

In Utero II



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IN UTERO II

Intrauterine Psychodynamics: Idealized Sex
Projection, Existentialism, Psychosomatics,
and Spirituality

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CONTENTS

ABBREVIATIONS

ACEs: Adverse Childhood Experiences.

ACTH: Adrenocorticotrophic Hormone.

AdP: Alienated Parents.

AgP: Alienating Parents.

CAH: Congenital Adrenal Hyperplasia.

C-ISP: Complex ISP.

DNA: Deoxyribonucleic Acid; the fundamental molecule of genetics and heredity in living organisms.

e.g.: from the Latin *exempli gratia*, meaning “for example.”

EFT: Emotional Freedom Techniques.

FBOE: Fraternal Birth Order Effect.

FC: Family Constellations.

H2C: Honesty, Humility, and Courage.

HOP: Homeostatically Oriented Phrases. In our previous work, *In Utero I*, these were referred to as ‘Homeostatically Oriented Sentences (HOS)’. For this volume, we have adopted the term ‘Phrases (HOP)’ as it more broadly encompasses the full range of these therapeutic utterances, which include both complete sentences and shorter key phrases.

i.e.: from the Latin *id est*, meaning “that is.”

I-ISP: Intergenerational ISP.

ISP: Idealized Sex Projection.

MUS: Medically Unexplained Symptoms.

PA: Parental Alienation.

PTSD: Post-Traumatic Stress Disorder.

RLS: Restless Legs Syndrome.

SR: Spontaneous Remission.

TFQ: Tinbergen's Four Questions.

T-ISP: Transgenerational ISP.

TPI: Transgenerational Projective Identification.

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INTRODUCTION

This book delves into the complex intrapsychic and interpersonal dynamics, exploring their possible origins in intrauterine life. The reading may be emotionally intense and cognitively demanding, but it can also offer significant rewards. The reflections we propose can assist you in discovering and articulating precious existential meanings, promoting more comprehensive and empathetic perspectives about yourself and others.

The inferences we make here about the apparent psychic life *in utero* are investigative and based on the phenomenological method, which we use in our work with Family Constellations (FC). Although our conclusions are still preliminary, we consider them to already possess sufficient empirical evidence and scientific consistency to justify the publication of this second book on the **Idealized Sex Projection**.

Given our background in clinical psychology and linguistics, we have strived to minimize the technical complexity of the language. However, we have retained some essential terms, always with due explanations. For example, we use the concept of ‘psyche’ to encompass the sentimental, emotional, cognitive, conscious, and spiritual dimensions. It was the integration of this last term that led us to categorize FC as a form of ‘classical psychotherapy.’

Furthermore, we maintain the important distinction between biological sex (physical characteristics, such as reproductive organs, that differentiate women from men) and gender identity (psycho-emotional, behavioral, and socio-cultural traits historically associated with femininity and masculinity).

IDEALIZED SEX PROJECTION

The number of clinical cases we have on Idealized Sex Projection (ISP) is impressive. As we deepen our research and expand our knowledge of intrauterine psycho-emotional life, we observe a significant increase in ISP cases in our practices. It seems that people, intuitively, know we possess this knowledge and experience with ISP and feel drawn to work with us on some of their intrapsychic and interpersonal conflicts.

Some hesitate, but many demonstrate courage and move forward in their awareness. On this journey, they discover profound meanings, integrate dispersed elements of their psyche that previously lacked properly established neural bridges, and pacify some of the unconscious contents experienced *in utero*. As an apparent consequence, positive and healthy changes emerge in their lives, changes they had longed for, knowing they were possible.

But what, after all, is ISP? Let us recall how we defined this new concept of ours in *In Utero I*:

In our work with FC, we have become aware over the years, spontaneously and inductively, without deductions (as postulated by the phenomenological method of scientific enquiry), that the preference of parents for the sexes of their unborn children can also influence the foundations of the psychological structure of the embryos and fetuses developing *in utero*. And perhaps because it is so socially frowned upon, not enough attention has been paid (until now) to this phenomenon of transmitting the desire to the developing baby to be of a particular sex (i.e., to be a girl or a boy) into the intrauterine environment. It is therefore a **projection** that usually comes from one parent (or both)

that **idealizes** a particular **sex** for the human being that is being formed *in utero*. We call this act an **Idealized Sex Projection** or **ISP** [1, pp. 45-46].

Given that we have already identified several subtypes of ISP, both prenatal (the most common) and postnatal (i.e., idealized sex projections even after birth), we will be careful to identify them opportunely. Furthermore, ISP seems to have consequences in various existential and socio-relational domains. Therefore, for now, let us advance to the...

DOMAINS OF ISP

In *In Utero I*, through the illustration of fifty clinical cases, different from those presented here, we examined four domains where ISP seems to propagate: love in couple relationships, love between parents and children, love between siblings, and the area of non-heterosexuality.

In this book, we will focus on the study of three other areas where the effects of ISP appear to manifest: existentialism, psychosomatics, and spirituality.

ISP AND EXISTENTIALISM

Existentialism is a philosophical current dedicated to investigating the depths of human existence through the analysis of life experiences [2]. According to the French philosopher Paul Foulquié (1893-1983), “existence, in effect, is not a state, but an act; it is the passage from possibility to reality. As the etymology of the word indicates, to exist is to start from what one is (*ex*) to establish oneself (*sistere*) at the level of what previously seemed not to be possible” [3, p. 41].

Confused? Imagine life as modeling clay. In the beginning, we are a raw form, with the potential to become any type of person. Existence is the act of molding that clay. And, throughout that process, we can overcome the apparent limits of the original form, living and exploring new forms and possibilities. Such is the study of ISP!

And from the study of the human being, several existential concepts and states emerge, likely present in all people. However, the intensity with which these states are experienced by each Being-in-the-World is highly variable,

responsibilities of classical and conventional psychotherapies. Otherwise, like medications, one will be working on the effects and not on the deep causes of the effects. This is what we do with FC. We seek the factors, the existential variables, that may be at the root of the problem each client presents.

In this section on ISP and Existentialism, we will foster clearer perspectives on what we have set out to explain so far.

CASE 1. FROM ANGUISH TO EXISTENTIAL FLUIDITY

Claire, a woman in her 40s, married and without children, presented herself at private FC consultations complaining of “little will to engage with life... I feel without agency... disconnected from people, from everything... life is passing by and... I don’t even know...”; “you feel anguish for not taking advantage of life...”; “yes, it has been like this, I think, forever... it’s a drag...”; “you feel discouraged...”; “yes, but it’s more than that... it’s like I can’t align myself with anything.” “With the flow of life?” “Maybe, I have no idea.”

A psychotherapeutic process of about nine months was then initiated, where, through the systemic and phenomenological approach of FC, various psychodynamics were addressed, in which ISP associated with a deep-seated apparent existential fear became evident.

Claire’s immediate family (i.e., her parents and her maternal grandparents, who had also wished for their only daughter, Claire’s mother, to have been male) was awaiting the arrival of a boy into the family system, to the point that there was not a single piece of pink

clothing in the layette for the client. But Claire came, not “Clark” (the name the family had already predefined for the dreamed-of boy).

As she developed, the client seems to have done everything possible to adapt to that systemic dream: unconsciously, she tried, in some way, to give life to “Clark.” And, simultaneously, she seemed to possess a certain existential fear or caution: she was very quiet (i.e., she required little parental supervision) and avoided having her parents spend money on her. For example, when her mother asked if she wanted the cute sneakers in the new store’s window, little Claire replied: “I don’t need them,” a frequent response in similar situations.

On the other hand, her mother expressed paradoxical behaviors, which seemed to reflect ambivalence toward her own frustration of a male ISP. For example, on one hand, she dressed Claire in dresses and skirts; on the other, she cut her daughter’s hair short, like a boy’s (just as she—Claire’s mother—had always worn and continued to wear her own hair).

Over the course of twenty FC sessions, various factors associated with this client’s existential anguish were addressed. These included the client’s complementary relationship with her husband, the relationship with her body, the internal relationship with the dreamed-of “Clark,” the internal relationship with the real Claire, and the real Claire’s relationship with the world.

Underlying these (among other) factors, the client’s understanding of ISP seems to have been decisive for an effective processing of her fear of existing, pacifying it and transforming it into courage. Claire fulfilled a decades-old dream. She returned to her studies and achieved the highest academic degree in her family

system. She valued herself much more professionally, increased her self-esteem, improved her relationship with her husband, and, in her own words, lives “a lighter and more fluid life.”

MELANCHOLIC DEPRESSION AND ISP

Part of the phenomenological psychopathology developed by Thomas Fuchs is **melancholic depression**, seen as a disturbance in the experience of the lived body which, in dealing with distressing experiences, loses its existential fluidity, its mobility, and is felt as solid. These mutations lead to a rigidified experience, which hinders the human being’s connection to others and to the world. This rigidity is evident in sensations of fatigue, lassitude, indolence, and a tired, sometimes empty, gaze. Consequently, the depressive person suffers from a profound affective depersonalization, characterized by apathy, desensitization, lifelessness, guilt, and a growing sense of exclusion from the world, as they are aware of their gradual distancing from their body, their environment, and time. As life flows, the person feels static, unable to tune into the passage of time and live an authentic existence [6–12].

In other words, melancholic depression is like a car stuck in the mud: the person feels trapped, unable to move, and with the sensation of sinking ever deeper. It is almost an eternal winter: the joy and energy once present are replaced by cold, darkness, and lethargy. It can also be seen as a scratched record: the same sad melody repeats, day after day. The person feels trapped in a seemingly infinite wheel of negative emotions and thoughts. They feel unable to reconnect with a full existence.

In Claire’s case, some indicators of melancholic depression were evident. However, the phenomenological

approach of FC has intervention tools capable of promoting significant and immediate changes in the subjective experience of clients. For example, using one of the main classical psychotherapeutic interventions of FC—the **Homeostatically Oriented Phrases** (hereinafter, HOP)—there was a sequence (suggested for Claire to say to the representatives of her parents) that seemed to provide her with a **wake-up effect**, positively contributing to the good results achieved:

“Dear parents, I know well that you dreamed of me as a boy... I know well that you wished for a ‘Clark’... and I am sorry that nature did not grant that wish. Dear mother, when I was in your womb, perhaps I felt your sorrow, because you, too, were not the boy your parents dreamed of... and, out of love, I strove to minimize your existential anguish... and perhaps even the pain of my grandparents, dear mother. You know well that I did everything in my power to have an existence as similar as possible to your dreamed-of boy... but that effort was in vain... and it came at a cost to me... it seems I became out of sync with time... it seems there is a real reality, with a real time, that I cannot keep up with... and a non-existent, timeless existence that, because I love you very much, I tried to express in the world... but it was in vain, it did not work... and now I feel disconnected from people, from the world, and from myself. Life passes by and I do not enjoy it... it feels like I am dragging myself along... I need to reconnect with my real reality, with a real time, with my real self. Please, dear parents, accept me, as a girl... accept me as the woman I am today... as your daughter, only your daughter... because that is how I will begin to exist for you... only as your daughter, real. Dear parents, I want you to know that I love and accept myself as a real woman... and that I will begin to exist, only in that real place of mine.”

This appears to be another case (to be added to those we illustrated in *In Utero I*) that shows the need to include in the phenomenological psychopathology’s rationale (as well as in

the theoretical foundations of other psychotherapies) not only the being-in-the-womb as a foundation for the Being-in-the-World, but also the potential transgenerational nature of depressive indicators based on the frustration of ISP.

In this particular case, Claire's mother (who also ended up seeking our work with FC) presented symptoms similar to her daughter's: disconnection from people, disinterest in life, lassitude, indolence, dissociation, and apathy. In her description of her mother (i.e., Claire's maternal grandmother), she narrated contents that pointed to a symptomatology very similar to Claire's.

Both mother and daughter seemed to exist in empty cocoons, where the butterflies could not develop their wings to break free and fly. However, they were not entirely empty. Their cocoons were invaded by indecipherable and persistent echoes of a frustrating intrauterine past. They were echoes that insisted on not being silenced until their meanings were decrypted. Aiming at this process, a series of...

LINGUISTIC AND EMOTIONAL IMPULSES

In cases like Claire's, although it is often not possible to work directly with the ancestors of the person seeking consultation, our observations provide indicators for a potential explanation of the process of internal change.

Clients, upon becoming aware of the transgenerational nature of their symptoms, by elaborating and integrating this knowledge, as well as by disidentifying from the anguish experienced by their ancestors (in Claire's case, the anguish inherent in the frustration of a male ISP), are stimulated by external linguistic and emotional impulses that lead to internal changes, most likely in neural networks and in the domain of epigenetics.

ISP AND PSYCHOSOMATICS

Corporeality is a fascinating theme in phenomenology and existentialism, so it could have been included in the previous section on ISP and existentialism. However, the close link between corporeality and psychosomatics led us to group these two themes in this section. This decision is also justified by our high frequency of cases where we note a strong relationship between ISP and psychosomatics.

Inspired by the German philosopher Edmund Husserl (1859-1938), the French phenomenological philosopher Maurice Merleau-Ponty (1908-1961) argued that the body should not be seen merely as an object of study for science, but also as a permanent condition of human existence and experience. The body is the vehicle of being-in-the-world. It is through the body that the world is apprehended. The way we perceive the world is associated with the way we, as embodied beings, exist in it^[149].

In the phenomenological tradition, it has been established that the **lived body** is the body that we are, and the **corporeal body** is the body that we have^[150]. In other words, the lived body is the Being of the human being that we are, it is the Being-in-the-World that incorporates a corporeal body, which is integrated into an observable physical and anatomical structure, the object of study of physiology and medicine. Therefore, the corporeal body can be seen as an existential mediator of the lived body^[8].

We can, therefore, speak of **corporeality**—the relationship we have, as Beings-in-the-World, with our physical or corporeal body—and of **psychosomatics**, or the physical expression of disturbances in the lived body, resulting from our relationship with the world.

and understood as associative and without direct causal implications of the type ‘ISP causes disease X.’

CASE 21. THE MIGRAINES OF THE DREAM FOR A MALE HEIR

Faith, a woman in her 40s, an only (living) child, after having participated in some of our FC groups as an assistant, where she observed the constellations of other clients, wanted to set up a **psychosomatic constellation** (i.e., of physical symptoms with a psycho-emotional origin) aiming to explore the potential underlying factors of her chronic migraines. Although medicated, the client recognized that the medication route did not address the causes of her problem, which, according to her, she had had “for as long as I can remember.”

Without knowing who they represented and unaware of the theme being placed in the phenomenological field, the representatives in Faith’s constellation showed great tension, which seemed to be associated with identity. When we asked Faith if her parents had wished for her to be a boy, she replied: “Yes, and my grandfather also wanted my mother to have been a boy, because he very much wanted to have a male heir... and since my grandmother gave him three girls, my grandfather, on the third one, never spoke to my grandmother again.” “So, they ended up divorcing?” “No, they stayed together, but my grandfather simply didn’t speak to my grandmother.”

To add complexity to the psychodynamics inherent in the intergenerational male ISP, Faith had an (older) brother who died at birth, which seemed to amplify the

about 55,000 unique codes and new diseases are frequently added ^[160].

Facing this vastness of existential dangers can be frightening. And even more difficult is to ‘translate’ what the diseases may be communicating symbolically. Perhaps that is why the medication route is the most sought after. But medications do not address the causes of the psycho-emotional problems underlying biological diseases; they only act on the effects of these human existential dilemmas. And even if a medication provides the desired effect, it is possible that the body’s symbolic communication will express itself in another area, manifesting another disease, or return later to the same area of the body with the same biological problem.

However, we are not writing anything new. We all know this. But what about the courage to welcome and give voice to what the body wants to communicate? Well, fortunately, there are more and more people with this courage. The next case illustrates one of these situations, where a client decided to look at...

CASE 23. THE THYROID THAT COMMUNICATED THE INCOMMUNICABLE

Tanya, a single woman in her 30s, sought FC to gain phenomenological perspectives on a thyroid problem. She presented a very reserved social posture, with minimalist interactions and verbalizing only the essential, in a subdued, almost monotonic tone of voice. She also demonstrated some emotional blunting (or difficulty in expressing emotions and feelings) as if she existed without existing, or existing minimally as a person.

[236, p. 229-230]. From our perspective, if a significant part of these investments is not directed towards the investigation of the **deep causes** (beyond the already known and more superficial ones, such as genetics, smoking, obesity, alcoholism, infections, exposure to radiation, and chemical substances like asbestos), the new cases and mortality will continue to increase globally.

Among the various psycho-emotional factors that can constitute **deep causes** of oncological problems, the frustration of an ISP seems to us a relevant variable, especially when it crosses several generations. Another factor that, in our work, we perceive to have an association (albeit a slight one) with oncological diseases is sexual abuse.

When the frustration of ISP and sexual abuse coexist in a person's life history, without adequate psycho-emotional processing and competent technical support, the risk of developing cancer seems to be higher. The following case illustrates how the concomitance of these two variables can have devastating effects on human life.

CASE 28. ISP AND SEXUAL ABUSE: A TREMENDOUS COMBINATION

Marissa, a woman in her 50s, sought our work with FC to gain meaning about her oncological disease, which mainly affected the right side of her body (bone structure and breast) and was already in a very advanced state, Stage IV, i.e., metastatic cancer.

The third daughter, after two sisters, Marissa was (as you might already predict) desired as a boy. Her birth was a disappointment: "Another girl." The parents, and even Marissa's older sister, had idealized that "third

approaching the manifestation of the boy idealized by her parents. This technical interpretation seemed useful for the client to pacify her internal contention and, interestingly, as Alicia herself mentioned, her extreme fatigue was being mitigated. The symbolic communication of the body was ‘translated’ and understood. And the client’s psyche pacified, relaxed.

Apparently, Alicia’s case was ‘simple.’ However, the menopausal transition is a critical and prolonged period for many women, marked by intense hormonal changes that can significantly impact mental health. And when there are already predisposing factors for psycho-emotional dysregulations, this transition can become even more complex and challenging, as we will illustrate in the next case, where the client expressed...

CASE 39. “I FEEL LIKE A WRECK, EVERYTHING IS WRONG!”

Dana, a married woman in her late 40s, sought our FC consultations, complaining of feeling “depressed, or rather, I feel like a wreck... my relationship with my husband is hanging by a thread, we can’t have children, my relationship with my parents is something to run away from, my boss is constantly nagging me, she thinks she’s my mother and, as if all this weren’t enough, I now have my dear menopause to keep me company... anyway, look, I’m tired, I feel like a wreck, everything is wrong!”

Dana was going through several existential difficulties that seemed amplified by the symptoms of perimenopause (and not menopause, as she referred to it). The psycho-emotional effects of the infertility

ISP AND SPIRITUALITY

First of all, what is spirituality? According to the dictionary of the American Psychological Association, in contrast to materialistic concerns, **spirituality** involves concerns with things of the spirit or soul. More specifically, it refers to a preoccupation with God and a sensitivity to religious experience, which may include the practice of a religion but can also exist without such practice. Furthermore, it refers to the fact or state of being incorporeal ^[42].

The Merriam-Webster dictionary defines ‘spirituality’ with four meanings: “something that in ecclesiastical law belongs to the church or to a cleric as such; clergy; sensitivity or attachment to religious values; the quality or state of being spiritual” ^[425]. In turn, the Priberam dictionary defines ‘spirituality’ simply as: “the quality of that which is spiritual” ^[426]; and defines ‘spiritual’ as something that belongs to the “spirit or is related to it. That is related to thought or the mind. Related to religion (e.g., spiritual path; spiritual retreat). Related to the Church or the clergy. That indirectly represents a thing or an idea (e.g., spiritual sense; spiritual meaning)” ^[427].

This multiplicity of definitions can cause some confusion, can’t it? Spirituality seems to be a container that holds a wide range of meanings. In it, fit religions, popular ignorance (i.e., when one cannot explain a phenomenon logically and rationally, it is said to be spiritual, as in the case of pareidolia), scientific ignorance (i.e., if science also cannot explain a phenomenon through the scientific method, it calls it spiritual, or, it places that phenomenon in the container of charlatanism), and some complementary therapies (e.g., reiki and meditation, or therapeutic touch and mindfulness, if we prefer the scientific designations). Also fitting into the container of spirituality are many personal development

practices, such as techniques and therapies, retreats, workshops, and lectures on aura reading, cards, mediumship, clairvoyance, channeling, crystals. And, in the face of highly distressing internal realities that put the structure of the human psycho-emotional edifice at risk, in the container of spirituality there is also space for numerous projections.

In the next ten case illustrations, we will reflect on several of the elements that fit—albeit somewhat forcedly—into the spacious container of spirituality. We will explore the connections between human suffering and spirituality as a psychic survival strategy, demonstrating how ISP can be a basal and deep structural factor in the formation of attitudes, beliefs, and behaviors. We will see how FC, through interventions like HOP, helps to decrypt and pacify these complex dynamics.

CASE 41. HAUNTED BY MALE GHOSTS

Adele, a single woman in her late 30s, sought our support through FC due to having great difficulties in romantic relationships. After some time of involvement, the men she was in relationships with would become verbally aggressive (some, even physically), disregard her dignity, “as if I were a sex toy,” devalue her, and even infantilize her: “Some even seemed to want to be my daddies.”

Adele, a very beautiful and attractive woman, did not understand why the men “suddenly change their personality” and she found herself forced to end her romantic relationships. You might already be thinking: ‘another case of the frustration of a male ISP.’ That’s

However, we are in the domain of positive idealization. In practice, in real life, it can be difficult from the outset to deal with the variables of the biological-womb. And, then, with those of the home-womb, where the behaviors and decisions of each person can have an impact for the rest of their lives. In Paul's case, if he had obeyed his mother instead of calling his friend, the sequence of events could have been different. However, if Paul had not been idealized as a girl by his parents, perhaps he would not have developed an unconscious need to try to resolve his identity confusion by inviting his friend. And, without this need, perhaps he would not have spent about thirty years of his life haunted by a ghost that he himself had created and that continuously tormented him.

These sequences of events make us reflect on the decisions we make throughout our lives, opening up various existential trajectories that may not be the most desirable. And these highways, with dangerous spiritual escape routes prone to accidents, are more common than we imagine. The next case illustrates another of these escape routes, where the client said she was...

CASE 44. PERSECUTED BY SPIRITS

Patricia, a woman in her 40s, sought our FC consultations because she felt persecuted. "You feel persecuted by whom?" "I'm not sure, I think it's spirits... I was told they are spirits." "And what are these spirits?" "I think they are of men... one of them has no face." "And the others? Do you recognize them? Do they have faces?" "The others do, but I don't know who they are." "And how do these spirits bother you?" "Sometimes they don't let me sleep... and they follow me to work, on vacation, everywhere." "Do you mean

patience.” We reciprocated his kindness by telling him that we also learned a lot from his process, about the versatility and resilience of human psycho-emotional functioning, as well as about the ability to integrate what seems un-integratable.

In summary, Andrew’s case underlines the importance of viewing PA as a consequence of various factors and events, some more obvious, others more encrypted. In the latter, ISP can play a subtle but influential role on other factors. In Andrew’s case, the ISP seems to have contributed to the coalition with the mother against the father, resulting in a splitting of the parental dyad and the projection of the ‘bad’ parts onto a bipolarized spirituality. And without adequate technical support, it is likely that Andrew would have escalated his levels of dissociation and distortion of reality, which could have resulted in the development of a psychosis. Fortunately, the client still preserved some humility. But, the most important thing was that Andrew never gave up, in his soul, on wanting to love his parents in the same way, seeing and feeling them as real people.

And seeing a person really can be challenging. Similarly, it can be difficult for a human being to see themselves as a real person. This difficulty can give rise to interesting social situations, such as that of...

CASE 47. THE THERAPIST WHO COULDN’T CHARGE

Lily, a woman in her 40s, sought our FC consultations because, being a spiritual therapist, she couldn’t charge her clients. Or rather, supposed clients, since they enjoyed free services (including home visits) which, as we understood, the client provided “with immense

therapist's empathy seems to be essential, as well as their own elaboration of the hierarchy of layered traumas. Otherwise, it can be quite difficult to work with clinical cases where there are...

CASE 49. CONTAGIOUS HAUNTINGS

Laura, a woman in her 40s, sought our work with FC in a private context because she was on the verge of divorce. "I feel like we are drifting apart, there are no betrayals... but there is something that doesn't feel right... I don't know... my husband gets very annoyed when I talk about it, ugh... there is something...".

Laura had already had a regression session to try to understand the strange relationship with her husband. She said that the therapist had told her that the marriage was in danger because she was haunted by a very strong evil spirit, and that it would be better to receive spiritualist sessions. Laura told the therapist that she would think about it and decided to seek another approach.

In summary, Laura frustrated a male ISP (i.e., her parents wished for her to be a boy, especially her mother) and her husband did not satisfy a female ISP (i.e., he was very much desired as a girl by his parents, especially by his father, i.e., by Laura's father-in-law). It is, therefore, a case of **Mirrored ISP**.

Furthermore, the phenomenological work and the investigation suggested to the client revealed another interesting commonality: both had an ancestor who was given up for adoption. Laura's maternal grandmother was the daughter of unknown parents: "It is said that

accustomed to wearing and which we do not even realize we are wearing? If there are other realities, why do we have access to only a part of the total reality?

Ethics and morality: Why do we feel innocence and guilt? Are they genuine feelings or are they merely socio-culturally instituted in human consciousness? How can we know, undoubtedly, what is morally right or wrong? In which social situations is morality relative and when is it clearly absolute? Does technological progress make us morally worse or better human beings?

Consciousness and identity: With more and more reports of out-of-body and near-death experiences, what is the percipient element of these experiences? Is it the being? The soul? The spirit? Consciousness? Are being, soul, spirit, and consciousness the same thing? Are they synonyms? Synonyms of what, specifically? Assuming that these are terms that refer to the being of the human being that we are, can the being really exist without the body? What is the being? How old is the being? Does the being die? Does the being have a gender? To continue to exist, what does the being feed on? Who is the being of the human being who is reading this page?

Knowledge and truth: How can we clearly distinguish between true knowledge and mere belief or speculation? Can we fully trust our perceptions of reality to grasp existential truths? Are there inherent limits to what we can know? Why do artificial intelligences appear to have virtually no limits, while we humans are constrained in the amount of knowledge we can internalize and access?

May there be humility to continue seeking answers to these and so many other questions that cause us a fine, almost imperceptible existential anguish, but which we know exists, somewhere within us, as psycho-evolutionary seeds that may help us to decipher, to decrypt—humbly—the mysteries of...

THE GAME OF LIFE

Imagine that your life is part of a super-production film, supported by highly advanced technologies. The Simulation Theory suggests exactly that! Popularized by philosophers and scientists like Nick Bostrom^[48], this theory proposes that, just as we simulate realities and games on computers, it is possible that our entire existence is a simulation created by a much more evolved civilization, whose motivations might range from curiosity, entertainment, or other reasons.

If the motivation of this civilization is entertainment, then we are part of a mega Big Brother, which includes an advanced virtual reality game, with state-of-the-art, ultra-realistic graphics, and without the option to pause! Or perhaps the pause is of another kind!

If we are really inside a simulation, that changes a lot of things! Assuming this hypothesis is valid, we begin to see life as an ultra-exciting game, full of challenges, missions, and—of course—various unexpected surprises! So, what is it like to play the Game of Life, with the player being aware of this reality?

In the final pages of this book, we will reflect on life as a game—that begins *in utero*!

CHARACTERISTICS OF THE GAME

What characterizes this game? The answer seems to be as vast as the universe itself. The Game of Life presents a theoretically infinite number of variables and sub-variables. Who you are, where you are, with whom you interact, and even what you do to earn a living, are just a few of these factors.

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