Womb Shadows

Shining Light on Our Forgotten Prenatal Experience

Cherionna Menzam-Sills

ABSTRACT

This article proposes that prenatal experience is rarely acknowledged and tends to become unconscious shadow material. Our earliest experiences and influences within the womb lay a foundation for our body shape and functions, as well as our personality, behaviors, and relational tendencies. Ironically, this significant time of life tends to be neglected in discussions of psychological development, therapy, literature, and education. The experience of babies in the womb is so overlooked that parenting is often believed to begin at birth, long after parents begin influencing their child. Effects of prenatal life may be defined as unconscious shadow material destined for habitual re-enactment because they are not adequately reflected or reinforced as language develops. Because this early experience occurs before language or brain development, it tends to be held as implicit memory in body tissues, postures, and behaviors and, therefore, readily presents in body psychotherapy. This article reviews prenatal awareness and memory, as well as the possibility of providing therapy for what Little Ones needed in the womb as an option for healing.

Keywords: prenatal, shadow, awareness, unconscious, implicit memory

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> ***That prenatal experience is not verbal does not mean it does not exist.***

Shadow, Somatics, and Prenatal Experience

Before the brain and nervous system develop, we have experience. Those of us practicing body therapies are familiar with the client's body, revealing something the client was not consciously aware of. It is not unusual for prenatal and birth memories to present in somatic therapy through postures, movement patterns, and emotions. The client may or may not understand them. In a world where prenatal trauma is held in shadow, recognizing and meeting it effectively may not be within the practitioner's skill set. When we as therapists can integrate our early trauma, we can more clearly perceive and hold what arises for our clients.

The term "shadow," coined by Carl Jung, refers to unacceptable aspects of ourselves that we have repressed into the unconscious. We might ask how prenatal experience could be relegated to shadow. Consider how parents or others respond when a

toddler refers to daily events. For example, if they have gone to the zoo and then draw a picture of a giraffe, the mother may respond by acknowledging the experience. "Yes, that's the giraffe we saw yesterday at the zoo. It has a long neck." This helps the child record this event in conscious, explicit memory. Mother's reflection provides words to recall and talk about the experience. This reinforces the memory. She might comment further, "Remember that we also saw elephants with big ears?" This further establishes the memory and associates it with more words and details.

Explicit memory refers to verbal, conscious memories we can retrieve intentionally and discuss. Prenatal experience occurs preverbally. Unfortunately, parents are less likely to reflect the same way when toddlers enact, draw, or speak about their time in the womb. Adults often respond with comments like, "Don't talk such nonsense!" Or "Isn't that cute!" Or "You have a good imagination." Or "Look at this pretty toy." The memory is dismissed and negated, possibly through shame or distraction. The child not only fails to develop verbal language to file or express the memory explicitly but also learns that it is not acceptable to remember it. This memory does not disappear. It is held in the body, emotions, and behaviors as implicit memory. This kind of nonverbal, often unconscious, memory feeds the shadow.

Prenatal Awareness and Body Memory

That prenatal experience is not verbal does not mean it does not exist. Unfortunately, with our prenatal memories relegated to dark corners of the unconscious, we develop a collective shadow that fortifies this denial of prenatal consciousness. Deprived of verbal expression, implicit memory finds its way to be noticed as it seeks healing and integration through recapitulation. This is important because our experience in the womb includes trauma as well as inherent health, which we often refer to in pre- and perinatal psychology (PPN) as the original blueprint. Every developmental milestone, including those before birth, involves meeting challenges. These require change and resilience. With adequate resources, we can meet the challenge and develop according to nature's design. Lacking essential support, the challenge may prove overwhelming. Prenatally, such events can be life-threatening. We either adapt to conditions presented by the challenge, or we die.

Unlike explicit memory, implicit memory does not include linear context, like time. When implicit memory is stimulated, it feels like it is happening now. Little Ones cannot differentiate between past and present. They live in direct experience. Implicit memory similarly arises as direct experience. If it was life-threatening back then, it can feel like a life-or-death issue now.

An example of a life-death challenge is implantation, which must occur by the end of the first week after conception when we outgrow our food supply. Many babies die at this time, which is when twin loss often occurs. Surviving babies may have the memory of a struggle to implant or may be devastated by having lost their twin companion. They carry these memories in their bodies. It is not unusual for people with implantation trauma to have difficulty finding or settling into a home, which is what is meant to happen at the time of implantation. Their struggle to find adequate nourishment at implantation may also be re-enacted through eating disorders (Terry, 2013). Since this stage is also the first physical contact with mother, it may be echoed as anxiety or distrust in intimate relationships or interfere with bonding in infancy. When a twin has died, the surviving twin often lives with unexplained grief. Such early loss is rarely known or acknowledged by anyone other than the twin. There is no explanation for the grief, which may manifest as a tendency to depression or hypo states.

The autonomic nervous system (ANS) forms in the womb and is influenced by its tenor.

The ANS includes the unmyelinated vagus nerve, sympathetic nerves, and the myelinated vagus. According to Stephen Porges, originator of the polyvagal theory, these parts of the ANS arise in the embryo in order of their evolutionary development (Porges & Furman, 2011). The oldest unmyelinated vagus (parasympathetic) originates in the dorsal motor nucleus, first appearing in the brain stem at nine weeks gestation (seven weeks after conception; Porges & Furman, 2011). The nucleus (nerve center) is subdivided into subnuclei, which become visible by 13 weeks and are considered ma-

ture at 28 weeks (Porges & Furman, 2011). Activity in the newer sympathetic system, which accelerates heart rate, is first indicated by heart rate increases accompanying fetal activity, observed at 16 to 20 weeks gestation (Porges & Furman, 2011). However, it begins to form at six and a half weeks gestation (Kruepunga et al., 2021). Before the sympathetic system begins to function, the fetus can react to stress only by withdrawing or shutting down.

The nucleus ambiguus, where fibers of the newest myelinated vagus originate, is present at eight or nine weeks gestation and filled with mature neurons by 12 and a half weeks (Porges & Furman, 2011). These neurons' regulating vagal brake function is available once they reach their target tissues (e.g., in the heart), and myelination of these vagal nerve fibers begins at 23 weeks (Porges & Forman, 2011). Myelination then increases and continues actively through the first year after birth (Porges & Forman, 2011). The social nervous system, therefore, comes online at 23 weeks but is not fully developed at birth. It will be less available in very premature babies. Until it matures, self-regulation is impossible. Like young children, the prenate depends on the mother to calm and regulate the nervous system.

Early experiences occur prior to nervous system development. Even unicellular organisms sense and react to their surroundings. Their parasympathetic-like response to threat includes withdrawing, slowing their growth, or changing shape – as when a toxin is injected into their fluid culture (Weiskerchen, 2023). We begin life at a cellular level. Sperm and egg encounter conditions and respond intelligently as cells. Embryologist Jaap van der Wal (Koch, 2017) points out that the zygote (the embryo after conception) is a unicellular organism intelligently interacting with its environment.

Memory is active long before the nervous system emerges. Cellular memory is integral to life, including epigenetic changes in unicellular organisms (Nistiar, Racz, & Brenisin, 2016). Unicellular slime mold's remarkable ability to learn (and remember) its way through mazes has inspired engineers in designing roadway construction (e.g., Jabor, 2012)! Our immune system also demonstrates cellular memory, and its function depends on cells recognizing intruders, responding to them, and thus learning how to manage future incursions.

Similarly, the embryo remembers experience prior to nervous system development. Trauma is likely to have stimulated withdrawal, establishing a template for later ANS patterning. I frequently witness tendencies for dissociation and shutdown in clients with prenatal trauma histories.

The polyvagal theory explains our hierarchical response to potential threat. For example, when we hear an unknown sound, we first use our social engagement (ventral vagal) system to check for other people nearby and monitor their responses. As relatively small animals, we derive safety in numbers and group intelligence. Helpless babies are completely dependent on their caregivers to protect them. If support from other humans is not apparent, our next oldest system in evolutionary terms is activated: the sympathetic nervous system, which enables fight or flight. However, Little Ones are too small and weak for this system to protect them effectively. It may not even be available yet. Their only option is the oldest (dorsal vagal or parasympathetic) nervous system, which generates slowing down and, if necessary, shutting down. Babies in the womb may experience increased heart rate, muscle tone, and even the anger associated with the sympathetic reaction once this system is available, but they cannot act on it. They can only withdraw.

Trauma experienced in the womb tends to be recapitulated through re-experiencing dissociation, shutdown, and the perception of danger. Because Little Ones are completely dependent on caregivers for their safety, healing trauma from this early time requires establishing a safe relational field.

Welcome: Meeting our Earliest Experiences

Like all of us, babies' sense of safety depends on how they are treated. With their extreme dependence, they can feel safe only if their existence is acknowledged and welcomed. Mothers who do not want their babies may be less inclined to take care of them, which is dangerous for the child. This is also true in the womb. Being unwanted is probably the most traumatizing condition possible for a prenate. Besides the possible dangers of abortion or abandonment, maternal physiology responds to her psychological state. Ambivalence about having a baby may render her uterine wall less lush, making implantation more difficult and nourishment

scarcer. Her feelings of anxiety, fear, stress, or rage are communicated to the fetus both physiologically, through the umbilical cord, and energetically, through a phenomenon known as "umbilical affect" in PPN (Sills, 2009). What arrives umbilically can be or feel toxic for the baby, who faces a double bind because they are also dependent on the umbilical source for life-giving nourishment.

From pre-conception on, babies thrive on a sense of welcome. This was, understandably, the first of a set of principles developed by pre- and perinatal therapy pioneer Ray Castellino to support safety and healing for Little Ones (White, 2013.) It may be informative here to notice what happens in your body when you read the word "Welcome!" Is it different from how your body responds to words like "Go away!" or "I don't want you!"? While we all need to be welcomed. Little Ones are dependent on it for survival.

Checking our bodies and emotional states can inform us when investigating prenatal experience. As well as holding early memories in our ANS and pre-ANS tissues, which react automatically, our linear, time-oriented left brain develops years later. Prenates live outside of time. Without left brain analysis, memory remains implicit, expressing itself somatically. Because implicit memory feels like it is happening now, individuals remembering prenatal danger do not easily sense safety in present time. That requires support from the ventral vagal social engagement system. As therapists, our own settled nervous system, mindful presence, and sincere welcome can stimulate this ventral system through resonance, facial expressions, prosody of voice, and other reassuring cues.

People experiencing Little One states, as they may in therapy, need to feel welcomed to sense safety. That welcome may not have occurred in the womb because the mother or parents lacked sufficient support or resources. It is a natural biological imperative for a mother to want and protect her baby. Not feeling safe or struggling for her survival may interfere. She may already be overwhelmed by taking care of too many little children. She may have an abusive partner or no partner. She may live in war conditions or extreme poverty and feel unable to care for another baby. Or her nervous system may be in such a defensive state that messages of danger reach her Little One more strongly than those of welcome.

The first Castellino principle of safety is the Welcome principle, which can be interpreted as welcoming ourselves, welcoming each other, and welcoming what arises in this moment–a basic mindfulness practice. Having studied with and assisted Castellino for years and facilitated Castellino-style womb surround process workshops, I remain in awe of how the principles of this work result in deep levels of relational safety within a group or in individual therapy.

Another important Castellino concept is "layers of support" – a term coined by midwife Mary Jackson, who worked closely with him. As Castellino noted:

> When all the support layers are there for a family, the family hums. Support the mother, support the baby. Have two layers of support for the mother and two layers of support for the baby, and make room for mom to get her needs met. (White, 2013, p. 272)

We all need layers of support to thrive. For the embryo, these layers include the membranes, cord, placenta, the womb within the mother's body, and her psyche and support. Ideally, this includes a supportive partner, extended family, friends and community, midwife or other birth attendants, and the broader culture. Not all birthing people experience such support. If they have a partner and extended family, the relationships may be volatile, demanding, judgmental, or otherwise unhelpful. Where is the welcome here? Culturally, conditions may also be more challenging than supportive. Babies in the womb suffer when their mother suffers. On a physiological level, we know that extreme or chronic maternal stress is reflected in the baby's developing nervous system, resulting in altered levels of the stress hormone cortisol (Luecken et al., 2013). These babies often become hypersensitive to stress. On an emotional level, they have less sense of safety or welcome. Of course, some very stressed mothers can warmly welcome their babies, but this can be more difficult.

I want to pause here to offer a word of reassurance to readers who are parents. We all do our best within our circumstances. If you feel guilt or shame about not having been able to welcome your child as fully as you might hope, you probably lacked sufficient layers of support. Humans are not designed to raise children in isolation. We all need support. It is said that "it takes a village." If you did not have the support you needed back then, it

is tempting, but not beneficial, to blame yourself. It is still possible to access support and to heal. The therapeutic work of Tony Madrid (2011) is particularly inspiring in this regard. He usually worked just with the mother when there was a less-than-ideal gestation and birth history. Using primarily hypnosis, he guided the mother in recalling how things were and then imagining them precisely as she would have wished. In most cases, this led to remarkable changes in her child and her relationship with the child.

In somatic therapy, we can also provide the welcome and support needed back then. We can provide a different, more ideal context. The embryo forms in relation to its context. For example, cells surrounded by heart cells become heart cells. Brain cells develop based on who their neighbors are. Embryos growing in a maternal field of fear and stress intelligently develop in ways suited to that context. They are preparing for life in their mother's world. Cell biologist Bruce Lipton (2015) notes that they prepare differently, depending on their mother's perception of her world as safe or threatening. We continue forming and re-forming throughout our lives. This process is particularly apparent in body-centered therapies, where we observe and work with physical form, not just words. How we meet our clients provides a context for them that can facilitate re-forming in beneficial ways, providing what therapist Bonnie Badenoch (2017) terms "disconfirming experience" (p. 13). As clients begin to feel welcomed and received in our presence, their early, unintegrated experiences tend to come forward, seeking the recognition, welcome, support, and integration that were missing back then.

This may awaken the therapist's unresolved early trauma, interfering with our ability to offer the welcoming presence our clients need. I cannot emphasize enough the importance of doing our healing work in our very early development. Unacknowledged shadow tends to be projected onto others. It longs to be seen. We owe it to ourselves, our clients, and perhaps our planet to pay attention to it.

This may seem like an extreme statement, but I am not the first pre- and perinatal psychologist to see connections between early trauma and how we conduct world affairs or treat Mother Earth. An interesting example is Lloyd deMause (1982), who created a new field called psychohistory, which he defined as "the science of historical motivation" (deMause, 1982, p. i). In *Foundations of Psychohistory*, he outlines how cultural activities, like war, abuse, childrearing practices, and even UFO sightings, can be linked to prenatal and birth experiences. He sees war as a metaphor for birth, relieving the buildup of pressures, like those in the womb just prior to birth (p. 93). Informed by how pre- and perinatal trauma may be held and re-enacted, it is reasonable that extreme behaviors may resonate with early experience. Similarly, our treatment of our great mother, planet Earth, may relate to how we felt in relationship with our first mother. If we felt unsafe in her womb, we might have established a conflictual relationship with the mother figure and projected this onto the earth. A full discussion of this topic is beyond the scope of this paper. More relevant here is how we can apply our knowledge to prevent early trauma and so protect not just the earth but also our new Little Ones arriving.

Supporting Health and Ease for Little Ones Arriving

As long as prenatal and perinatal experience remains in shadow, we will likely continue acting it out unconsciously. In his beautiful, poetic book, *Birth without Violence*, French obstetrician Frederic Leboyer (1975) describes how the umbilical cord can be cut prematurely by a birth attendant still anxious from his birth:

> Under the pretext of aiding this new and "other" being, the attendant has considered only himself. Without knowing it, he has made a transference. He has rid himself of his anguish by projecting it onto the child. And it is this sacrificial lamb, deprived of his umbilicus, who suddenly is choking. And howling... (p. 104)

Babies in the womb also suffer due to the transferences and unconscious shadow of those around them, particularly their parents. Pre- and perinatal therapy pioneer William R. Emerson wrote: "We marinate in the shadow [i.e., denied aspects of the unconscious] of our parents" (2002, p.68). What we marinate in becomes infused into our cells, tissues, organs, posture, thoughts, and beliefs. Marinating within a family field of suppressed or expressed rage may generate a child suffused with fear. Or rage. When a mother has developed in a womb where she was unwanted by a mother who

was too young, overwhelmed, stressed, threatened, or afraid, the baby of the next generation may feel unwanted. How can we help counter these patterns?

With awareness, we can support incoming beings in being welcomed and safe. From pre-conception on, I cannot imagine anything more important than supporting new parents. Many proudly announce that they have become parents when their baby is born. This is long after the important transition has already occurred. People intending to become parents must be supported in preparing for this significant role. We know that epigenetic changes occur in eggs and sperm that come together at conception in response to the parents' or grandparents' lifestyle and life experiences, even before adolescence (Golding et al., 2021). Trauma can be passed down to future generations via epigenetics. The more we can do to heal and prevent trauma, the greater the chance of having happier, safer children in our future world. Educating adolescents about how their behaviors and psyche may affect their future children may help. Most important is treating babies and children at any age with appreciation, respect, and open communication. This will affect their relational tendencies, setting the stage for how their children come into the world. We can also remember and support our inherent health and the tremendous potential to become that the embryo embodies, which can also be in shadow.

Little Ones can be acknowledged and welcomed even before the pregnancy is discovered. Parent or parents-to-be can think about their child, hold them in their hearts, show them their lives, talk to them, and listen for their communications. Babies respond to parents' thoughts and emotions. They know when they are genuinely welcomed or not. They also listen when spoken to in the womb. For example, when a baby is in a breech position, the mother can explain that it can be easier if they turn. I have heard of many babies turning within hours of this kind of suggestion. Babies appreciate communication. They are less traumatized in birth or with prenatal procedures if they are warned about what is going to happen, with an explanation that it is meant to help them. For example, amniocentesis causes the fetal heart rate to accelerate (Mellor et al., 1981). A simple explanation could help babies react less to the invasion.

Babies, like all of us, need their experience to be acknowledged and reflected with empathy and compassion. If a twin has died or a baby is adopted, for example, we know that the baby will have feelings about this. The denial and obliviousness of people around them further hurts them. Simply acknowledging that it was difficult can help. When we have not noticed or understood their experience, repair is needed. We can say something like, "I'm sorry I missed that." We can practice being curious and present to reduce the frequency of these ruptures. We can settle our own nervous system, offering our own calm, resourced state as a source of co-regulation. Since Little Ones cannot self-regulate, they require the presence of another, ideally mother, to resonate and connect with. If that was missing when they were little, our clients can receive this from us now. We can offer a different, more nurturing context than was available back then. Over time, they can develop the ability to internalize this relational experience, soothe their own inner Little One, and self-regulate. When people have shone light on their shadow and healed in this way, they are more ready to welcome the next generation.

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Cherionna Menzam-Sills, PhD, *is a somatic prenatal and birth therapist. She has taught embodied embryology since 1997, including PPN, Continuum (a mindful movement practice), and Biodynamic Craniosacral Therapy internationally, often alongside her husband, Biodynamics pioneer*

Franklyn Sills, at institutions such as Naropa University and Santa Barbara Graduate Institute. She studied extensively with PPN pioneers William Emerson and Ray Castellino, as well as with Continuum founder Emilie Conrad, who authorized her to teach. Cherionna has authored three books: The Breath of Life: An Introduction to Craniosacral Biodynamics, Spirit into Form: Exploring Embryological Potential and Prenatal Psychology, *and* The Prenatal Shadow: Healing the Traumas Experienced before and at Birth.

Website: birthingyourlife.org

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