

# Exploring the Prenatal Origins of Our Core Beliefs and Behaviors

by Ann Diamond Weinstein, PhD

Our biological parents' experiences before we were conceived, and during our gestation in our mothers' wombs, shaped the quality of the environment in which we developed. These experiences impacted their feelings about the pregnancy, evoking a range of reactions from joy, excitement, gratitude and acceptance, to despair, anger, fear, shame and rejection. They may have experienced ambivalence about our presence, and even thought about terminating the pregnancy.

We are survivors of our parents' decision to have us, the impact on the womb environment of their psychophysiological states, and the quality of the bi-directional reciprocal prenatal relationship we shared with our mother.

The context of conception and early gestation varies widely. Pregnancy may be intentional or accidental. Some parents may need to undergo assisted reproductive technology (ART) procedures. A gestational surrogate may carry and give birth to a child for another person, and that surrogate's experiences before and during the pregnancy she carries, also influence the environment in which that child develops. Some women and girls conceive and carry a pregnancy following sexual assault or abuse, and for some, the violence may continue during pregnancy.

Why are these stories important? How are they relevant to practitioners?

Gathering information about the experiences of clients' parents before clients were conceived and during their gestation can provide a window into the origin of clients' core beliefs. The beliefs we hold about who we are color the meaning we attribute to our experiences in the world. These beliefs emerge from and are influenced by our prenatal experiences, and may give rise to constricting behavior patterns that persist over our lifetime. They influence the quality of our relationships and our engagement, or lack thereof, with our internal and external environment. They shape our neuroception (Porges, 2004), and thus our psychophysiology. Clinical experience illuminates the potential benefits of exploring the origins of our own and our clients' core beliefs.

Research in epigenetics also clearly demonstrates how the preconception and prenatal environment impacts an individual's development over their life span through the expression or silencing of genes. The phenomenon of gene expression or suppression highlights one aspect of how trauma is transmitted from generation to generation. Exploring the context within which an individual client was conceived and the prenatal environment within which they developed may illuminate the influence of transgenerational trauma and other traumatic prenatal experiences on their current beliefs, feelings and behaviors.

The impact of a parent's own traumas and adverse experiences—whether they are recent or date back to the parent's prenatal experiences or childhood—all affect the prenatal environment of the child they conceive. It is helpful to know if an individual's parent(s) suffered prenatal or other loss(es) during the time before that individual's conception or during their gestation, and whether their parents experienced grief, unresolved grief from

prior losses and/or depression during that time. It is also helpful to know if an individual's parents survived adverse childhood experiences, and had high levels of stress and/or traumatic stress during the preconception and/or prenatal periods. Learning about such experiences helps us understand the quality of the maternal psychophysiological environment that shaped an individual client's development.

Our parents' transitions to parenthood are implicitly held within each of us and their experiences shaped our journey from gestation to life beyond the womb. Our parents' preconception and pregnancy experiences affected their capacity to connect with us in the womb and the quality of our emerging attachment relationship in the postnatal period. The resonance of these imprints seep into our sense of self, our encounters with our surroundings, and our relationships with others.

Our felt-sense of these imprints may be expressed in movements and gestures, some of which were first practiced in the womb. A prenatally may experience the womb environment as adverse and may respond by repeatedly engaging primitive defense system strategies and behaviors over the course of gestation. Adverse experiences of toxicity, rejection, danger or threat in the womb leave challenging imprints that may be triggered somatically in relationships with others after birth.

Medical technology, a relatively new factor in the human experience, has begun to influence an increasing number of individuals' conception, gestation and newborn stories.

In vitro fertilization-embryo transfer (IVF-ET) is the reproductive endocrinology procedure in which eggs are retrieved from a woman's ovaries, and sperm and egg are fertilized in culture medium in a petri dish in a laboratory. Conception may occur using the sperm and egg of the individual(s) who will parent the child, or with a donor egg and/or sperm. The preconception and pregnancy experiences of parents who undergo these procedures may be highly stressful and emotionally painful, as they may experience multiple cycles of unsuccessful treatment before sustaining a pregnancy. Many individuals who have been conceived through IVF-ET have not been told their conception story by their parents, but nonetheless carry the resonance of these imprints within their being.

Prenatal fetal surgery is a procedure conducted on a pregnant woman and her baby to treat serious fetal medical conditions before birth. These experiences are implicitly held within the mother and fetus. Each of them faces the potentially dangerous or life threatening procedure(s) within the context of their connection—the prenatal bi-directional reciprocal relationship. It is helpful to know if a client underwent a prenatal surgical procedure or if their mother required that treatment in a previous pregnancy.

A fetus as young as 22 weeks gestation may be born prematurely and live in the medically invasive neonatal intensive care unit (NICU), teetering on the edge between life and death, for days, weeks or months. Parents whose babies are experiencing life-threatening conditions may develop traumatic stress symptoms and/or depression that may persist even after their child leaves the NICU. They may also have experienced traumatic pregnancies and births prior to their experiences with their babies in the NICU. They rarely have the opportunity to process the traumatic experiences they have suffered while they are trying to cope with the present danger or life threat faced by their baby in the NICU.

Parents who carry unresolved trauma from these experiences may find that subsequent pregnancies trigger traumatic stress symptoms and/or depression. It is helpful to know if a

client's mother gave birth prematurely to an older child who required care in the NICU. It is essential to know if a client was born prematurely and spent time in the NICU.

The story of the preconception and pregnancy experiences of our biological parents may not have been shared with us. The experiences of a gestational surrogate before and during their pregnancy may not have been shared with the child they carried for others. When individuals do not know the truth of their conception, gestation and early postnatal story, they may experience a gap in the narrative of their life, or a dissonance between a felt sense arising from implicit memories of these experiences and what they've been told about their conception, gestation and newborn experiences.

Practitioners may enhance the effectiveness of the treatment they offer by considering the possibility that the issues their clients face may be related to unresolved trauma that occurred during gestation, birth and the early postnatal period, or to transgenerational trauma transmitted during the prenatal period. Prenatal and perinatal psychology practitioners work with individuals who hold life-limiting beliefs and support the healing of wounds that originated in these earliest experiences.

There are a myriad of stressful and traumatic preconception experiences that may influence psychophysiological states and the physical and mental health of prospective parents as they move toward pregnancy and parenting. Anyone can be a vulnerable parent-to-be, depending on the quality of their life experiences beginning with their own conception, and the imprints of transgenerational trauma they may carry.

Asking clients about the context within which they were conceived, as well as any knowledge they have of their prenatal and early postnatal history, provides practitioners with an opportunity to explore these experiences with compassion, and to support clients in healing their earliest wounds, wounds that have influenced their core beliefs and shaped their patterns of behavior over their life. In so doing, practitioners may also reduce the potential transmission of traumatic imprints from their clients who are prospective parents to the next generation.