patterns of life problems associated with specific types of conceptions, and has listed a series of syndromes and conditions related to specific points of trauma during the ten days between pre-conception to implantation. It is Farrant's (1986) reported experience that in-depth psychotherapy that includes the bodily re-experiencing of

conception, can help a person heal from the difficult imprints of conception. Spensley (1993), a colleague and fellow primal therapist, says in his obituary for Farrant that the latter's main contribution was his emphasis on the importance of parents being emotionally prepared for the act of conception, in order to conceive out of joy and love, and how this was an incalculable gift for their child. It is sad that Farrant did not seem to have had a desire to write for posterity about his discoveries, and that much of the richness of his observations and thinking seems to have been lost.

b) The Three Desires Present at Conception

I eventually realized after my first observations on parental desire during conception, that there was another, very important desire to consider during conception. It is what Dolto (1978, p.244-245), calls the child's desire to incarnate. In *Naître... et ensuite? (Being Born... and After?)* she states that three unconscious desires are necessary for a child to come into the world: that of the father, that of the mother, and the child's desire to incarnate. She also believes that it is the child's desire to live that permits the construction of his body from the beginning. Farrant (Raymond, 1988) concurs with Dolto's description of the triune nature of conception, "Conception is a trilogy, not a duality. It's a threesome: ... the egg, sperm, and soul come together and unite." (p.6)

In Raymond (1988) Farrant also mentions that in the reliving of his conception, as a fertilized egg moving down the fallopian tube, he stopped several times, seemingly to decide whether to live or not. He adds "Is it ridiculous to think of fertilized eggs as making decisions about life?" (p.5), and states that over 60% of fertilized eggs die before implantation, many more during implantation and during the first weeks of pregnancy, thus defining anyone who reaches adulthood as a survivor. For Farrant, though the fertilized egg is strongly influenced by the mother's psyche, it also has its own feelings. He states that he has worked with many, but not all, of his clients who have experienced this kind of stopping, sensing the environment, and making decisions about living (Raymond, 1988). McCarty (2002) has also suggested that babies, far from being passive, make their own choices about their life and attitudes towards themselves and others, from conception onwards.

c) The Influence of Unconscious Parental Desire on the Personality of the Child

We see in the case studies presented above how parental desire seems to shape the personality of the child and future adult. Does a child, as it

chooses to come into a body, accept a particular “contract” to enact during its life? Dolto (1978)² says:

... there is in the child who is born, (dependent on his place in his family, consequent to the role he has played at his conception in his parents’ relationship, and related to the problems his parents have had with their own parents and their older children), an impact from the unconscious of the parents at the moment of his conception which will affect him throughout his gestation, he is in a way the remedy of this family. A remedy, not because he heals them, but because he makes himself, in a sense, a sponge of their problems, and this living sponge is from then on marked by the blocking of his own desire. (p.190-191)

What I heard from my clients during their conception regressions, identifying their parents’ wishes for a child who would somehow be a solution to a difficult aspect of their own life certainly would concur with Dolto’s observation about the child as the “remedy” of his parents: For example, Ellen’s father’s desire to be comforted and her mother’s desire to hold another baby in her arms; Marilyn’s need not to be alone; Allison’s father’s desire to prove he could father a child.

McCarty (2002), as already mentioned, believes that babies make their own choices about their life from conception onwards. She (2009, p. 93-4) testifies to the fact that she discovered in her own regression to conception that she had felt with great love her mother’s unresolved issues and unresolved pain, and had made the choice to carry her mother’s pain in order to lessen the load for her. McCarty’s adds that her psychotherapeutic process helped her to make a different choice, of a more expansive love and caring for her mother. She remarks that her experience of making this type of life choice at the moment of conception, or later during gestation, is a common phenomenon observable in prenatal and perinatal therapy. She says prenatal and perinatal psychology pioneer, William Emerson, named this, “the fetal therapist syndrome,” which seems to resemble Dolto’s concept of the baby as “remedy of his family.”

Discussion

² The original text in French, which I am translating here, is the transcription of a talk -which explains the awkwardness of the language- given to a group of multi-disciplinary professionals working with mothers and babies, during a conference in 1977, in Paris, France. The underlining is Dolto’s emphasis in the text.

Conception and “Epiconception”?

There are a number of authors: Sadger, 1941; Verny, 1994; Lake (in Maret, 1977); Farrant in Raymond (1988), Buchheimer (1986), and Dolto (1978), who believe that conception is an extremely significant event that leaves an imprint on the personality of the baby, possibly for life. The relational dynamics of the parents, who they are at this particular time, their unconscious and conscious desires, specifically their unconscious desire to conceive a child at this particular time, all seem to have an impact and leave an imprint on the personality of the baby and possibly on the future adult.

Could the psychological aspect of conception, as the basic transcendental-mental-emotional energy complex that accompanies the new being in its beginning physical manifestation, be comparable to genes in the physical realm? This energy complex expresses possibilities, just as do the genes present at conception. Epigenetics (i.e. our environment and our reactions to it), as we are discovering, are just as important as the genes themselves (Verny, 2016). As in the physical realm, after conception the mental-emotional-relational, even physical, environment provided in the womb, during birth, early infancy, and beyond, might play the same role of either encouraging or discouraging the expression of the relational and behavioral possibilities imprinted at conception. We also know from clinical observations in prenatal and perinatal psychotherapy with adults and children over the last 40 years that all is not finished at conception for the development of the personality. The mother's lifestyle, nutrition, mental-physical-emotional reactions and her environment (including the father and his own relationship to the baby *in utero*), and the birth experience, are all impactful and create patterns for future behaviors and feelings about self and others in an ongoing, continuous process. Much more research is needed to determine if and how conception specifically influences the development of personality.

It is also my experience from doing regression therapy, that it is not so much the nature of the experience that we live through, as a baby, older child, or adult, but our interpretation of that event and the decisions we make at the time of the experience, that determine the effect it will have on our personality or behavior. There seems to be an inseparable interaction between the environmental message, the decision the baby or child makes on the basis of his or her interpretation of the event, and the consequences on the behavior or personality. We know from clinical observations that a favorable, supportive environment generally helps a baby make expansive, growth-enhancing decisions. We also know that an unsupportive or attacking environment generally produces defensive, constrictive reactions in babies.

Farrant states (Buchheimer, 1986) that if a child conceived in adverse circumstances is nurtured by love and experiences a healthy pregnancy in

a supportive environment for the mother and baby, it will have a good emotional base to overcome this first difficult imprint. It might also be that a child conceived in love and ideal circumstances, who experiences adverse circumstances during gestation and shortly afterwards (war, natural disaster, major trauma experienced by the pregnant mother, early separation from parents, etc.), might still have some wounding to deal with but a stronger capacity to face it. Is a loving, ideal conception as protective as “healthy genes”? Does it give a child a better chance of making more expansive, healthy decisions and overcoming life’s traumas, as Farrant believed? We are left with many more questions than answers.

Conscious and unconscious desire

We know that a conscious desire on the part of both parents in a physically healthy, sexually active couple does not always seem sufficient to easily conceive a child. Some healthy, sexually active couples try for years before they conceive a child. Some never conceive despite the absence of physically explainable infertility. We also know that a conscious desire not to conceive is no impediment to conception. Statistics from the Guttmacher Institute (2016) reveal that in 2011 nearly half (45%) of all conceptions in the USA were unintended, i.e. mistimed or unwanted. On the other hand, the fact that all my clients who were questioned when re-living their own conception revealed an unconscious desire on the part of both birth parents to conceive, leads me to hypothesize, with Dolto (1978), that conception cannot happen without an *unconscious* desire for a child, from both the man and the woman involved.

Much more research is needed to clarify the role of unconscious parental desire in the act of procreation. I would like to add that if we eventually confirm the hypothesis that conception is always accompanied by an unconscious desire to conceive a child by both the man and woman during sexual intercourse, it is important to remember that an unconscious desire is *unconscious*. Since we are not consciously aware of that desire, we have no overt control over it. It is also obvious that an unconscious desire to conceive a child that results in a pregnancy is not always accompanied by a conscious desire to carry the pregnancy to term, or to raise the child. It would be unacceptable, for example, to use this information to deny a pregnant woman an abortion, “because she obviously wanted to get pregnant.” To honor gender equality, we should then logically take into account the unconscious desire of the father to conceive a child and also hold the man financially and socially responsible for the pregnancy. Sigmund Freud postulated a century ago that we all have unconscious desires of killing, maiming, torturing people, especially those close to us, of destroying the world, etc. If we were to be held accountable for our unconscious desires, all of us might be sent to jail for life. I would suggest that the conscious desire, needs and belief system of

the pregnant woman remain the important considerations in legal, medical, and social solutions to consciously unwanted pregnancies. On the other hand, when appropriate, helping a woman to honor her unconscious desire for her child in the context of psychotherapy or abortion counseling, could certainly be encouraged and of benefit in her healing process.

Much research is also needed on the apparent presence of a transcendental consciousness in the human personality necessary to account for veridical memories of conception. If there is within this transcendental consciousness a desire to incarnate by the child at the time of conception, as Dolto (1978) believes, it would be important to study this. For now we have interesting possibilities for research hypotheses developed in books such as *The Cosmic Cradle*, the result of a ten-year research project by Elizabeth and Neil Carman (1999) on spontaneous pre-conception communications between parents and their babies, or family doctor Gladys McGarey's *Born to Live* (1980), that include parental reports of their children's sharing of their pre-conceptual experiences. Ancient spiritual traditions concerning conception and recommendations to parents for conception of their children in the sacred books of India, China, or Tibet could be an interesting source of research hypotheses as well.

The technique of prenatal and perinatal regression through imagery, with its emphasis on bodily sensations, emotions, and cognitive awareness, is a very useful therapeutic approach that is currently seeing a resurgence of interest. It also presents an opportunity to continue and deepen observations and understanding of the psychological aspects of human conception.

Conclusion

My hope is that these reflections around human conception will have touched some readers and inspired a few to do some research on the nature of conception from a psychological perspective.

If you are a prenatal and perinatal psychology practitioner working with couples preparing to conceive a child, what might be useful to integrate in your practice? May I dare offer suggestions that would make sense to me in my practice? I believe that most practitioners would agree that a loving, conscious conception of a wanted child is ideal, as well as choosing a stress-free time for this major moment. Most parents wanting to consciously conceive would probably be open to learning how conception is important in the formation of the personality and possibly leaves a lasting imprint. If there is time, with the couples who are open to this, I would suggest helping the couple become aware of, and resolve, as many of their of their early life challenges as possible before conceiving their baby. I would further suggest that they share these challenges with each

other, as well as their deep reasons to have chosen each other and have a child come into their life.

If the couple is open to working more in depth, I might explain to them how it often happens that conceiving parents unconsciously hope that the baby will bring some sort of cure for their own unresolved personal or relational problems at the time they conceive. And if that makes sense to them, I might help them identify and own these problems, and then look inside themselves for means to resolve these issues. Also, a suggestion to lovingly address the future baby's transcendent consciousness before he or she is conceived might be an option for some couples at any time during this process.

If I was counseling a couple that has already conceived in less than favorable circumstances, I might remind them that "epiconception," or the environment of the womb throughout gestation, can be just as important as the imprint of conception. A loving, supportive environment during the pregnancy, talking to the prenaté in utero, or even after he or she is born, about the circumstances of its conception, empathizing with its feelings, can bring tremendous healing within the personality of the baby and the bond between the parents and their baby. I might also encourage the couple to remember and share with their baby how they have healed from adverse circumstances in their own life and become stronger for it, and to trust that their baby has the same potential, as we all do.

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