



International Connections

By Asaf Rolef Ben-Shahar

Repaying Prenatal Debts

Growing up, one of the most frequent stories I recall my mother telling me, regarded my nose. It was completely twisted to one side when I was born. It was difficult for me to breathe through my nose, and also, so I was later told, I could not breastfeed. It took a good few months before my nose straightened. “You were too big for my womb,” my mother kept saying fondly, reframing the doctor’s words that her womb could not stretch enough to contain me. She was a petit woman, only twenty-three years old, trying her best to live her dream with the love of her life, my father. True to form, I have grown up with this oscillating pendulum of feeling I was either too much (more frequently) or not being enough. Or, mostly, both.

When I began my second round of psychotherapy I began to wonder about this sentence, willing to question it in myself. Could it have been that my mother’s womb was too small for me? That it was not my fault for being too big, too much for her? Is it possible that my inability to feed was not only my own fault? There, in the supposed intrauterine haven, my first narcissistic injury took place. Was I too much? Was I not enough?

And now, am I too much? Am I never enough?

Early intrauterine experiences may correlate with later character development. But, as pre and perinatal development is not my area of research or expertise, I shall not attempt to present any cohesive theoretical model, although my thinking and clinical work has been

influenced and informed by the work of Stanislav Grof (1988), Frank Lake (1979), Daniel Stern (1985), and others. Instead, I shall share some meaningful therapeutic and biographic moments with you.

Jenny was twenty-four when she sought therapy for ongoing heightened anxiety. She was extremely dyslexic and lacking of confidence. I liked her and felt a strong brotherly bond with her, and she reported a similar sibling connection with me—I was the older brother she never had. Jenny came for body psychotherapy because, “I am no good with words; I need someone to help me understand myself through my body.” Not true, though. Jenny was astute and intelligent, and when she wasn’t pressured to provide, she expressed herself beautifully with words, too.

After three years of therapy with Jenny, I was finally able to conceptualise (first to myself) what I found so bewildering about her—her shape-shifting body. Jenny was preoccupied with her body and weight. Over the course of three years of knowing her, she gained weight and lost weight, changed hair styles and colours, exercised rigorously and toned up, and then let go and lost interest; she would resume her yoga practice then suddenly give up. There were many changes, many attempted resolves; none lasted. But that wasn’t it. What I found strange was that with every change of her body Jenny not only looked different, but her personality

altered, too, and none of these changes ever surprised me on the one hand, or felt stable on the other. It was as if she was continuously and liquidly forming and un-forming, without a cohesive ego without having a solid body, as if she maintained some intrauterine fluidity, as if she had not completely been born.

“I have always been the ugly duckling of the family,” she said. “Of four sisters, I am the only hairy one, the only dyslexic one, the only anxious one.” When Jenny’s mother was three months pregnant with her, the youngest, she fell ill with severe endocrine disease (like my own mother) and had to undergo multiple treatments, including receiving high doses of steroids, as well as several surgeries. The mother was advised to abort the unborn child but refused. The pregnancy was hence tainted with hormonal turbulences and life-threatening illness. The family and doctors were unsure whether either of the two would survive. Labour itself was a long, dangerous, and painful procedure; a breech birth that ended up with an emergency C-section, where her mother nearly died. “My mum really wanted me. She kept telling me how she was willing to sacrifice her life to have me. She would die for me. I always found that heroic and knew I needed to be grateful for her. But she also resented my birth and me – I marked the beginning of her decline. In all of mum’s stories there was a contrasting ‘before and after’: before my conception and after it; before pregnancy and birth and after them. Life before was wonderful, life after horrible. I was both the cause, the catalyst, and the reminder of her desolation. I was a reminder of a failure to be the mother she planned to be for me; and it was my fault.”

Jenny spoke of her feeling too much - it was her fault that her

mother was ill, as well as not being enough. - Her mother suffered from post natal depression following labour, and Jenny felt she was never good enough, she could never repay her mother for the horrific outcome of her coming into the world.

She has given so much. She has now come to collect.

Jenny’s perinatal experience made me think of my own, less dramatic, story. In many ways, certainly as a child but also as an adult and sometimes, if not as regularly, even today, I felt that my body did not belong to me, that it was hers, my mother’s. Mum never directly asked for my sacrifice, but I felt I should have given myself to her. The least I could do to repay her was to give myself away. After all that she had done for me, all the suffering she endured during my pregnancy and afterward, the only thing I could do to properly repay my debt of being born and inflicting the pain of pregnancy and labour on my mother was to give myself fully to her. Yet my true self (Winnicott, 1960) rebelled against this feeling, and I was unable to sacrifice myself and for that I have always felt guilty. My body did it for me. I was able to retain my integrity by paying a price of guilt and shame. Hearing Jennifer uttering similar words was unimaginably painful. It was easier to hurt on Jennifer’s behalf than on my own, but nonetheless it really hurt.

“I want my body to be mine again,” said Jenny with a plea. “That’s why I’m dieting and gaining weight, trying different things and practices and failing to maintain any disciplined practice. It is all to no avail.” Underneath all of her therapeutically gained insights, Jenny might have been occupying her body, but it was still owned by her mother – this was a debt that might take a lifetime to repay.

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Jenny's hairiness was a result of her mother's hormonal and steroidal intake during pregnancy, and there is some evidence correlating prenatal developmental arrests with different types of dyslexia (Guttorm et al., 2005; Lubs et al., 1993). I believe that her hypervigilance and predisposition to anxiety also resulted from, or at least were influenced by, her prenatal development and her birth.

But what can be done about it? How can we change that which was forming her being as early as from the womb?

I cannot share any significant and life-changing therapeutic interventions with you; this is an incomplete story. Therapy proceeded gently for a few more years to attempt and reclaim her body. She was neither too much nor not enough for me, which made a difference. She noted it, and it was good. But having a body always carried shame and guilt. Did she stand a chance of working through it with a therapist who had not completely healed his own wounds around the same topics? Her story reminded me of the inevitable sin of Hester Prynne from Hawthorne's *The Scarlet Letter* and then the primary scene / primary sin of Adam and Eve.

In claiming our body as our own, we also separate from our parents; we acknowledge our individual separateness. As parents, can we let our children separate? Can we go through all this trouble of bringing them into the world, for them to leave us behind unacknowledged? Can we

agree to waiver the debts of our suffering, our dedication, our investment in them? And can we do so truly as therapists?

I am uncertain about sharing such personal details of mine with you and unclear about what body psychotherapy – or at least the therapy I offered – contributed here. I can tell that what helped Jenny and I was to have our bodies touch. As I realised our resemblance, I began offering Jenny rocking (pulsing) movements. She would close her eyes almost immediately and completely surprise herself with the degree of surrender and pleasure she was able to experience.

We spent many sessions without talking (and I asked myself, “Are we still doing psychotherapy?”) but only using gentle rocking movements, similar to pulsing (Ziehl, 1999). The sessions were pleasurable for both of us, but moreover proved invaluable for Jenny. Strangely, through the most liquid form, the most unsolid touch - she formed herself more solidly. The fluctuations of her body-shifting slightly eased. During these sessions, which were clearly characterised by altered states of consciousness (Rolef Ben-Shahar, 2002), we found our bodies. It was during those pulsing sessions that both Jenny and I knew, in our bodies and without a need for external affirmation, that her intrauterine experiences influenced her body image, and her self-esteem. She had flashes of fragmented memories, spontaneously regressed into a very

young age, and presented clear insights. While this was no indication for any objective truth, I had (and still have) little interest in objectivity (objectivity is highly overrated in my opinion). Jenny felt a knowing, which allowed her to grieve for, and accept – to a certain extent – her ‘leased body’ (from her mother), and became more at peace with her existence.

This is a story with no dramatic endings, nor any extraordinary or novel clinical findings. It is a small story of how gentle wave-like touch helped approach a woman and allowed her more inner peace.

And now for my pondering:

During our work together, I was left both delighted and jealous, noticing my yet unmet yearning to return to the ocean of the womb and for someone to make it all okay, to make the womb big enough to contain me, allowing a happier ending for the pregnancy, a happier start to life. Working with Jenny demonstrated a painful truth that, although I had some very good therapy, sometimes I did help my clients move beyond where I was, and sometimes beyond where I might ever get to be. It strikes me as quiet similar to being a father where I witness my daughters, (thanks to the hard work of my wife and me) move beyond where either of us were able to reach. This is the most delightful and gratifying position, but it also hurts. And I can empathise with my parents and with Jenny's mother in wanting some fairness wanting



someone to repay for the dedication and corrosion, the exhaustion and decay that comes with parenthood, at least with gratitude. To a lesser extent, this is also true to psychotherapy.

Was I able to let go of Jenny without demanding she repaid with her body? Did I not expect her thanks? Did I not expect her to hold me in her mind as someone who helped her? As I touched Jenny and felt my own wound being touched, I wanted someone to touch me like that (which I had). I also wanted for the touch I received to reach the places we were able to reach with Jenny (it did not, I could not allow it). Failing that, I did want her to be eternally grateful even though this feeling was subtle and proficiently repressed. I am ashamed to admit it here and can honestly recognise it here for the first time. But I am sure

she felt it.

In my hoping for gratitude, in my expectation that Jenny would recognise our work as good, I also asked her to give herself to me. I can only hope that my own parenting was a slightly less wounding version of her mother and brought her a step closer to reclaiming her body and that she could continue her work with someone with slightly different wounds to hers.

I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can email me at asaf@imt.co.il

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Continued on page 117