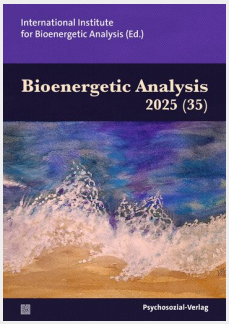
Yael Harel

Being discovered by the M/Other



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Abstracts

This paper delves into the intricate early stages of development through the unique perspective of experiences. It draws on a diverse range of disciplines, such as embryology, psychology, and philosophy, as well as the realms of imagination and metaphor, to seek a deeper understanding of this period. Building on Emerson and Tery's concept of the impact of pregnancy discovery on the fetus/embryo (1980, 2006), this paper emphasizes the shared nature of experience between the mother and the fetus/embryo. It claims that the process of being discovered by the m/other, can be characterized by the potential for both development and change as well as the potential for trauma. The interplay between the mother and embryo, the known and unknown, the temptation to arise versus dismissal and isolation are all central themes.

The qualities being argued for are fundamentally echoed in the therapeutic relationship, in the therapist's ethical responsibility and invitation to evolve, and in each patient's unique being.

Examining the three key aspects of the prenatal discovery experience – the mother's perspective, the fetus/embryo's experience, and the field of interaction between the two.

Keywords: mother/embryo, discovery/being discovered, known/unknown, invitation/isolation, therapeutic connection

Sendo Descoberto pela Mãe (Portuguese)
Este artigo examina os intrincados estágios de desenvolvimento através de uma perspectiva única da experiência. Ele faz uso de uma grande variedade de disciplinas, tais como embriologia, psicologia, e também do campo da imaginação e da metáfora, para buscar um entendimento mais profundo deste período. Baseando-se no conceito de Emerson e Tery de impacto da descoberta da gravidez no feto/embrião (1980, 2006), este artigo enfatiza a

natureza compartilhada da experiência entre mãe e feto/embrião. Ele afirma que o processo de ser descoberto pela mãe pode ser caracterizado, tanto pelo potencial para o desenvolvimento e transformação como para um potencial para o trauma. São temas centrais: o Inter jogo entre mãe e embrião, o conhecido e o desconhecido, a tentação para emergir versus desligamento e isolamento. As qualidades que são discutidas ecoam, fundamentalmente, na relação terapêutica, na responsabilidade ética do terapeuta, no convite para progredir e em cada paciente como sendo único. Discorremos sobre os três aspectos-chave da experiência de descoberta pré-natal – a perspectiva da mãe, a experiência do feto/embrião e o campo de interação entre os dois.

Être découvert par la mère/l'autre (French)

Cet article se penche sur les premières étapes complexes du développement à travers la perspective unique des expériences. Il s'appuie sur un large éventail de disciplines, telles que l'embryologie, la psychologie et la philosophie, ainsi que sur les domaines de l'imagination et de la métaphore, pour chercher une compréhension plus profonde de cette période. S'appuyant sur le concept d'Emerson et Tery de l'impact de la découverte d'une grossesse sur le fœtus/embryon (1980, 2006), cet article met l'accent sur la nature partagée de l'expérience entre la mère et le fœtus/embryon. Il affirme que le processus de découverte par la mère/l'autre peut être caractérisé à la fois par le potentiel de développement et de changement, ainsi que par le potentiel de traumatisme. L'interaction entre la mère et l'embryon, le connu et l'inconnu, la tentation de sortir du rejet et de l'isolement sont autant de thèmes centraux.

Les qualités défendues trouvent un écho fondamental dans la relation thérapeutique, dans la responsabilité éthique du thérapeute et dans l'invitation à évoluer, et dans l'être unique de chaque patient. Examinez les trois aspects clés de l'expérience de la découverte prénatale: le point de vue de la mère, l'expérience fœtus/embryon et le champ d'interaction entre les deux.

Essere scoperti dalla madre/altro (Italian)

Questo articolo approfondisce le intricate fasi iniziali dello sviluppo attraverso la prospettiva unica delle esperienze. Attinge a una vasta gamma di discipline, come embriologia, psicologia e filosofia, nonché ai regni dell'immaginazione e della metafora, per cercare una comprensione più profonda di questo periodo. Basandosi sul concetto di Emerson e Tery dell'impatto della scoperta della gravidanza sul feto/embrione (1980, 2006), questo articolo sottolinea la natura condivisa dell'esperienza tra la madre e il feto/embrione. Afferma che il processo di essere scoperti dalla madre/altro può essere caratterizzato dal potenziale sia di sviluppo che di cambiamento, nonché dal potenziale di trauma. L'interazione tra la madre e l'embrione, il noto e l'ignoto, la tentazione di emergere rispetto al rifiuto e all'isolamento sono tutti temi centrali.

Le qualità sostenute trovano fondamentalmente eco nella relazione terapeutica, nella responsabilità etica del terapeuta e nell'invito a evolversi, e nell'essere unico di ogni paziente. Esamino i tre aspetti chiave dell'esperienza di scoperta prenatale: la prospettiva della madre, l'esperienza del feto/embrione e il campo di interazione tra i due.

Die Entdeckung durch die Mutter/den anderen (German)
Dieser Beitrag durchmisst die verwickelten frühen Phasen der Entwicklung durch die einzigartige Perspektive der Erfahrung. Er bezieht sich dabei auf verschiedene Disziplinen wie die Embryologie, Psychologie und Philosophie sowie auch auf das Reich der Imagination und der Metapher, um zu einem vertieften Verständnis dieser Phase zu gelangen. Ausgehend von Emerson und Terys Konzept der Bedeutung der Entdeckung der Schwangerschaft auf den Fötus/Embryo, unterstreicht der Aufsatz die geteilte Natur dieser Erfahrung zwischen Mutter und Fötus/Embryo. Er betont, dass der Prozess der Entdeckung durch die Mutter bzw. den anderen als Potential sowohl für Entwicklung und Veränderung als auch für Traumata aufgefasst werden kann. Gleichermaßen zentrale Elemente sind dabei das Wechselspiel zwischen der Mutter und dem Embryo, dem Bekannten und dem Unbekannten, dem Drang zur Entstehung gegenüber Ablehnung und Isolierung. Der Gehalt, um den es hier geht, findet ein Echo in der therapeutischen Beziehung, in der ethischen Verantwortung des Therapeuten und seiner Einladung, sich zu entwickeln sowie in der Einzigartigkeit eines jeden Patienten. Der Beitrag stellt die drei zentralen Aspekte der pränatalen Entdeckungserfahrung dar: Die Perspektive der Mutter, die Erfahrung des Fötus/Embryos sowie der Bereich der Interaktion zwischen den beiden.

Быть обнаруженным матерью (Russian)
Эта статья посвящена сложным ранним стадиям развития человека с уникальной точки зрения опыта. В ней используется широкий спектр дисциплин, таких как эмбриология, психология и философия, а также области воображения и метафор, для более глубокого понимания этого периода. Основываясь на концепции Эмерсона и Тери о влиянии обнаружения беременности на плод/эмбрион (1980, 2006), в этой статье подчеркивается общий характер переживаний матери и плода/эмбриона. В нем утверждается, что процесс обнаружения себя другим человеком может характеризоваться потенциалом как для развития и изменения, так и для травмы. Взаимодействие между матерью и эмбрионом, известным и неизвестным, искушение восстать против отстранения и изоляции – все это центральные темы.

Качества, о которых идет речь, фундаментально отражаются в терапевтических отношениях, в этической ответственности терапевта и его стремлении развиваться, а также в уникальности каждого пациента.

Рассмотрим три ключевых аспекта пренатального опыта открытия – точку зрения матери, опыт плода/эмбриона и область взаимодействия между ними.

Ser descubierto por la madre/otro (Spanish)
Este artículo explora las complejas primeras etapas del desarrollo desde la perspectiva única de las experiencias vividas. Se apoya en diversas disciplinas, como la embriología, la psicología y la filosofía, y recurre también a la imaginación y la metáfora, con el fin de profundizar en la comprensión de este período. Basado en el concepto de Emerson y Tery sobre el impacto del descubrimiento del embarazo en el feto/embrión (1980, 2006), el artículo destaca la naturaleza compartida de la experiencia entre la madre y el feto/embrión. Se sostiene que el proceso de ser descubierto por la madre/otro puede implicar tanto el potencial de desarrollo y cambio como el de trauma. La interacción entre la madre y el embrión, lo conocido y lo desconocido, la tentación de emerger frente al rechazo y la separación son temas clave. Estas dinámicas también se reflejan en la relación terapéutica, en la responsabilidad ética del terapeuta y en la invitación al crecimiento y evolución del paciente. El análisis examina tres aspectos fundamentales de la experiencia prenatal: la perspectiva de la madre, la experiencia del feto/embrión y el campo de interacción entre ambos (madre/embrión, descubrimiento/ser descubierto).

被妈妈/ 他人发现 (Chinese)
本文通过体验这一独特视角，深入探讨了错综复杂的早期发展阶段。它借鉴了胚胎学、心理学、哲学等不同学科，以及想象力和隐喻领域的知识，以寻求对这一阶段更深入的理解。本文以爱默生和特里关于孕期发现对胎儿/胚胎影响的概念（1980 年，2006 年）为基础，强调母亲与胎儿/胚胎之间经验的共享性。本文认为，被母亲/他人发现的过程既有发展和变化的潜力，也有可能造成创伤。母亲与胚胎之间的相互作用、已知与未知、出现的诱惑与否定和孤立都是核心主题。在治疗关系、治疗师的伦理责任和进化的邀请，以及每位患者的独特存在，都从根本上体现了所论证的品质。本文研究了产前阶段体验的三个关键方面--母亲的视角、胎儿/胚胎的体验以及两者之间的互动领域。

Introduction

> "The life of the human being is an uninterrupted continuum rather than a sequential series of separate stages– from the inception of pregnancy, nine months before birth, through the following 120 years ... However, no distinct point connecting the start and end points can be established as the point at which this biological entity [the human organism] becomes a human being".
>
> *(Leibowitz, Medicine, and the values of life, 1977)*

Over the generations, the questions where it all began, what is the source of life, and at what stage of development an embryo can be considered a living human being, and the related ethical, religious, and legal issues have occupied philosophers, thinkers, and scholars across cultures, faiths, and disciplines.

Fetus and Embryonic development expand our thinking about the evolution of life within the m/other's body. While it may be difficult to consider the first days and weeks of embryonic development in terms of bodily, emotional, and mental being, it is the essence of the pulsating process of becoming a body within one's mother body.

Building on Emerson and Tery's concept of the impact of pregnancy discovery on the fetus (1980, 2006) I found that the time of pregnancy detection – the prenatal stage at which the mother discovers that she is pregnant – is the starting point for a complex set of processes that have an impact throughout life. Yet, the moment of discovery is not a discrete point in time but rather a moment in a continuum at which realization occurs and which involves the mother, the embryo, and the emerging space of their interrelationship.

The discovery of the pregnancy and the process the mother is going through require her to acknowledge the embryo already developing inside her body. The moment of discovery is also the moment of encounter with a complex human reality of the unknown and lack of control over the body and the processes occurring inside the body, in health or in sickness. The discovery of the pregnancy is an especially baffling experience for the mother as the encounter with the complex reality of the unknown involves the emerging awareness of the life of another human being, which is still unknown, yet is gradually coming into being.

Prenatal theory posits that at the very beginning of embryonic life, the presence of the embryo is already there, affected, and affecting. Hence, when reflecting on the experience the mother is going through as she becomes aware of the embryo developing inside her body, I also wonder about the experience of the embryo.

The presence of the embryo at the beginning of embryonic life is enigmatic – enigmatic to himself as well as to those in his immediate environment. The way the mother and through her the father respond to his presence has a lasting impact. A rejection that does not give way to acceptance during pregnancy and later on is destined to have a devastating effect on his life.

I have found that these elemental experiences of life echo and resonate in the therapeutic setting – the moment of discovery evoked and re-enacted as one of the central experiences in the therapeutic process.

As a bioenergetic therapist, I take a psychodynamic perspective which considers the body and psyche as an interrelated whole. That is an approach that sees

the biological, emotional, and mental processes as correlated and intertwined and as collectively forming the basis for development.

The experience of discovery by the m/other is echoed in the therapist's position and resonates in the invitation for discovery, which is fundamental to the relationship between therapist and patient. It is an invitation to be discovered as a living human being, in body and mind, as innately possessing a unique potential, as having meaning and value. It is an invitation to be part of humankind. Paradoxically, the invitation to life for the patient to be known and belong intertwines within the therapist embodying an essence of ignorance and unknown about who the patient is or who is invited to life. The invitation for discovery includes exploring the unknown, which is experienced by both the therapist and the patient, shaping and expanding the process between them.

The invitation to be discovered as a living human being, as a person, is invested with a special significance in the therapeutic setting as reflecting an ethical and humanistic approach. Its

underlying message is that life has value, that living is of worth. It is concerned with the virtue of human existence, with the freedom of the human being, and with the primary energetic pulsating movement of the living organism.

Discovery

> "Bioenergetic pulsation is a function completely dependent on the stimulation from and contact with the environment. The character structure of the parents forms a crucial part of this environment. Particularly that of the mother, who provides the environment from the moment the embryo is formed until the moment of birth".
>
> *(Reich, 1950/1983)*

Being discovered by and in the mind of the other – first, by one's mother – lays the ground for the psychosomatic processes of opening one's heart and reaching out. It impacts attachment to the mother during pregnancy and later on, throughout childhood. It is primarily the mother and the father who provide the energetic environment for the transformative experience of opening up to the other and the world.

The mother's reaction and feelings upon discovery can range from happiness to fear, from a peaceful state of mind to shock, from ambivalence to abortion

ideation. The intense bodily, emotional, and mental arousal upon discovery is marked in the memory of the m/other.

Abortion ideation or even unresolved ambivalence can have a lasting detrimental effect on the embryo's pure life energy – during pregnancy and long after birth.

Prenatal studies confirm that genetic patterns are shaped long before birth. The intrauterine environment and prenatal experiences play a major role in the process.

Of special interest in this context is the following observation by Anserment and Magidtrtti (2007),

> "The concept of plasticity means that experiences can be inscribed in a neuronal network. An event experienced at a given time is marked at the moment and can persist over time. The event leaves a trace ... But this trace can be reworked or put in play again in a different way by being associated with different traces. Beyond biological determinism (neuronal or genetic), and psychic determinism, the fact of plasticity thus involves a subject who actively participates in the process of his or her becoming, including that of his or her neuronal network" (p. 13).

Discovery usually happens during the first four to eight weeks of embryonic development. The mother experiences slight physical changes (breast tenderness, fatigue, nausea, and emotional swings). Embryonic development is a rapid and extraordinary transformation from a group of cells to the formation of a body. The fetal programming period is most sensitive to genetic dysfunctions and environmental contaminations (alcohol, medications). Studies on pregnancy highlight the link between the environment of embryonic and fetal development, particularly the impact of stress during pregnancy, and later vulnerabilities (Leff, 2016; Finik & Nomura, 2017)[1].

From the moment of implantation in the uterus, the third week of pregnancy, the placenta develops, whose main role is to facilitate the exchange of substances, secrete hormones, and protect against the infiltration of microorganisms. The

1 The link between intrauterine conditions and future physical and mental health has been demonstrated by research. A limited supply of nutrients at critical prenatal development periods can permanently alter structure and metabolism and thus trigger a range of diseases later on in life; malnutrition during pregnancy or exposure to toxins or viruses that may impact brain development are among the risk factors for schizophrenia.

placenta is formed from fetal cells but is not part of the fetus or the mother, and it is located on the uterine wall. From the fifth week, the umbilical cord develops in the fetus from the protein sac that serves as the initial source of nourishment. The umbilical cord connects to the placenta, which transfers substances to the maternal blood and vice versa. This mechanism prevents direct mixing of fetal blood and maternal blood. It is a biological foundation but also a paradigm for a shared space that embodies both connection and separation. (Luce Irigaray 1993, J. Rephael-Leve 1991). This system of coexistence between the embryo and the m/other constitutes a link between the two, separated in a sense, yet bound together in active participation. It supports the mother's immune system, allowing her to accept the fetus carrying genetic material from a foreign component (the genome of the sperm cells). Biology supports the mother's immune system, enabling her to hold the embryo/fetus. However, mothers with dysfunctional bodily or psychic organization are liable to perceive the embryo/fetus as actually injurious. In psychosis, the embryo may be felt as an invasive foreign body or even as a demon[2].

The potential life-long consequences of maternal rejection of the embryo are discussed at length in the prenatal literature. Fauser (2015) presented three case studies to illustrate the link between early embryonic trauma and the incidence of emotional detachment, severe depression, and chronic stress and anxiety in adulthood. Other observed conditions described by Fauser include profound feelings of worthlessness, reduced vitality, chronic pain syndrome, uncontrollable fits of aggression, and paranoid psychosis.

The life status, family history, and transgenerational projections of the mother and father upon discovery are among the prenatal factors affecting later vulnerabilities. Most significant is their representation of a baby – the baby in mind – originating in their own prenatal and early childhood experiences.

Yet, it should be noted that the life status of the parents upon pregnancy discovery is not in itself the determinant factor and that difficult life circumstances do not necessarily spell later vulnerability, whether somatic or psychic. At the same time, in order to provide a welcoming and warm environment for the embryo, the parents have to be able to contain and transform their early-life traumas. In this sense, the way parents reflect and relate their feelings and experiences during pregnancy is significant. While children are usually excited to hear

2 Such feelings and fears are described in fiction, movies, etc., notably, in Roman Polansky's 1968 psychological horror film Rosemary's Baby, which is based on Ira Levin's novel about modern-day witches and demons.

stories about the pregnancy period, exposure to accounts of ambivalent or unwelcoming responses on the part of their parents upon pregnancy discovery, e. g., abortion ideation, or disappointment at the fetus's gender, can be devastating and a recurring experience that illustrates the narrative of elimination. The following vignette illustrates the point.

Vignette 1

D., aged 4, was referred to therapy due to separation difficulties. When we first met, he was clinging to his mother, touching her body, unwilling to let her go. D. is a twin. His twin sister was born first, and he was subsequently delivered by an emergency cesarean. He was smaller than his sister in all parameters, and it was clear that his condition in the womb was stressful – lacking adequate nutrition and space for movement. His mother was shocked to discover that she had twins. Since she wished to have a baby girl, she welcomed her from the very beginning, while D. was the unwelcome "extra." This unwelcoming experience, implicitly but constantly re-lived at home, was re-enacted in therapy repeatedly. Working with D.'s parents on their fears and projections, I encouraged them to get closer to D. and to spend more time together with him. However, what D. needed most was deeply to be invited to be part, to belong. His physical and emotional holding patterns and swing between the wish to belong and the desire to keep aloof reflected his fears to emerge.

After two years of therapy, a recurring moment was taking a new shape, a vital form. I heard the tapping of steps running to the room. I felt my tension rising. D. opened the door, and instead of running in as if nobody was there, the way he used to, he paused, gazing at me, and our eyes met. I could feel my heart opening up to him, my face lighting up in a welcoming smile. For a moment, I was lost for words, unable to tell him that he was welcome, in every sense of the word. And then I could sense it in my body and just said," How good it is, D, that you came."

The Vignette expresses the invitation that began to display in the therapist – the awakening before the meeting, the openness to the sound of the steps, the encounter with the pause/delay/surprise, the modulation of breathing, and finally, the attempt to give all the layers of meaning in a simple sentence: How good it is that you came.

Along with the elemental processes of emergence into being and discovery, an interplay is set off between the inherent human experience of aloneness and

the experience of being discovered and known, which continues in infancy and throughout childhood.

The interplay between the fundamental sense of aloneness and associated withdrawal into a personal inner world and the wish to be discovered and known is often re-enacted in the therapeutic setting, as illustrated in the case of D. It is commonly reflected in the children's game of hide and seek, holding the potential for deep pleasure or alternatively, profound horror. "Here is a picture of a child establishing a private self that is not communicating, and at the same time wanting to communicate and to be found. It is a sophisticated game of hide-and-seek in which *"it is a joy to be hidden but disaster not to be found"* (Winnicott, 1965, p. 186).

The m/other gap

> "The mother's responsibility for the child is not a responsibility for a being that is already there, but for a being that is coming into being, for a being that is not yet. The mother's responsibility is not only for the child's physical well-being but for the child's very existence, for the child's becoming. The mother is responsible for the child's future, for the child's possibilities, for the child's freedom. The mother's responsibility is infinite because it is a responsibility for the other's infinite becoming."
>
> *(Emmanuel Levinas, Totality and Infinity, 1969)*

The conscious discovery of pregnancy by the mother occurs at some point following conception, once the embryo has started to develop. Endowed with the power to create life, the mother is faced at that point with the paradoxical reality of lack of control over her body, with the need to contend with and, literally and metaphorically, contain the unknown – the unknown of her body and of the embryo coming into being within.

Yet, while challenging the mother's sense of the self, the unknown opens up a new space of perception and feelings that stimulate a sense of inner familiarity.

The inner space of perception and feelings opening up upon discovery by the mother, the space between knowing and not knowing, enables her to get closer to the unknowable and the unreachable ultimate truth, the domain of O, as Bion termed it, and thus deal with an enigmatic, primeval reality that cannot be

mentalized and symbolized, a reality that can only be known about, its presence recognized and felt but not known.

The unknown challenges predictions and boundary tolerance. At the same time, the space of the unknown holds the potential for containing complexity and the possibility of change and development. It has to do with the power to create life, which is deeply associated with the sense of autonomy and freedom of choice. However, the inability to contain the complex reality of the unknown gives rise to rigidity and anxiety.

Damasio (2010) saw the sense of self as emerging from a basic awareness level, from a fundamental experience of cognition, which he described as "the feeling of what happens." Yet, as Damasio noted, "... *the feeling of what happens is not the whole story.* There is some deeper feeling to be guessed and then found in the depths of the conscious mind. It is the feeling that my own body exists, and it is present ... a rock-solid, wordless affirmation that I am alive" (p. 185). Further elaborating on introspection and its importance for understanding the conscious mind, Damasio noted its essential role in establishing "some sort of stable scaffolding for what will eventually constitute the self" (p. 193).

The capacity for self-observation and self-perception is a fundamental tenet of bioenergetic analysis. Alexander Lowen saw it as essential to mental and psychosomatic development alongside self-expression and self-possession.

From this perspective, I want to talk about the core of self in the thinking of bioenergetic analysis because it will help me discern a foundation for non-verbal patterns that will come to expression in the mother and the emerging process within her and with the fetus.

The vegetative flow in the body (Wilhelm Reich) is manifested in the fundamental movement of pulsation, the movement, and rhythm of expansion and contraction, a fundamental energetic movement of every living tissue, from the cellular level to the level of whole organism systems. It is often unconscious and accessible only in part to consciousness. Pulsation, of which the respiratory system is a complex expression, supports the sense of continuity and vitality as it deepens vitality and emotional expression. (Generally, more breath means more emotional expression). A different level of pulsation expression is the expansion and gathering of the entire organism with the environment. Expansion – the flow of energy from the body's center to the periphery of the body and even beyond to the environment, is related to the sense of pleasure, curiosity, and merging in a relationship. Gathering -the flow of energy in the opposite direction, is essential for the sense of personal boundaries and supports an integrated and grounded energetic presence. Disturbance in the environment, risk, or intrusion of the envi-

ronment, leads to contraction – a withdrawal of energy from the body's periphery to the center. In an extreme state, it led to freezing at the core. Withdrawal from the connection to the environment and reality.

These processes the first two levels, describe the energetic flow in the body as the somatopsychic organization takes shape in development in relation to the environment. The chronic characterological expressions are the blockages to potential vegetative flow that attribute to the formation of structures.

In my perception, from the outset, the mother and the fetus maintain an internal pulsation of expansion and gathering.

This is a fundamental infrastructure that resonates in the shared space. The heartbeats of the mother in this sense will resonate before the recognition of the heartbeat of the fetus that will resonate within and after birth on the mother. An energetic infrastructure of flow and rhythms. The bioenergetic pulsation of the mother and embryo/fetus constantly modulates their autonomies in a rhythmic movement of expansion and gathering, fusion, and separation. The fetuses can contain minor disturbances in the mother environment, and the mother as an environment can provide a capacity to organize effectively around anxiety related to the loss of autonomy over the body and the existence of the fetuses. Another perspective of the m/other gap was offered by Raffai (1998),

> "But while the child has got access to his mother's life and is within it the mother is expelled from the lifeworld of her child. As she has not yet accepted that the small being within her is not herself, she already must realize that she has no access to his lifeworld. It is an important aspect that the mother is excluded. The world of the child consists of differentiation and growing, the mother cannot, she remains herself" (p. 167).

Pregnancy discovery may therefore be a deep touch with goodness and potential, but it can be an anxiety-laden experience that undermines the illusion of control over the body/life. It can thus lead to the collapse of the mother's omnipotent defenses and lead to depression and stress.

It is painfully illustrated in the story, Bear Ears, by Carolina Vega.

> *"I remember that the only thing I wished was that he has a button to be turned off and on. As I held the pregnancy test in my hands, I imagined that the body forming inside my body had a little button on its chest. Something simple, like a light switch. The same color as his skin, so that the deformity wouldn't be too noticeable, I didn't want anyone else to be able to use it. Just me."*

Winnicott uses the term "primary maternal preoccupation" (1956) to explain a psychological state in which the mother, primarily after birth, is in an extreme sensory and emotional sensitivity that allows her to resonate and respond to the infant's cues. The temporary delay of "normal" presence is required for being in a shared space. I want to suggest that maternal preoccupation unfolds where there is a conscious awareness of the existence of the fetus/embryo. A beginning of a gradual familiarization. At the end of pregnancy, the mother gives birth, and the baby is born, and both share an intense process of exposing the body to the world. The ancient layer is reenacted at birth, and one can think of situations where early disruption at the discovery, resonates with traumatic birth.

Hence, when working with pregnant women, especially in situations of physical or mental distress, it would be of benefit to create a movement between the dialectical experiences the pregnant woman is going through, that of carrying a separate being within and that of sharing an emerging common space of affective interaction with the embryo coming into being inside her body.

The movement between different body states would enable her to clearly perceive her boundaries and thereby expand toward and contain the new embryonic presence, thus, in place of objectification, allowing for its humanization.

Vignette 2

S., a successful lawyer, sought therapy after discovering that she was pregnant with her third child. S. did not want to get pregnant, "not now," as she said.

However, she did not think of ending the pregnancy. In her mind, abortion was a violent, evil, murderous act, evoking memories of her family's Holocaust history.

S. felt trapped. Any indication of the embryo coming into being inside her body or symptoms of the unwelcome pregnancy increased her desperation and anger. S. felt that she lost autonomy, that "destiny" controlled her life.

I could strongly feel the presence of a mother-to-be and the expected baby in my clinic; however, I had to go along with the painful choice of S. to have the child even though against her will and accommodate her feelings of hate and rejection.

Yet, while acknowledging the unbearable feelings of anger, fear, and helplessness flooding her, I told her that although she did not feel it, her body knew how to create a space for the new life coming into being within. I offered various experiences that facilitate breathing and the sensing of the body, but it was some time before S. could feel her body. With time, I could

get closer to her and use touch to help her feel herself and relax. Only then, I discover to my surprise that she had back scoliosis. Touching her back while she lay on her side was then adopted as an effective routine throughout the therapy. Her back condition was a sensitive issue, involving shame, humiliation, fear, and anger. She was outraged at her parents, who ignored her feelings while taking care of her body. She told me that she wore a corset all through her childhood, discarding it at the age of 14. From that point on, she suffered chronic back pain, and she feared she would have to learn to live with her body dysfunction.

In the second trimester, S. seemed to calm down, her constant grievances giving way to longer moments of silence. Laying on her side, her hands touching her belly, a new motherly expression was lighting her face. Quietly observing, saying nothing, just offering my enabling and containing presence, I welcomed the transformation. A week before giving birth, she talked about her worries. She was concerned about the likely impact of her initial rejection on the baby and apprehensive of the imminent encounter with him. Trying to reassure her, I told her that she made a great effort, bodily and emotionally, to be his mother, that she could benefit from letting him be with her in their mutual effort at birth. Walking her through a guided imagination experience simulating birth, I tried to help her manage a balanced coexistence with the fetus about to be born without giving up her autonomy.

The non-judgmental support I offered her, containing and enabling her bodily and emotional experience, allowed her to use me in the therapeutic setting as a surrogate mother carrying the embryo/fetus for her until her hostility could be mitigated. Being close to her, gently touching her body, I enabled her tortured body to be discovered, her feelings of being dominated and tyrannized by the developing embryo to be relieved, and the negative emotions projected onto him alleviated

As I listened to her talking, attentively watching when she kept silent, in a rhythm of expansion and contraction, her pregnancy experience echoed and resonated in the therapeutic relationship. I paid special attention to her body states, sensations, and emotions, physically supporting her spine while she was lying on her side in an embryonic position, holding her embryo/fetus.

Supporting the bioenergetic pulsation of expansion and gathering was most significant in the therapeutic context. Beyond its relaxing effect, it enabled both fusion and individuation, allowing S. to reach out to the embryo coming into being inside her body while maintaining her autonomy.

The embryonic experience upon discovery

The experience of the fetus/embryo upon discovery encompasses two distinct dimensions. The first addresses the psychological and spiritual appearances associated with the experience of emerging into existence. The second dimension pertains to the physical development of the fetus/embryo within its earliest relational environment.

The experience of emerging into existence

The contemplation of embryonic development in the early weeks invites the exploration of the profound question of when biological development transitions become a living being with inherent value and potential.

Winnicott (1988) focusing on the earliest, pre-primitive stages of emotional development, wondered, "What is the state of the human individual as the being emerges out of not being? What is the basis of human nature in terms of individual development?" (p. 131).

Elaborating on the enigmatic embryonic experience of emergence into being, Winnicott (1988) argued that it has its origin in fundamental and inherent aloneness, noting with reference to Freud's theory of life and death instincts and the underlying idea of "the inorganic state from which each individual emerges" (p. 132) that

> "from the point of view of the individual and of individual experience (which constitutes psychology) the emergence has been not from an inorganic state but from aloneness. ... There is no capacity for the infant (or fetus) to be concerned with death. There must be, however, a capacity in every infant for concern about the aloneness of pre-dependence since this has been experienced ... The recognition of this inherent human experience of pre-dependent aloneness is of immense significance" (p. 133).

Winnicott (1988) noted the total dependence of the embryo/fetus and later, the newborn infant on the caring maternal environment, far before any dependence can be acknowledged, and the lasting impact of the early-life environment on individual development.

> "As we look towards the earliest roots of emotional development, we see more and more dependence. ... At this very early stage, it is not logical to think in terms of an

> individual, and this is not only because of the degree of dependence, and not only because the new individual has not yet the power to discern environment, but also because there is not yet an individual self-there to discriminate between ME and not-ME. Yet the germ of all future development is there, and continuity of experience of being is essential to the future health of the baby who will be an individual" (p. 131).

Following Winnicott's paradoxical ideas on the primitive mental body stats of emerging into being, it is significant to hold the meaning to all levels of experience and their implication for future strength and vulnerability.

A different perspective lies in the understanding that the fetus/embryo is suspended between being and not being, and is still enigmatic, to himself and those in his immediate environment. His enigmatic experience holds a deep-seated yearning for a mystical connection to the universe, a longing for the transcendent, embodied in his body. The idea of a primeval longing for the Divine shared by all human beings, conceived as the mystical heart of all religions, was suggested by Jung (1933)[3] in the context of his theorizing about religion, morals, ethics, spirituality, and man in search of a soul as manifestations of the collective unconscious.

In health, being welcomed, calm, and harmonious allows for a diffuse, melded existence, a shared transcendent space of connection to creativity and nature.

The yearning for transcendental awakening as a possibility and perhaps as a vague sensual memory comes from ancient psychosomatic experiences that continue to be performed all lifelong. It is an energetic quality that moves within the individual. It is part of the expansion towards a close connection, melting with the other (as in sexuality) and toward connection with the divine. The discovery of the space of the soul transcends the mere biological aspect of emergence into a subjective being. It is especially significant when biology fails to take its natural course.

Vignette 3

M. a woman in her forties who longed to have a child and struggled for years to get pregnant finally achieved pregnancy through in vitro fertilization enabled by an egg donation. Her joy upon pregnancy discovery was

3 According to Jung, the journey in search of a soul, a journey to meet the self and at the same time to meet the Divine, is a process of transformation – individuation, as he termed it – necessary for the integration of the psyche.

marred by the fact that she was not the genetic mother and by her concerns about the emotional impact on her future relationship with and attachment to the long-expected child. However, the realization that she was inviting a soul to the world, a soul that she was hosting in her body, was a liberating idea.

Energetically, it opened an inner space of underlying perception and feelings, a space for expansion that enabled her to transcend the mere biological aspect of intervention in the fertilization process, reach out to the embryo coming into being inside her body, and invite him to the world, to be part and belong in the deepest sense of the word.

Her ability to contain the unknown and, at the same time, bodily embodied space of being in the world, opened for the embryo, still suspended between being and not being in an existential state evoking a primordial trauma that has no name, an affective space of longing for unification with the mother, of vague yearning for being and belonging.

The physical development within the relational environment

Between weeks 7 and 13 of gestation, when "the motor cortex and the corticospinal tract have yet to be formed ... fetal motions are overwhelmingly guided by subcortical circuits" (Piontelli, 2010, p. 61). Research findings show that these early general movements, driven by a central pattern generator in the early spinal cord, emerge from self-organization between the early neural system, the fetal body support structures, and the uterine environment. As Piontelli (2010) noted, through general movements "fetuses constantly adapt to the changing requirements of the external and internal environment ... General movements could thus be viewed as a component of prenatal 'learning' and neural development" (Piontelli, 2010, p. 93).[4]

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4 Around week 8 of gestation, the central pattern generator produces spontaneous shock-like jerks of the entire fetal body – "startles," as termed by Piontelli (2010). Once general movements stop surfacing, fetuses begin to perform breathing movements, emerging more consistently at 12 weeks (Piontelli, 2010) Sensorimotor coordination, evidenced in fetal general movements, is demonstrated in the synchronized expansion and contraction movements of fetal breathing, involving every more adaptive, self-organized patterns.

Fetal movements, seen as a clear manifestation of the "life force" in action, were discussed by Winnicott (1988) regarding the intrauterine environment. Drawing a diagram of two concentric circles representing "the absolute isolation of the individual as part of the original unit of the individual-environment setup" *Winnicott wondered,*

> "How will contact be made? Will it be as a part of the life process of the individual, or will it be as a part of the restlessness of the environment? "The reaction to impingement detracts from the sense of real living. It can be shown that environmental influences can start at a very early age to determine whether a person will go out for experience or withdraw from the world when seeking a reassurance that life is worth living" (pp. 127–128)[5].

The bioenergetic theory holds that even single-cell organisms like the amoeba react to the environment. Based on studies of amoeboid locomotion and plasmatic flow in response to different types of stimuli, Reich (1933/1990) noted the analogy to the human body.

> "The human body, the major organs, and every cell in the body react to environmental stimuli similarly – expanding outward in response to a nutritional and nourishing environment, sensed as pleasurable while contracting inward in response to unpleasant or distressing stimuli. Start at a very early age to determine whether a person will go out for experience or withdraw from the world when seeking a reassurance that life is worth living" (pp. 127–128).

The body coming into being is affected by and responsive to the environment. Fundamentally reaching out to the environment and exhibiting spontaneous, authentic motility, the emerging embryo thrives in a well-adapted environment. However, hostility, impingement, or stress would offset the outward expanding movement, trigger premature reactivity, and reduce the primary energetic pulsating movement of the embryo emerging into life. When consistently repeated,

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5 "When that active adaptation is nearly perfect … The individual's movements (perhaps an actual physical movement of the spine or leg in the womb) discover the environment. This, repeated, becomes a pattern of relationship. In the less fortunate case, the pattern of relationship is based on a movement from the environment … The individual reacts to the impingement, which … has nothing to do with the life process of the individual." (Winnicott, pp. 127–128)

such adverse effects are liable to impair the rehabilitation ability and even cause structural changes.

The heart is one of the earliest developing organs, beginning its formation in the third week of pregnancy, the discovery time. The initial heartbeat occurs in the fifth or sixth week. Initially, the anatomical structure of the heart bears little resemblance to its final form, which is established by the eighth week. The fetal heartbeat, a vital sign, marks the boundary between life and death. This heartbeat coexists with the mother's heartbeat, initially within her body and later, following birth, on her body, and it possesses calming qualities in terms of rhythm and sound.

Pierce (2012) delves into the concept that the heart, throughout its developmental stages, is not merely a mechanical pump but serves as an organ of perception that can register the vibrations and frequencies of the surrounding environment and the world.

An unwelcome response upon discovery may be reflected later in the baby's body language – inhibiting the emotional movements of the arms and hands and the heart associated with the expressive gesture of reaching out to the mother/father and through them, to the world. Terry (n. d.) offers fresh insights on baby body language, seen as a sign language opening the door to the perinatal, birth, and postnatal physical and psycho-emotional experience of the baby, its effect on the baby and bonding, and its lasting impact throughout childhood and adulthood, reflected inter alia in adult symptom patterns, which, as noted by Emerson (n. d.), are associated with birth or prenatal experiences.[6] Reich (1933/1990) noted, elaborating on his segmental armoring theory,

> "Most of the emotional expressive movements of the arms and hands also stem from the plasmatic emotions of the organs of the chest ... The inhibition of the inner chest organs usually entails an inhibition of those arm movements that express 'desire,' 'embracing,' or 'reaching for something' ... as soon as the movement of the arms becomes associated with the expressive movement of yearning or desiring, the inhibition sets in" (pp. 376–377).

Elaborating on Reich's segmental armoring theory and character analysis, Lowen (1958/1971) explored the relationship between personality functioning and

6 As both Terry and Emerson argue and describe e at length, the non-verbal cues provided by baby body language are the key to facilitating primal therapy with infants as well as clinical intervention later, in childhood and adulthood.

patterns of bodily movement and muscular tension, demonstrating how every personality trait is reflected in the body. The body is thus the mirror of the character and the language of the body (posture/gesture, breathing, motility, expression), the key to understanding behavior and a clue to the emotional state of the individual.

Concerning the interpersonal world of the individual, Lowen (1976) discussed the role of the heart in the interaction with the environment, describing three channels of communication.

> "The primary channel of communication for the heart is through the throat and mouth. It is the infant's first channel, as it reaches with its lips and mouth for the mother's breast. However, a baby doesn't reach with lips and mouth alone, it also reaches with its heart. ... The heart's second channel of communication is through the arms and hands as they reach out to touch. ... A third channel of communication from the heart to the world is downward through the waist and pelvis to the genital organs. Sex is an act of love, but whether it is simply a gesture- or an expression of the sincere feeling is, again, a question of whether one's heart is in it" (pp. 88–89).[7]

Ferenczi (1929), based on his extensive clinical experience as a physician, in the course of his work, encountered cases of apparently somatic and physiological disorders that were "not explicable anatomically. All these symptoms fitted on occasion perfectly into the total psychic trend of the patients, who had to struggle a great deal against suicidal tendencies." Ferenczi further found that in those cases, the "patients came into the world as unwelcome guests of the family" (p. 126). In this context, Ferenczi noted,

> "I only wish to point to the probability that children who are received in a harsh and disagreeable way die easily and willingly. Either they use one of the many proffered organic possibilities for a quick exit, or if they escape this fate, they keep a streak of pessimism and aversion to life" (p. 127).

These lines by Ferenczi are a moving poetic expression of the profound impact of loneliness, rejection, broken heart, and trauma in early life, reflecting his empathetic approach in the face of the patient's suffering.

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7 The multiple layers of the heart's resonating emotional and symbolic expressions will be illustrated in case four.

Therapy

At this point, I would like to share my insights and experience as a bioenergetic therapist.

The emergence of being from an enigmatic space of inherent existential aloneness into a bodily embodied affective space of yearning for being and belonging resonated in the therapeutic setting. The patient's bodily and energetically manifested developmental history indicates whether it carried with it an invitation for life, providing the vital resources for somatic, psychic, and relational growth, or was rather imbued with ambivalent feelings or outright rejection, prefiguring a lasting devastating impact.

At the same time, the complex experience of the mother upon discovery is echoed in the therapist's position, which likewise involves the space of the unknown, as self-experienced by the therapist and as experienced by the therapist vis-à-vis his or her patient. It touches on the therapist's ability to contain vague knowledge or lack of knowledge, to acknowledge and cope with the patient's fluctuation between vitality and lack of vitality, and to be alert to the patient's bioenergetic pulsation of expansion and contraction, of reaching out for relationship or withdrawing from the world, seeking reassurance that life is worth living. The task of the therapist is even more challenging when working with patients suffering from developmental and lifelong trauma originating in ongoing neglect, abuse, or threat of destruction, mostly experiences that have not been emotionally transformed and mentalized.

Specifically in such cases, the invitation extended by the therapist to the patient to emerge from inherent existential aloneness, to be discovered as a living human being, to belong, calls for due sensitivity and creativity[8]

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8 Based on his insights, Ferenczi developed an "active" therapy on the somatic level to complement the psychoanalytic work (Lowen, 1958/1971). Noteworthy in this context is the sensitive, adaptive therapeutic approach adopted by Ferenczi (1929) in "Cases of diminished desire for life," where he relaxed his active therapy approach. As Ferenczi observed, in such cases, "Finally a situation became apparent which could only be described as one in which the patient had to be allowed for a time to have his way like a child … Through this indulgence the patient is permitted, properly speaking for the first time, to enjoy the irresponsibility of childhood, which is equivalent to the introduction of positive life-impulses and motives for his subsequent existence" (pp. 128–129). 9patient is permitted, properly speaking for the first time, to enjoy the irresponsibility of childhood, which is equivalent to the introduction of positive life impulses and motives for his subsequent existence" (pp. 128–129).

In "Elysium is Far As," (1882) Emily Dickinson delves into the profound emotional landscape of longing and uncertainty. The Elysium/room symbolizes a space of intimacy and potential connection, while the unresolved condition of a waiting friend resonates with our deepest fears and hopes. This innate desire for belonging and understanding, lights the quest for meaning, especially in the face of loss. Dickinson's concise yet evocative language invites us to engage with vulnerabilities, urging us to confront the delicate balance between hope, despair, and courage.

"Elysium is as far as to
The very nearest Room
If in that Room a Friend await
Felicity or Doom--
What fortitude the Soul contains
That it can so endure
The accent of a coming Foot--
The Opening of a Door –"

Case example

L., aged 55, a mother of five, sought therapy after her divorce. She had a heavy body and dark, sad, expressive eyes. She ended her unhappy marriage after 30 years of distress, following a violent, verbal assault by her abusive husband. She had few friends and no support on the part of her family for her decision to divorce. L. grew up in a small neighborhood of immigrants. Her childhood was marred by physical and emotional abuse, mainly from her mother and one of her sisters. She recalled her decision as a child not to cry so as not to be seen as weak. L. was an excellent student aspiring to study medicine. When she was 14, her older brother, the light of her parents, was killed in war. Her grief-stricken parents sank into deep depression. In the years that followed, her life at home became even more unbearable, all the more so in the absence of her loving brother, who appreciated her intelligence and ingenuity and used to come to her help and shield her from her mother. Humiliated and harassed, she gave up her wish to become a doctor. Eventually, L. completed her university studies in engineering and had a successful career in the field. However, after giving birth to her youngest child, she had to abandon her dreams once again and give up her career under pressure from her unsupportive husband and stay home raising the children.

It has taken L. years to be able to relate to her feelings, to her body, and to herself, as a human being in her own right rather than as a mere object that has to meet the expectations and standards of others. However, she could not break out of her cocoon and remained frozen and unreachable, steeped in a deep sense of loneliness.

Seeking to reach out to her, to get in touch with her early and enduring traumas, I offered L. several times during the four years of therapy to meet more than once a week, but she refused time and again. Then, before the two sessions described below, I offered her to meet for longer sessions of an hour and a half each (at the same price), and this time, she accepted my offer, her acceptance signifying an emerging change, subsequently reflected in the therapeutic process.

First session

L. entered the room agitated. She sat down, leaning forward, anxious to explain why she was late for the meeting. It turned out that her son forgot the keys at home, and she waited for him to come. "I could go, but I haven't seen him for two weeks now, and I just wanted to say hello ... I don't know why I am so worried. I've been extremely stressed recently ..."

L. moved uncomfortably, trying to calm down.

"And you are still feeling that way ..." I asked or actually noted.

L. was still restless but outwardly at least, the fidgety movement stopped.

It seemed to me that she was startled by what I saw.

"Let's try and see what's going on inside you," I suggested.

"What are you talking about? ..." L. instinctively replied, evidently troubled.

I invited her to feel her body, first, along the vertical back side, starting with the head, the neck, the shoulder blades, along the spinal cord, down to the tail bone, the legs, and the feet soles, and then, along the vertical front side of her body, focusing on the soft parts.

L. seemed to relax. "Your voice calms me ... but it was not easy ... I got lost."

When did I lose you? Her words resonated with my sense of losing her. I felt her detachment and perplexity.

L. seemed to be mixed up. "I felt my back, but then, I did not know ... I am a lousy student."-

"You felt your back and then got lost. These moments are so hard to catch. Go back to your back, to your shoulder blades, your spinal cord. We have time, and I am here with you," I said, reassuringly.

L. remained silent for a while, her body slightly relaxed, and then she opened her eyes. She leaned forward.

"I remember now coming home from our last meeting. I sat on the sofa for a long time. Then, I had a strange image of my body ... it looked open from the throat down to the chest and the belly. It was not a bleeding cut, but I could see deep inside. I know it sounds strange, but I felt relieved as if a heavy stone had been removed. It was an image, but it was me. I saw my heart moving. it was exciting ... but also bizarre."

She then leaned back, her energy was dropping, and she looked pale.

I leaned toward her. "You've seen your heart pulsating, ... and now I have seen you alive ..."

L. opened her eyes, looking at my eyes.

"You are alive ..."

Her body awakened and relaxed. She looked back at me and then, closing her eyes, stayed like this for a long time, breathing deeply. After a while, she opened her eyes. They were damp with tears. "Maybe it's too late for me," she said sadly.

We sat on for a while, saying nothing.

As the meeting was about to end, I encouraged her to try and sense her body while standing, as I supported her, using the grounding exercises[9].

Next session

"I want to apologize for knocking on the door a few minutes earlier than scheduled. It's raining heavily outside and cold winds are blowing ... I had to get in." L. seemed embarrassed.

"It's your time; I have been waiting for you."

"I cannot just come in." L. was still uneasy.

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9 Lowen introduced the concept and therapeutic practice of grounding. The concept implies a stable physical and emotional presence, supported by the ground, the underlying idea being that embodied emotional knowledge is expressed through physical posture. "Grounding or getting a patient in touch with reality, the ground he stands on, his body and his sexuality, has become one of the cornerstones of bioenergetics" (Lowen, 1975, p. 40). Along with other techniques such as work with body contact and boundaries, grounding is used to address the energetic aspect of the individual, including self-perception, self-expression, and self-possession, which Lowen saw as essential to mental and psychosomatic development.

"It is hard for you to feel that you are welcome, that I am waiting just for you, that it is your special time."

"It feels good to hear you saying it." L. leaned back on the sofa cushion, smiling softly.

And then she leaned forward. "I have a lot to say. I have been thinking a lot ..."

She looked into my eyes. "I never thought that it was possible. It is not the facts but the way I experience them. I told you once that I used to visit my parents with my sisters, never by myself, although I felt out of place ... I felt I didn't belong there. You said then that my parents are mine ... that I am their daughter. It was something I had never felt before. I visited them alone this week and for the first time, I felt welcome ... I felt that they wanted me to come. I never thought that it was possible."

Leaning even closer, L. went on talking, almost whispering, as if revealing a secret. "On my way, back home, it occurred to me that my mother did not want to have me ... that being pregnant with me was against her will. She touched on it indirectly, wondering why my daughter had not got pregnant. Is it because she has a problem getting pregnant or out of choice? My sister was three months old when my mother became pregnant with me. And she was in poor health at the time. She had a blood problem, and her body rejected the pregnancy. I can understand now that it was a complicated situation. Yet, her rejection of me has never given way to acceptance.

Having said this, L. leaned back, sitting upright, apparently unrelieved, the pain still lingering.

It was the first time L. talked about it. I realized that all along, we had been holding an implicit dialogue, and I wondered if all that time, L. had been conscious of my feelings, if she had been aware of my thoughts about the beginning of life, the embryonic experience upon discovery, and its lasting emotional impact. And I thought about the unspoken words, the unsaid feelings, as she leaned forward, getting closer, and then, leaning back, drifted away, overwhelmed by her enduring traumas

"Will it ever end?" L. wondered.

"My mother and me. It is deep inside me. I had a different experience with my father. I read out the Bible for him ... he is blind ..." Her voice was trembling.

I leaned forward. Then she leaned forward. Our heads almost touched, but our eyes did not meet. We were both looking down at the floor.

"I Heard your voice trembling." I moved back a little and put one hand on my chest.

"Your words have meaning and heart."

Her body relaxed. She leaned back and looked at me. She was silent for a while. Looking at her hands, she lay them on her belly. She moved her fingers as if touching a soft cloth, now and then raising her head and gazing at me.

Her body posture and finger movements reminded me of the image of the fetus trying to grasp the umbilical cord, seeking contact with the mother, and reaching out to her[10].

Case discussion

Rejection and humiliation deprived L. of beauty, sexuality, love, and compassion, leaving her dead inside. She sought to mask her pain, her loneliness was deep-rooted, embodied in every cell and tissue of her body, an inherent part of her existential experience as a human being.

Her experience resonates with the vision presented by Eigen (2006),

> "I don't think any of us survive infancy or childhood fully alive. What lives survive on graves of self that didn't make it. We leave a lot behind to be what we are now, to be what we can be. We cover not only nakedness but annihilation. We try to look better than we are, more alive, more appealing. We try to mask a sense of an annihilated self with signs of life" (p. 25).

The body story of her early developmental trauma, of being rejected and ignored, and the total vulnerability and fundamental aloneness she experienced even before being born, were evoked and re-enacted during the therapeutic process.

The appearance for our meeting described above echoed her life story – her harsh emergence into being, metaphorically driven by the forces of nature (rain and wind). Being denied a genuine invitation to belong, to be part of humankind, she could not imagine that there was a place for her in the world, that someone was waiting for her.

The early parent-child-family relationships that form people and that are at the core of chronic relational trauma were explored by Tuccillo (2013), with a focus on somatopsychic unconscious processes, such as various forms of transference, specifically somatic transference. In this context, Tuccillo noted:

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10 Terry's insights on baby body language are called to mind in this context.

> "Transference is a body experience. It isn't only cognitive and perceptual. It's also a feeling state; a set of feelings structured in the body. The transference experience brings with it a whole set of familiar visceral and muscular patterns that go together with the thoughts and emotions that define it" (p. 28).

Listening to L. describing the hallucinated image she had, of her body looking open from the throat down to the chest and the belly, which allowed her to see her heart moving deep inside, I thought of the embryo at 5–8 weeks, when the first sign of life, the pulsating heart, not yet covered by the ribs cage, is already evident – and while totally dependent on the mother, even at that early stage, is already unwelcome and rejected.

Moments of discovery shared with the therapist, are an intimate and sensual experience that involves three dimensions: the patient's psychosomatic body, the therapist's psychosomatic body, and the common psychosomatic space jointly created by the patient and therapist. This multidimensional experience is reflected in changing body postures, in the way sensations and emotions are expressed by the varying movements of the emotionally and relationally significant regions of the body, and ultimately, in the transformative process that the patient goes through – as illustrated in the case example of L.

L. was finally able to engage with my invitation. I encountered a woman with vitality, tenderness, wisdom, and beauty – a devoted mother who radiated love for her children. Yet beneath this exterior, L.'s profound anguish and isolation persisted.

A year later, she recounted a striking experience upon entering her apartment building, feeling a deep sense of alienation, as if she belonged neither there nor anywhere. I suggested that we sometimes need to ponder, from the depths of our hearts, where the very molecules of our being find their true home. Is there something beyond our personal narratives that informs our existence? In this inquiry, perhaps we might uncover a blessing waiting to be recognized.

In conclusion

The singular experiences of being hosted within another's body, of being discovered, and of being born are common to all human beings. These foundational experiences hold the deepest vulnerabilities of humankind.

This paper deals with three aspects of the prenatal experience of discovery: the mother's experience, the embryo's experience, and the common space of interaction between the two.

The mother's experience of discovery, her encounter with and acknowledgment of the unknown, with the embryo within, is experienced by the embryo and influences his being from the cell level to full body-psyche realization.

The experience of discovery by the m/other resonates in the embryo and along with the enigma of his existence, the embryo experiences the response to his presence by the mother/father/environment. Whether welcoming or rejecting, this primeval response has a lasting impact on his body, mind, and psyche.

This paper suggests that the invitation extended by the therapist to the patient to be discovered as a living human being, to take part, and to belong is vital to therapy and ultimately, to healing. The invitation for discovery is essentially an attempt to get in touch with the primeval and at the same time, enduring experiences that are still pervading the patient's life.

This is especially true in those cases where the patient is deeply scarred by the trauma of early rejection, and burdened by painful feelings of unworthiness, cannot see the value of life or the virtue of human existence.

References

Anserment, F. & Magistretti, P. (2007). *Biology of freedom: Neural plasticity, experience, and the unconscious*. Karnac Books.

Damasio, A. (2010). *Self comes to mind: Constructing the conscious brain*. Pantheon Books.

Dickinson, E. (1960). *The Complete Poems of Emily Dickinson*. Little, Brown and Company.

Eigen, M. (2006). The annihilated self. *Psychoanalytic Review, 93*(1), 25–38.

Emerson, W. R. (n. d.). Primal therapy with infants. http://www.primal-page.com/emerson.htm#:~:text=Primal%20Therapy%20With,pp.%20585%2D595

Fauser, W. (2015). The Importance of integrating pre- and perinatal issues into bioenergetic analysis. *Bioenergetic Analysis, 5*, 95–120.

Ferenczi, S. (1929). The unwelcome child and his death-instinct. *International Journal of Psycho-Analysis, 10*, 125–129.

Ferrari, A. B. (2004). *From the eclipse of the body to the dawn of thought*. Free Association Books.

Finik, J. & Nomura, Y. (2017). Cohort profile: Stress in pregnancy (SIP) study. *International Journal of Epidemiology, 46*(5), 1388–1388k. https://doi.org/10.1093/ije/dyw264

Jung, C. G. (1933). *Modern man in search of a soul* (W. S. Dell & C. F. Baynes, Trans.). Kegan Paul, Trench, Trubner and Co.

Leibowitz, Y. (1977). Medicine and the values of life. The Annals of Medical History, 1(a). Tel Aviv University Sackler Faculty of Medicine, Tassia and Dr. Joseph Meyshan Chair of History and Philosophy of Medicine (Hebrew).

Lowen, A. (1971). *The language of the body*. Collier Books. (Original work published 1958).

Lowen, A. (1976). *Bioenergetics*. Penguin Books.

Piontelli, A. (2010). *Development of normal fetal movements: The first 25 weeks of gestation*. Springer.

Raffai, J. (1998). Mother-child bonding-analysis in the prenatal realm: The strange events of a queer world. *International Journal of Prenatal and Perinatal Psychology and Medicine, 10*(2), 163–173.

Raphael-Leff, J. (2016) "Two-in-One-Body": Unconscious representations and ethical dimensions of inter-corporeality in childbearing. In J. Bornemark & N. Smith (Eds.), *Phenomenology of pregnancy* (pp. 157–198). Södertörn Philosophical Studies 18. Södertörn University.

Reich, W. (1983). *Children of the future: On the prevention of sexual pathology* (M. Higgins & C. M. Raphael, Eds.; D. Jordan, I. Jordan & B. Placzek, Trans.). Farrar, Straus and Giroux. (Original work published 1950).

Reich, W. (1990). *Character analysis* (M. Higgins & C. M. Raphael, Eds.; V. R. Carfagno, Trans.; 3rd, enlarged edition). Farrar, Straus and Giroux. (Original work published 1933).

Terry, K. (n. d.). Baby therapy. https://ktbabytherapy.com/

Tuccillo, E. (2013). Somatopsychic unconscious processes and their involvement in chronic relational trauma: Somatic transference and its manifestation in relational, family, and power dynamics. *Bioenergetic Analysis, 23*, 17–62.

Vegas Carolina, Bear Ears, https://www.shortstoryproject.com/he/original_lang/orejas-de-oso/

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. International Universities Press.

Winnicott, D. W. (1988). *Human nature*. Free Association Books.

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