Conscious Abortion: Engaging the Fetus in a Compassionate Dialogue

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Abstract: Since Antiquity, abortion has been a universal human experience and persists even if laws forbid it. Using clinical data, we will look at abortion from the perspective of both the conflicted mother and her conscious, relational fetus. A compassionate mother-fetus dialogue seems more respectful of the fetus and mothers describe it as healing. A miscarriage often follows it. Fathers or partners, relatives, friends and practitioners close to the mother can also have these conversations with a fetus to be aborted. This means of communicating with and listening to a fetus/newborn can be useful in a myriad of other pre/peri/neonatal situations.

Keywords: abortion, prenatal mother-fetus dialogue, prenatal consciousness, fetal relational abilities

*****_The author acknowledges that while this article's scope of language is narrowed to the terms of "woman," "mother," and "motherhood," a gestational parent may identify in many different ways and use various terms to describe themselves._

The author of this article joins with many authors, thinkers, and practitioners such as Linder (2016), Evertz (2016), Boltanski (2013) and Rhodes (2016) who make a concerted effort to go beyond the emotionally-charged polarity of abortion that characterizes sometimes violent debates and acts in politics, religion, and women's rights issues. None of the emotionally-charged positions, when polarized around either the rights of the mother or those of the fetus, address how: a) the pregnant woman is a conscious, feeling person, deeply conflicted about her pregnancy; and, b) the fetus is a similarly-conscious and feeling being developing inside her,

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capable of reacting to their mother's emotions and life decisions. I present a concept that can help the practice of abortion to evolve towards what Fairfield (2006) has named "conscious abortion," which emphasizes compassionate communication between the pregnant woman and the fetus. Not only is this process respectful of the fetus, it also seems to have positive consequences for the woman experiencing a conflicted pregnancy.

This article first addresses abortion historically and in present times (2020s), then its relation to contraception. I examine the nature of conception as the joining of three desires (mother, partner, fetus), and its possible meaning. A report on the short- and long-term psychological effects of abortion on women follows. The next section elaborates on the consciousness and interpersonal capacity of the fetus, to be followed by examples of dialogue between a mother and her fetus destined to be aborted, with a reflection on the conditions that seem to make it a real dialogue. I examine the applicability of this method with pregnant mothers, fathers/partners, and any other person who encounters the pregnant woman and fetus. I look at other options to help people understand the meaning of a conflicted pregnancy and abortion in their lives. In the conclusion, I address other situations in which a dialogue with a fetus or newborn has been useful, opening a vast new field of possibilities.

Terminology

In this article, the term "abortion" is defined as the voluntary termination of a woman's pregnancy at any point during her pregnancy. The term "miscarriage" designates the unaided, spontaneous termination of a pregnancy before the time when the fetus can survive outside the womb. The word "fetus," inspired by Boltanski (2013, p. 7), describes an unborn baby in its mother's womb, at any time from conception to birth. The usual word used in pre- and perinatal psychology, "prenate," implies a fetus destined to be born, and therefore seems to exclude a fetus destined to be aborted. "Tr. from Fr." after a quote refers to the author of this article's translation from French to English.

Abortion Worldwide and Throughout History

A recent Guttmacher Institute (2020) study estimates that roughly 121 million unintended pregnancies occurred worldwide each year between 2015 and 2019, with 61% (73 million) of these ending in abortion. This source also states that the global abortion rate, which had decreased from 1990 to 2004 (from 40% to 35%), has now returned to levels typical of the 1990s (39%). Another study based on 2017 statistics (Popinchalk & Sedgh, 2019; Guttmacher, 2019) finds that in higher-income countries

where contraception is widely available and abortion broadly legal, the rate of unintended pregnancies is 34%, with 15% of these ending in abortion.

In his study of abortion in Indigenous peoples, anthropologist and psychoanalyst Devereux (1976) writes of the extreme complexity of abortion. He addresses how abortion is related to a universal anxiety around human reproduction, but whether it is permitted to be socially expressed or not depends on a great number of other complex cultural, social, political, and religious factors. In countries where abortion is not permitted by law, another situation arises. Sociologist Boltanski (2013), describing the historical situation in France in the late 20th century, concludes that the criminalization of abortion was a failure. Instead, the effect of criminalization was, "to make the practice more and more brutal, dangerous, and violent as efforts to enforce the law increased. … Criminalization succeeded mainly in increasing the number of women who suffered injuries or death resulting from abortions" (pp. 87—88). Callaghan (1980) confirms this consequence of the criminalization of abortion in his world-wide study of abortion from the beginning of the 20th century to the late 70s.

Like Devereux, Boltanski (2013) notes that abortion was well-known and practiced in ancient societies, especially in Graeco-Roman Antiquity, Medieval times, modern Western societies, China, and Japan. He adds that while there is sometimes a lack of anthropological data on the actual practice of abortion in different societies, peoples of ancient societies, when questioned on this point, showed familiarity of the subject of abortion and the possibility of its practice. As Laughlin (1994) writes, "… birth control, abortion, infanticide and fatal child neglect have existed on this planet for hundreds, and perhaps even thousands of years" (p. 86). One important question this extremely complex subject of abortion raises is: Why are there still so many unintended pregnancies in high-income countries, where modern effective contraception is widely available?

Abortion and Contraception

The consistent and correct use of contraception is a major factor in preventing unwanted pregnancies (Guttmacher Institute, 2016). There are other major factors to be considered when a consciously-unintended pregnancy occurs: the availability of contraception, education on its effective use, its price (often too high for women of limited financial resources) and, important to the subject of this article, psychological factors that prevent people from rational behavior around normally quite effective contraceptive methods.

Ambivalence around contraception and subsequent conflicted pregnancy has been well studied in Germany by obstetrician and psychotherapist, Linder (2008), and art therapist, Evertz (2016). Linder reported that in many people, irresponsibility around contraception

relates to a prenatal personal history and structure. More specifically, "the fact of being an unwanted embryo, or even having undergone an attempted abortion, imprints the lives of these individuals" (Linder, 2008, p. 11). Linder continues, arguing, "Pregnancy induces an unconscious reactivation—albeit impinging on consciousness—of early prenatal affects" (2008, p. 11). Evertz (2016) confirms that the more obvious reasons stated by couples requesting an abortion, such as financial insecurity and the couple's conflicts, hide:

> unconscious reasons [arising] out of personal prenatal and perinatal conflicts, childhood trauma, and transgenerational conflicts within the family that are not apparent but retain such a strong affect that they have to be acted out: It is the only way these deeper causes can become articulated. (p. 108)

Mattauer (2007), a clinical psychologist trained in psychoanalysis who worked for 15 years (1977—1992) as an abortion counselor in a hospital abortion clinic in the South of France, also studied ambivalence around contraception. She estimates having seen 8,000 to 10,000 women during that time for prenatal, perinatal, and post-abortion counseling. The vast majority of her patients reported having used some form of contraception, freely available in France at that time, as was abortion, through universal healthcare. But Mattauer (2007) observed time and again that the women requesting an abortion had become pregnant because they had stopped using the normally-effective contraceptive method they were using regularly. This negligence almost always corresponded to an important transition period in the woman's relationship with the baby's father, in her own personal/professional life, or a change in her identity. Mattauer (2007) does not mention prenatal experience but observes how abortion is often linked to dysfunctional childhood relationships with both maternal and paternal figures. She was struck by the frequency of childhood, sexual, physical, and psychological abuse, with its corresponding disruptive effects on intrapersonal and interpersonal relationships, in the women she counseled around their abortion. Both Mattauer and Boltanski (2013) observe that consciously unwanted pregnancies and requests for abortion happen when the pregnant woman or couple is going through a change or a challenge in their sexual and/or emotional relationship.

Role of the Partner in Abortion

The role of the partner who participates in conception and the use of contraception is also extremely important in the abortion dynamic. Some of the most frequently expressed reasons for a pregnant woman to request an abortion are that she perceives the biological father or the pregnant person's partner does not want the baby, is incapable of being a good

parent, or cannot be trusted to support her. Specifically addressing heteronormative relationships, acceptance of paternal role and responsibility may be difficult for some men. Mattauer (2007) remarks that the father's experience of pregnancy is not embodied, but his assent to the pregnancy is extremely significant in his own life process and that certain men feel it is a dangerous obstacle to be surmounted.

The feelings associated with the possibility of becoming a father can open up old wounds and produce great insecurity in some men (Mattauer, 2007). Romey (2010) addresses the subject of sometimes-violent male reactions to the abortion of a fetus that their sperm helped create. If the abortion is decided unilaterally by the woman, the man may feel it is a castration—an aggression toward his male capacity. Romey also cites cases of men who express through their psychotherapeutic spontaneous imagery their desire for paternity, which, like women's desire for maternity, can be conflicted or not.

From a psychoanalytical point of view, Evertz (2016) believes that only couples can abort a child. He states:

> Triangulation begins with conception, not at birth! The role of the father is underestimated: men shirk their role, they are involved in the abortion, or urge abortion, or do not know about it (do not want to know). But the father and his life story affect the decision. (p. 114)

Paraphrasing Mattauer (2007), contraception does not create responsibility. To develop responsibility, a person must be *connected to their acts*, including their unconscious motivations. It is necessary to pay attention to these parts of ourselves—not ignore them, or pretend they don't exist, thinking they will disappear. Contraception is a necessity that should normally have its meaning within a pattern of *personal construction*, and not just as a safeguard (pp. 78—79).

Conception is the Result of the Joining of Three Desires

My experience as a regression psychotherapist has led me to believe that the act of conceiving a child is not, despite appearances, a chance happening. It seems to be the consequence of an *unconscious desire to conceive*, present in both the woman and her partner, who join together in a sexual encounter (Nantel, 2017). Both Dolto's (1978) psychotherapeutic experience with children and Farrant's personal experience of his conception (Raymond, 1988; Farrant, 1986) led them to the same conclusion.

A *third* desire also seems necessary for a conception to occur: that of the fetus being conceived. Australian psychiatrist Farrant (Raymond, 1988; Farrant, 1986) discussed his own experientially-relived experience of conception and early fetal existence, as well as in his work with patients reliving their conception in psychotherapy. Obstetrician Ikegawa (2019),

in his reporting of surveys and research done in Japan since 1999, details many examples of children who spontaneously describe how they chose their parents. Using questionnaires for children two to six years of age and their parents, Ikegawa (2005) investigated spontaneous womb and birth memories. He found that 30% of these children had conscious memories of their time in the womb or of their birth. He also found a smaller but significant number of the children were able to describe their pre-conception experiences of how they came to choose their parents (Ikegawa, 2006, 2019). These children frequently said they chose their mother in order to "help her." The children also asserted that they willingly chose difficult life situations, such as miscarriage, stillbirth, a disability, or death from disease (Ikegawa, 2006).

Dolto (1978) similarly states multiple children spontaneously told her during their psychotherapy sessions that they chose their parents and family, even in difficult situations. Dolto uses the expression of the child as "the remedy of his family." She explains that the child does not really heal their family as such, but chooses to become a "sponge of their problems," blocking their own desire, so that the family can continue to live, in a sort of balance, without expressing openly what has been left unsaid at conception (p. 190). In her psychoanalytic explanation of the consequences of this choice, Dolto (1978) states that until the unexpressed drives of the parents at conception are expressed openly (hate, death wishes between parents, unexpressed problems with their older children or with their own parents, etc.), the child will carry these unexpressed drives, often becoming the "problem" or symptom of their family. Dolto argues that she has seen many examples of children in therapy with a psychoanalyst who "listens" carefully, even if the child is preverbal, to what the child expresses about these conflicts and subsequently shares this with the parents. When the parents acknowledge their conflicts and go through their own healing, the child does not need to be the "symptom" of the family anymore, and the whole family heals. The child ceases to be the one who is sacrificed so that the family lives in relative harmony and the child can start to live out their own desires (pp. 190—191).

Family doctor, McGarey (2008), writing from her years of experience of helping to birth babies and working from a holistic perspective with her patients, many of them wanting an abortion, expresses this view:

> Conception is one of the basic universal laws we don't really as yet understand. There is much more happening when the sperm and ovum meet, and the electrical phenomenon occurs that marks the union of the two cells. It's not just a simple coming together; it is a meeting of many consciousnesses when a baby is conceived. Conception is an instant in time when the soul who is to be born chooses where, when, and why. It chooses the relationship between father and mother and itself. It sees what the environment for soul

> development may be in the family it is about to choose, and where there is a kind of unity of soul purposes, then there is the attraction. The choice is made, conception occurs and the process is begun. (pp. 59—60)

Building on these observations, is it possible to picture in our minds and hearts a baby willingly accepting to be conceived and expressing unsaid present and/or past aspects of their own personality or relational dynamics, knowing that these parents may choose to abort her?

Behavioral and Clinical Studies of the Psychological Effects of Abortion on Women

Many behavioral studies, most using questionnaires, have been done on the psychological effects of abortion on women. These questionnaires were filled out by women just after having experienced an abortion and up to five years after the fact. The great majority of these studies that met the criteria for scientific research found most women (80—90%) reported they did not suffer any undue consequences following a first-trimester abortion (Major et al., 2009; Biggs et al., 2017; Fine-Davis, 2007; Daugirdaité et al., 2015; Munk-Olsen, 2015).

In his sociological study of women interviewed as they were going through a process of abortion, or reflecting on their experience after the intervention, Boltanski (2013) revealed the actual embodied experience of pregnancy and abortion is far from simple. Additionally, it is far from the duality created by pro-choice and pro-life activists, moralists, or politicians. In their interviews, women who wanted to abort perceived themselves as being in continuity with the being inside their womb. They spoke of states that would be "in the order of a *test* or *trial* of otherness within identity." (p.195).

For these mothers, there was no difference between the pregnancies they planned to abort and "wanted" pregnancies. They talked of both "plenitude" and "great disquietude," most often alternating between the two for periods of time. Many outside observers would talk about "guilt" at the memory of an abortion or speak practically about the absence of feeling around abortion. But Boltanski (2013) believes these women expressed "mourning," "loss," "emptiness," "discomfort," or denial. He described these feelings as "beneath or beyond guilt, in the sense of a moral sentiment" (p. 195). The pregnant women speak about their "baby," (not an "it," as certain observers would describe the fetus inside them), many alternating frequently between a desire to keep the child or not, until the actual intervention (p. 195).

Clinical case studies of the short- and long-term effects of an abortion in individual women also offer us a totally different perspective than behavioral studies based on women's answers on questionnaires. These studies show many women consciously report their abortion was the best

choice for them, given their circumstances, and that they have no regrets. These studies also report some women deny ever having had an abortion, because they erased it from their consciousness. They can suffer from seemingly unrelated symptoms. Dolto (1982) for example, describes in a detailed case study how a woman's high blood pressure disappeared when she confronted her real feelings about her abortion, two years after the fact.

French psychotherapist, Romey (2006, 2010), developed a form of unguided waking dream psychotherapy, which permitted him to observe a number of symbols, occurring spontaneously in the dream productions of his clients, that expressed unresolved issues related to abortions. One example is the symbolism of a ladybug or beetle, its rounded form similar to a pregnant woman's belly. The ladybug is often associated with both joy (if it doesn't fly away) and death or disappearance into the heavens. Romey associated this waking dream with the woman's frustrations around maternity (pp. 48—52). In his first book on abortion, Romey (2006) stated that half of the women who came into therapy with him expressed these symbols. Romey stated his findings were based on 700 female patients, mostly between ages 23 and 50, who produced 8,000 recorded waking dream scenarios over 25 years.

Some of these women suffered from a variety of symptoms including depressive states, anxiety, guilt, sudden crying spells, emergence of suicidal thoughts, significant weight gain, behavioral alterations in personal relations, especially with a sexual partner, vaginismus, and pain during sexual intercourse. Romey (2006, 2010) stated his female patients had never associated these symptoms with their experience of abortion. These conditions generally healed once the women made the link to their abortions and expressed their true, repressed feelings.

The clinical picture is very complex, and we still cannot estimate the percentage of women who are negatively impacted in the long term by the experience of abortion, often many years after the fact. Much more research needs to be done on these problematic outcomes in women. What we can safely assume is that no woman who requests an abortion is indifferent to her situation (Dolto, 1983; Boltanski, 2013; Romey, 2010). Also, though testimonies exist, there seems to be a lack of research on the positive, though often difficult, growth-enhancing experiences that some women describe following an abortion.

Consciousness and Interpersonal Reactivity of the Fetus

The consciousness of the fetus or prenate from conception to birth has been considered an established fact for many years by pre- and perinatal practitioners and researchers (Chamberlain, 2013; McCarty, 2009;

Ikegawa, 2005). We will examine observations that imply not only that the fetus is conscious, but that it can be actively relational.

The author of this article practiced *Loving Touch Preparation for Birth,* a process based on haptonomy, for 18 years (2001-2009). The word haptonomy is derived from the Greek word *hapto,* or *haptein,* meaning a touch used to unify, to establish a relationship. It can also mean touching to heal, to make one feel whole, or confirm another person in their existence (Revardel, 2007). Haptonomy is used with pregnant couples to help them develop their emotional relationship and attachment to their baby in the womb. It gives fathers or partners an important and significant role during both the pregnancy and the birthing process. Haptonomy also solicits the active participation of the fetus, in response to parental loving touch (Revardel, 2007).

French family physician Dolto-Tolitch (2012), who specializes in haptonomy, states that a behavior of actively requesting contact with their parents, usually by tapping from inside the womb, is not uncommon for babies who are involved in a process of haptonomy throughout their gestation (usually from the 11th or 12th week) with their parents. Later in the gestation process, some also start to move in a characteristic way in the womb as soon as they hear their father's (or mother's partner's) voice, seemingly eager to have contact with them. I have also observed in my practice that many fetuses respond consistently, from an early gestational age, in a different manner with their mother and father, confirming they know clearly who is inviting them for contact. Some babies do not seem to respond to any these invitations throughout the pregnancy. In these cases, the process of loving touch from the parents continues, as their touch is an invitation, a communication of love, with absolutely no intention, and not an expectation. Each fetus is respected in their own motivations and personality.

Dolto-Tolitch (1998) observed the capacity of 10-12-week-old fetuses, sometimes even younger, to establish contact with a parent or other person. A recent personal inventory of a small number of practitioners in Quebec, who sometimes start the LTPB process earlier than the prescribed 12-to-16 weeks, revealed that three practitioners had often felt responses to loving touch invitations from fetuses as young as eight weeks gestational age. Another practitioner felt a seven-week-old fetus clearly respond to both her touch and the parents' invitation to come into their hands. If the parents do not feel the fetal response, the practitioner does not reveal to the parents what she has felt. These young fetuses are the same age as most of those who are aborted. In the latest statistics for high-income countries, 90% of fetuses are aborted before the 13th week of gestation (Guttmacher, 2019).

Haptonomy practitioners' observations strongly suggest that babies in the womb are, from the very beginning, conscious and in constant communication with their mother, extremely aware of other people in her

environment (especially their father or the mother's partner), and able to learn to actively communicate with significant others through touch as soon as they are able and invited to. Other observations later in pregnancy, during the second and third trimesters, confirm that fetuses are extremely relational. Ethologist and researcher Busnel (Brücher & Busnel, 2015; Busnel, 2018) demonstrated that a significant number of third trimester fetuses and newborns react significantly (change in heart rate and variability) when their mother speaks directly to them, compared to when the mother speaks to another person about them; however, if the mother speaks of an emotional subject to the other person, the fetus reacts as if the mother is addressing them. Busnel discovered that the conversation does not have to be with words: Many pregnant women prefer to communicate with their fetus with a "silent voice" or "internal voice," and her research has shown that these babies react just as much when the language is "silent" as when it is "worded" (Brücher & Busnel, 2015; Busnel, 2018).

Psychiatrist and psychoanalyst, Schroth (2010), who works with a process called Prenatal Bonding (BA) observes: "Every baby has its way of contacting the mother, whether through 'word thoughts,' dialogue, images, colors, sensations, feelings, emotions, or movements [though the] communication is much slower than in adult relations" (Eichhorn, 2013, p. 9). Prenatal Bonding (BA) involves a weekly dialogue between mother (sometimes also with father or mother's partner) and fetus, starting around the 20th week of pregnancy. Schroth reflects, "It is not unusual that mother and baby have different perceptions. [There is] clear evidence of the independent perception of the baby in the mother's womb as well as its potential to express itself as an independent being" (Eichhorn, 2013, p. 9).

Busnel (Brücher & Busnel, 2015) confirmed this finding in her accompaniment and research process with a pregnant mother, from two months gestation to 14 months after the birth of the baby. During week 38 of her pregnancy, the mother explained, as she has done a few other times, the details of the process of birth to the baby inside her in order to reassure her. The fetus was agitated and seemed to refuse the intimate communication. The mother reported she felt her daughter was afraid for her birth, despite what the mother thought was a reassurance on her part. The mother followed her intuition, and talked to the baby about how, after the intensity of birth, she would be on the mother's skin, or her father's skin, and that she will be reassured to hear her mother's and father's voices. After this, the fetus calmed down and soon renewed her playful emotional contact with her mother.

It seems this relative independence of the fetus could be just as true concerning communication with a fetus much younger, as we have seen in reactions of very young fetuses to haptonomic touch. But Dolto-Tolitch (1998) warns us that the fetus cannot express itself in this personal

manner if the mother, within herself, is not completely emotionally available to accompany her child in this process:

> If [the mother] is not present to her child, she can block her, slow her down, immobilize her, all this without even being aware of what she is doing. … There is no access to the child without the mother's participation. Though we can say that the child has the possibility to express herself as a subject of her own desire, clearly expressing pleasure or displeasure—by kicking, for example—we must recognize she is dependent on her mother. This is not a symbiotic state as we once thought, but a very particular, more or less close, variable from moment to moment, quasi-symbiosis. (Tr. from Fr., p. 115)

Much more research is necessary on this subject, but at this time I tend to agree with Dolto-Tillich.

Conscious Abortion and Dialogue with the Fetus

Abortion itself could be as ancient as humanity. Anthropologist Devereux (1976) speaks of "psychogenic miscarriage" among Indigenous peoples. He mentions the Hopi tribe, where it is reported, "Girls can cause themselves to miscarry or to have stillborn children, simply by wishing it" (p. 245).

In the 1960s, the fetus historically emerged as a separate being from the woman's body when ultrasound images rendered it visible. This development, followed by the intense legal, religious, philosophical, and political controversies between pro-life and pro-choice advocates over abortion, made the fetus even more visible (Boltanski, 2013). During the same period of time, in the field of psychology, from the 1950s onwards, more and more observations were made through drug-induced states, deep breathing, regressive hypnotic techniques, etc., revealing the lifelong effects of prenatal and perinatal trauma (Lake, 1966; Janov, 1970; Grof, 1988; Dolto, 1978; Emerson, 1989).

Dr. Gladys McGarey's *Born to Live* (1980/2008), contains a collection of touching and insightful stories about life, birth, re-birth, and spirituality, inspired by the "readings" of clairvoyant Edgar Cayce and her own Christian beliefs. McGarey (2008) explains how she came to suggest a specific process to her pregnant patients considering terminating their pregnancy: First, she says, take time to write down all the reasons and feelings for having an abortion, then all the reasons and feelings for keeping the baby. When the woman has made her decision, McGarey suggests she have a heart-to-heart conversation with her baby in the womb, explaining how this is not a good time for her to raise a child, reassuring them that they are deeply loved. She further suggests the woman then prayerfully carry on with the business of life, going ahead with the induced abortion if necessary. In many cases, estimated by

McGarey (2000) as definitely higher than statistically-expected, the mother miscarries. For her, a miscarriage reflects an agreement between the fetus and their mother. This often reduces the mother's guilt. It is also important that the fetus not feel its unready mother does not love them, and that they understand they may find a better home one day when the time is right (McGarey, 2008).

Another result of this process, which surprised McGarey at first, is the small, but not insignificant number of women who, after doing this exercise, decide to keep their baby. In a personal communication (January, 2018) she shared with this author that many of her colleagues, who are holistic female doctors, have used her approach with their patients over many years and obtained the same results.

I first read about conscious abortion in an article by acupuncturist Fairfield (2006). By "conscious abortion" he means "…a process of deep personal connection and biological request [through which] a mother can end her pregnancy" (p. 350). His suggestion to a female patient confronted with a conflicted pregnancy was to first reserve ample time alone and undisturbed. Then Fairfield recommended that she search inside herself for that part of her that wanted to be pregnant. He explained to his patients that there are many parts, or voices, inside us and that it is necessary to listen, connect to, and accept all of them. Internal peace exists when we fully accept all our parts. If the woman has fully connected with the part of her that wanted to conceive a baby, and she still does not want to pursue the pregnancy, she can also fully accept this other part of herself. She is then ready to communicate to the consciousness of the little being inside her. Fairfield's (2006) instructions are:

> With deep love and concern, ask them to leave. Let yourself feel the divine love and connection with them, then tell them that it is not time for them to come in, or that you would like them to come back at a later time. You must tell them the deepest truth from your heart. This is a new and profound experience for most people. (p. 346)

In his article, Fairfield (2006) estimates that he counseled perhaps 50 women in this manner. The majority of them got back to him and reported that they experienced a positive outcome, most in the form of a miscarriage. Some, after this deep connection with themselves and their fetus, had decided to keep the child. He surmises the minority who did not get back to him, possibly had not been able or willing to make this deep connection to themselves.

Pioneers in pre- and perinatal psychology, and the founders of APPPAH, have known at least since the late 70s that fetuses are conscious, sentient, and relational beings from conception and even before. This awareness naturally led them to the practice of communicating compassionately with a fetus destined to be aborted. These practitioners

have reported similar deep mother-fetus contacts in the context of abortion. Findeisen (2017) used this approach with a woman wanting to terminate her pregnancy. She induced a calm and peaceful state in her patient, then asked her to invite the spirit of the child to be with them. She suggested the woman dialogue with the consciousness of the child, describing all her feelings and thoughts about being pregnant. This patient called Findeisen two days later to inform her she had a spontaneous miscarriage, and she believed the soul of this infant had chosen to leave, perhaps to come back at a later time. A few years later, this woman became happily pregnant with another baby and felt "the circle had been made whole again" (p. 125).

A similar process, using hypnotic visualization to induce a mother-fetus dialogue with clients who wanted to abort their pregnancy, was described by Watkins (1986). After preparatory sessions centered on the pros and cons of having this baby, Watkins suggested they visualize the fetus, express their conflict about the pregnancy, then wait for a response (feeling, hearing, and seeing). The women were encouraged to repeat this exercise at home, and when/if they felt a response of agreement from the fetus, to visualize the fetus leaving their body. Watkins (1986) wrote, "No matter what happens physically [miscarriage or abortion], the client finds emotional release in this procedure and with emotional release comes a reduction of guilt" (p. 136). According to Watkins, many of these women felt a deeper sense of self, more respect for life, and positive feelings about a better-timed future pregnancy through this process of dialogue with their baby.

Watkins (1986) also gives two examples of women dialoguing with their fetus, getting an agreement from them, followed by a miscarriage before their scheduled abortion. "They felt the fetus understood and agreed. They reacted to these communications with a sense of awe, respect of another energy system, and a sense of love by the fetus agreeing to end its existence" (p. 137).

But what if the fetus disagrees with the mother who requests their departure? Watkins (1986) continues with a third example of a woman who heard this response from her fetus:

> 'You don't mean that?' [The client] continued the process of weeping and talking to the fetus at home until there was only silence in response. She concluded the fetus accepted her intended surgical intervention. She began the abortion visualization, but no miscarriage occurred. The surgical intervention was accomplished without complication, healing was rapid, and the client felt little or no remorse. She knew at all levels she had made the appropriate decision for herself. (p. 137)

Surprised at how often a response was elicited with her method, Watkins (1986) states, "How this process occurs is a moot point. I think of the response as coming from the client's own unconscious rather than from another energy system. In any event, I let the client arrive at her own interpretation" (p. 13).

We have seen above that fetuses are relational and can communicate with their mother, but I believe we must also leave open the possibility of maternal projection. We need much more research on these conversations with fetuses. For example, why do some pregnant mothers miscarry after a compassionate dialogue with their fetus and others need to go on to a have an abortion? Many questions are left unanswered at this point.

One example of a compassionate dialogue with a fetus follows, this time immediately before the medical procedure. Permission was granted to share this experience and identifying details have been changed. Sophie was in her early 60s, when she heard this author was interested in abortion. She offered me the following testimony of her four unplanned pregnancies, three of which ended in abortion. Concerning the first abortion, in her 30s, Sophie reports, "I was young and much more centered on myself and my life circumstances than on the baby. I was not really in contact with this baby." When she shares about her second and third abortions, in her early 40s, 18 months apart, with the same partner, she continues:

> I was able to go inside myself and have an intimate relationship with these two babies. I was older, wiser, and able to focus on the meaning of these two close experiences. … Actually I felt I was talking to the same being both times. I felt gratitude because he/they accompanied me during difficult times. I never felt I was doing them harm. Just before the abortion for each of them, I asked the lady who showed me the ultrasound screen to give me five minutes alone with the baby, before the intervention. I spoke to each of them in a fluid, soft manner, more like saying, 'Thank you, see you later…' With the second, I said, 'I guess I didn't really get it the first time. You had to come back for me to realize fully that I had to leave this man. And I promise you I will do it.'
>
> It was so clear for me that these two children had not come to me saying, 'Let me be born.' I know I took a moral decision that I regretted in a sense having to take, but I believe that sometimes the natural order of things is not to bring a baby into the world. These babies helped me, and I acted on what they helped me with. I honored them. And that had a tremendous healing effect on the guilt and angst which I carried a long time during and after my first abortion. I realized that I had not understood the *meaning* of this first baby's presence in my life. I was incapable of going inside myself and relating to that baby.

> I was able to recognize the two last babies as beings who were my equals, partners in learning. The ultrasound screen conversations were a way of recognizing the relationship, expressing my gratitude.

It seems that to have a true compassionate dialogue with her fetus, a mother who wants to abort has to be in a centered state within herself, and able to connect to the fetus in her womb as she communicates her feelings, her love, and her decision to end her pregnancy. This conversation does not have to be verbal. As we have seen in McGarey (2008) and Fairfield (2006), with methods where no response from the fetus is actively solicited, the process seems effective to produce a miscarriage in more cases than statistically expected. But in the clinical examples these authors describe, a response from the fetus is frequently felt by the mother. One can imagine a great variety of ways of having this open-hearted conversation with one's fetus. Axness (2016) writes about establishing:

> through prayer, imagination, art, letter, dance, song—a level of communication with the newly-arrived being in their wombs through which they explain to the baby that it isn't the right time for him or her to come, and that it is necessary to separate. (p. 155)

Applicability of this Method and Other Options

To establish a compassionate dialogue with one's fetus requires a minimal capacity to establish a dialogue with oneself. In my experience as a psychotherapist, I have seen many pregnant women, whether they were planning to have an abortion or not, who could not even go inside themselves to access their feelings, let alone understand that their fetus is a conscious and feeling being. Evertz (2016) and Linder (2016) give many examples of these types of situations where either there is not enough time in the psychotherapy to develop this ability, or where the woman is at a stage of her development where only an acting-out of her suffering is possible.

This is why counseling by a trained, sensitive, and empathic counselor before and especially after an abortion should be the norm. Mattauer (2007), whose hospital clinic offered counseling before, sometimes during, and after abortions, remarks that this support was accepted by the majority of women *before* their abortion, but accepted by *all* the women *after* the procedure. The women went from a stance of, "I don't want to talk about it; I just want to get rid of it," to, "That was quite something!" (Tr. from Fr.). The counselor then has a window of opportunity to be with the woman and her statement, "That was quite something!" This very often leads to a deeper understanding of the meaning of this pregnancy (and abortion) in her life (p. 22).

As an experienced abortion counselor, Mattauer (2007) further reflects on the possibility of helping the woman (or man/couple) understand the *meaning* of how a consciously unwanted pregnancy and its termination is paradoxically an indispensable event in terms of an existential questioning or redefinition of personal identity. In that sense, post-abortion counseling or psychotherapy can help the woman give birth to herself through making sense of her personal history. It is possible this type of counseling is also an excellent opportunity to help relieve post-abortion negative symptoms in the mother and to prevent further conflicted pregnancies and/or abortions.

Another psychotherapist speaks of the necessity of counseling or psychotherapy after an abortion. Dolto (1983) feels this helps the woman explore the meaning of the event as a personal and spiritual growth experience, and can give her confidence in the possibility of further sexual interchanges, with a new sense of identity and responsibility. Their partners, if offered, might also take the opportunity of further counseling or psychotherapy after the abortion; the partner might examine the meaning of this experience in their life, identity, and personal growth, as well as become more responsible around contraception.

In some cases, it might be that the mother is incapable of a maternal-fetal dialogue, and the father or partner is willing and able to have a telepathic compassionate internal dialogue with the fetus. There might also be many other opportunities for compassionate dialogues with fetuses who will be aborted, with grandparents or other close relatives and friends of the mother, medical personnel, or counselors. We know a fetus is extremely telepathic and aware of significant others in their mother's life. These individuals could communicate with the fetus, to express their love, compassion, and understanding of the latter's experience before, or as they experience an abortion.

Let us also look succinctly at abortions performed later in the pregnancy, usually motivated by fetal abnormalities. These are complicated by the fact that the parents, who had a strong emotional investment in their baby, must first grieve that being to let it go. It seems desirable that all parents (and siblings of the unborn baby) in this situation be offered counseling or psychotherapy to help them grieve, and eventually let go physically and emotionally of this being. Within this context, compassionate dialogue with the fetus, to communicate their love and ask forgiveness for their limits as parents, could be as useful, for the same reasons as for earlier pregnancy terminations.

Conclusion

A mother-fetus dialogue is a very real possibility from the very beginning of a pregnancy. This ongoing dialogue can be extremely useful, often therapeutic, to not only deepen parental attachment to the fetus, but to give

birth to confident, empathic, well-socialized children that parents describe as easy-to-raise (Dolto-Tolitch, 1998; Schroth, 2010; Ikegawa, 2019).

Beyond the specific situation of abortion, I believe many practitioners in pre- and perinatal psychology have been using some kind of telepathic communication with fetuses or very young babies for years. Relier (1993), was a neonatologist who directed the Maternity of Port Royal hospital in Paris from 1987 to 2000 (Halliday & Speer, 2018). Relier (1993) writes that in the case of very premature babies, it is important for the whole medical team to learn to "listen" to the infant in order to do what is most appropriate to facilitate the evolution of this being who has become, for a shorter or longer time, a human being. He trained his whole medical team to "listen to babies" at all times when they were in contact with these extremely young, fragile patients. His team's decision to reanimate or not reanimate a premature baby was based on an ongoing dialogue with the parents, the medical-neurological examination of the baby, and especially, an ongoing communication with the premature baby by the whole medical team. For instance, if a premature baby, from a medical point of view, was certain to be neurologically disabled, but communicated it wanted to live, and this was also the parents' choice, the baby was reanimated by his team.

Relier (2005) also relates the case of a mother, who, having contractions at 24 weeks, was heading towards a premature birth. He explained to her that she and her husband could, put their hands on her belly to contact their little girl (as in haptonomy) and explain to her that she could not be born now—that it was much too soon for her to be born. The mother did not believe Relier, but did what he asked and was amazed. Her contractions stopped immediately after this contact (which she continued), her medical condition improved drastically, and she later gave birth to a healthy baby at 37 weeks.

Another example of telepathic communication with babies comes from Japan. Reverend Ueda (Ueda, 2019), who describes himself as a Spiritual Midwife, uses a technique of empty chair dialogue and meditation with pregnant women having emotional challenges. While he meditates with the mother (sometimes the couple), he consciously communicates with the fetus in the womb and then tries to relay the fetus's messages to the mother/parents.

This brings us back to Ikegawa's (2006) children asserting that they had come in to "help" their mother, or parents. Maybe "listening" carefully to an unborn baby can help us understand the specific "help" this baby wants to offer, and through our own healing, release the incoming child into their own creativity. Dolto-Tolitch (2012) reports about her work with mothers in conflicted pregnancies: "I was surprised to feel how children carry the mother who carries them" (Tr. from Fr., p. 56). Maybe all of us can enrich our lives as we listen to babies in the womb and learn from them.

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