

Frank Lake

The Significance of Perinatal Experience

Extracts from an Interview with Alix Pirani

The four Basic Perinatal Matrices

I would like to look at the effect of the primal experiences which Grof has so helpfully divided into four basic perinatal matrices.

The first one is Life in the Womb, and the summation of experiences with which the baby faces the experience of birth - the knowledge that I have been loved throughout the pregnancy or hated throughout, or had several attacks on me, or have been taking on board all the results of mother's alcoholism or nicotine addiction.

Can I give a broad impression of the kinds of findings that emerge? The catecholamines which mediate the emotions of the mother to herself - first through her own circulation - are so incredibly sensitive that they can differentiate for example between a double despair and a despair in the presence of a creative possibility. There is a big difference: the latter has an element of hope, the former hasn't - it is suicidal. All this comes through to the baby, or so it would seem from what people specifically recall in primal work. All the mother's feelings towards the baby come through, either love and acceptance or, perhaps, total disinterestedness. Her catecholamines are transmitting her emotions within her own system. They first 'inform' her whole body as to how she is feeling, but they also pass into the foetus. It, too, shares all her emotions. The foetus may accept this and agree. "Yes, that's me". But if the foetus has had a variety of experiences, more bad, perhaps, than good, it may disbelieve the good when it comes. Or by virtue of the good and glorious times that used to be, it may now oppose the change for the worse. It may refuse to bear this negative identification. It continues to affirm itself positively, in faithfulness to what was. In all these ways you may get a division of emotions within the baby, as well as a conflict between the mother and the baby about its own worth.

These earliest weeks can lead to a whole variety of different experiences in later life, particularly of the kind where you can't resist what's coming through to you; those experiences where you feel there is no barrier between my environment and me. My environment can invade and influence me. The extreme cases are the psychotic paranoid delusions where people feel there are toxic products being injected into their bloodstream by hostile forces outside them, which they cannot prevent. Then they may be certified insane. Yet this can be an accurate but time-dislocated statement about what it was like to have a mother drinking alcohol or smoking cigarettes.

In this sense the baby has a correct history, both positive and negative, which can lead to both elements of paranoia: the glory and the humiliation. And certainly you get the transmission of depression, even the quality of the depression. It is felt by the foetus as an irresistible lowering of body functions, and a sense that things here are so bad, it, too, might as well hibernate.

Francis Mott's work on foetal life is very rich in this respect. Once you have read it you find you are able to see many things that are going on in patients. Whereas Mott and Fodor are psychoanalysts for whom all this material comes, not directly, but from dream interpretation and transference interpretation, we are finding nowadays that all this is directly available. It may emerge within the first couple of hours of a person's working in a group. This gives us the advantage of beginning correctly where the symptom complex itself begins. As a therapeutic method it deals straight away with origins, not with derivative or secondary material. Previous methods, the Freudian and others which focus on later verbal elements and refuse to look at this primal area at all, are un-necessarily prolonging the therapy. It is inevitable that interpretations based on oedipal or pre-oedipal happenings, but omitting relevant, causal, birth and pre-natal injuries, simply cannot yield the same authenticating conviction to the person. The evidence is piling up scientifically that peri-natal events are as powerfully determinative as Otto Rank said they were. The fact that they are readily accessible and assimilable in a sufficiently supportive group, means, I believe, that we have entered a new age in therapy.

We move on to Grof's second perinatal matrix. This is the 'No Exit' phase, The mother, for the first time having supported the foetus for nine months, is now the aggressor, the relentless force that is against you, that seems determined to kill or destroy you. You have nowhere to turn. The human being is in large proportion musculature. Within the womb, the sense of self-esteem and the sense of worth is associated with effective movement. The foetal position is the result of its own moving to make itself as comfortable as possible. It matters enormously that the foetus can kick, push, move, do things. If the foetus dislikes something it can move away from it. It can loop-the-loop. The long spinal reflex can effect movements while in the amniotic fluid which will become impossible when birth puts the baby in the field of gravity. Months will pass before the same movement can be executed, outside, that was so easy inside. There is muscular response to good emotional experiences, to the mother resting, or thinking lovingly about it, or singing. The baby kicks and moves in response to maternal happiness in a very lively way.

Would that also provide sense of growth?

Yes I think so. The increasing sense, in the foetus, "I can do more". The early months are quite motionless - just the heart beginning to beat. Gradually muscular movement takes place. It can be purposive forward momentum

or powerfully evasive. It 'gets ahead' with things to improve on the position. At last comes the fixing of the head, and the Braxton Hicks contractions. These are short little uterine contractions. In reliving them, people often giggle. That is because, after the first one, which is a bit scary, they say "Oh yes, I can manage this", and they push against it. There's a sort of practice game going on. Often, too, a brave sense of humour: "I'll kick the thing, and see if it pushes off". At first it does, but in the end, that same merry kick 'brings the house down'.

When the uterus contracts down on a closed cervix, there is 'no exit', no way out. The muscles that were so good at 'getting you places' can now get you absolutely nowhere. This often results in a very deep sense that 'the powers that be' are in opposition to me. "I am useless. I am worthless". The sense that one's worth is one's ability to move and to achieve forward momentum, is deeply inscribed upon every muscled organism. Not to be able to move is to have no value. We see many people reliving this and re-discovering the 'logic' of the feelings they then associated with it. The loss of self-esteem is joined with a sense that "It must be something that I have done wrong" It is too difficult to blame 'the other'. A profound guilt arises that "I got myself into this mess. It was all right. Then all this started after one of my mischievous kicks. Instead of just getting the expected mild reaction, all hell was let loose and the world as I knew it is coming to a violent or a sticky end. And it's all my fault".

This is a very significant antecedent to 'endogenous' depressions. In this form of depression the patient is monosyllabic with hardly any answers to questions. In any situation where a person's ongoing momentum in life is arrested, we are liable to get this resonating 'no exit' experience. It is of fundamental importance I believe, that we recognise what is happening here. We can understand how, as Grof says, all 'hell' images are projected from this hot, persecutory place. There is enormous stress and tension. All the adrenalin outpouring is present, by order of an organism seeking possibilities of fight or flight to get away from it. There is often an ambivalence between the two, because fight is powerless, and flight impossible.

It feels precisely as a man I was working with said: "You can't fight it. It's so unreasonable." He had had a dream: he was driving a car, enjoying the power of good driving. Just then he suddenly realised he was coming up to a zebra-crossing and there was a policeman, standing nonchalantly about thirty yards away as he came up to it. Then suddenly, as he got right onto it, he saw three other concealed policemen - one of whom suddenly put his hand up to stop him. As he said, "I couldn't stop there. It was impossible. I was right on the crossing. I had to go across and then pull up." But the policeman walked after him and charged him for doing this, the only thing he could do under the circumstances. As he said, "This was unreasonable. You can't stop suddenly like that. But no doubt he'll win, and I'll be up in court."

He was quite clear in his mind that this dream related to his within-the-birth feeling that "When I am moving you suddenly signal me to stop. You say I ought to have stopped and ought to understand that, but I can't understand. I don't know what the hell is going on here. Why didn't you warn me and give me a chance to retain my integrity and my decisiveness. I am basically a good driver."

I look back on the first twenty years of my life as a psychiatrist, when I held to the theory that, in general, depressions were due to the loss of 'objects', post-natally. 'Endogenous' depressives do not react to the kind of personal losses that touched off depression in anxious, dependent people. American psychiatrists maintained that there were some dynamic roots, but most English ones held that it was a biochemical disturbance, not in reaction to any external events. Yet many of these deeply depressed patients were experiencing physical symptoms. Feelings of heart strain, breathing difficulties not related to bronchial pathology, tightness round the chest, headaches and localised pains that shifted. Nobody had ever explained what these might be related to. Well, now we know. They are the remembered physical concomitants of this phase of birth, resonating because similar patterned events are obstructing this man's forward momentum in life. And the typical feelings of worthlessness, uselessness, irrational guilt and culpability, loss of competence and power to make progress, which are incomprehensible as adult responses to this constricting life situation, are actually recalled as part of the experience of this stage of labour, as soon as 'reliving' it takes place. I am often amused at the relative ease with which these stubborn, silent men, move into reliving their births.

In the *third matrix* the process is saying, "Now here you really get moving". The cervix opens and the foetus and womb elongate. The head is beginning to be pushed and moulded to get into the inlet of the pelvis, with its long axis from side to side. Then it has to rotate because the long axis of the outlet is from front to back. We see, in primal work, this rotation taking place, again.

There are as many variations here as people. Sometimes the forceps are put on and rotation and extraction are re-enacted with vivid detail as to where the steel dug in. The marks reappear. At times they knew they were stuck and would have to be helped out; at others they deeply resent 'unnecessary' interference. The re-enactment of birth by Caesarian section is varied. A finger in the mouth turns the head and they are dragged out backwards. People's reaction to being 'Caesars' is not unlike being a 'Forceps'. Sometimes they say "Well - I've done as much as I can - someone's got to get me out" and they are grateful. Or they are still gamely struggling: "If only you'd left me to it. I could have got out." Or, "You stopped me. I never got born properly - you baby-snatcher, I've never had the achievement of birth." These people have a greater tendency to regress to inter-uterine states, psychologically, philosophically and religiously, because they have never gone through that half-way point of giving up inter-uterine attachments and deciding to live towards the outside world.

Is the womb propelling the baby all the time or does the baby in some way begin to propel itself more towards the end?

I can only tell you how differently people feel that they felt in the foetal struggle. Some have a very strong sense of "I am the author. I started it all off by pushing." They may conceive of the mother as being in total opposition. "I got there in spite of her opposition, all on my own." Some believe that. That is their remembered experience. The reality is that their mother's uterus had been acting very efficiently. She was probably doing a very good job, mechanically, but she hadn't got emotional contact with the baby. She felt she was extruding some hard object, very efficiently. Others have a strong sense of contact with the mother. "It's fine; we're in contact. She knows exactly what I want. She pushes when it's right to push: she stops and gives me plenty of air. This is great - a lovely piece of co-operative enterprise. We've got it right together." Synergy then, can predispose to a belief that that is how it is now, between God and man - and so forth.

Some are totally passive, inhibitory types, having to be squeezed out, inert as a piece of soap. They did nothing, so they never blame themselves. Responsibility for whatever goes wrong never lay with them in their births; and they tend to stay that way till they die. Others, the excitatory types, have lots of musculature and fight. Some who are cerebrotonic or asthenic would rather stay in the comfort of the womb, thinking it all out, creating philosophies and enjoying oceanic feelings. Some are so appalled by the crushing and the pain of both the second and third phases, first the 'no exit', then the life and death struggle, that they split mind from body. The wretched body is jettisoned. They are not in the flesh. Identifying with their 'higher mental powers' they have regressed into the womb and are born totally schizoid. A few may express this as "All my life is in my head and I am dead from the neck downwards." Most have no insight into the fact of their grave abnormality. As detached and totally objective thinkers they see themselves as 'the salt of the earth', as well they may be, scientifically, if not humanly. This gnostic split was definitely of intra-natal origin in the dozens of cases about which I can speak knowledgeably.

The life and death struggle of this third matrix may give the child the sense of being confident on its own, or in synergy with the mother, or the sense of being the victim of her contradictory forces and ambivalence. "Her uterus shoves me forward but then she holds her perineum perilously tight. Why can't she decide what she wants with me." That, too, can last a lifetime.

There is a titanic struggle, at times of volcanic ecstasy. We see the sadomasochistic element, rooted in this matrix emerging in all its components. The vigorous forward and backward thrust of the pelvis is an essential and characteristic movement of the active foetus, in this rather phallic phase of its existence, long before it comes to be used in sexual intercourse. If this adult function is paralysed by unknown fears - as it often is in frigidity and impotence - it is to these intra-natal antecedents that we can most profitably look for the pathological link up and therefore for the therapeutic key.

There is a whole set of syndromes associated with this third matrix: fetishistic perversion with a scatological element; naso-pharyngeal blocking; migraine; asthma; depression; claustrophobia. Commitment anxieties of all sorts including the homosexual; irrational fears of finishing things; compulsive procrastination; the common 'I must keep moving and working' of the workaholic syndrome, together with an inability to wait for things to happen, and time-in-relation-to-task problems; all these are 'life-scripts' first etched on the personality during this third peri-natal matrix.

Coming to *the fourth matrix*, immediately after the birth - a fascinating illustration of this occurred in working with a paediatrician who had become a child psychiatrist. She could never stay in the delivery room when a child was being born - she *had* to go outside. When she was reliving her birth, just as she was born, evidently the placenta became detached and came out straight after her. There she was, lying in her own blood 'with this great thing dead, alongside me'. This companion (which Freud in a letter to Jung noted was often 'mistaken for' a twin), which she had associated with life, movement and pulsation, was lying there dead alongside her indelibly associated with 'the smell of blood and death'. She had repressed this awful moment when she couldn't get free from the placenta and from the smell of blood and death. Another severe difficulty had focused on intimacy. Whenever she tried to make relationships she was overcome by a terror of emitting a bad smell. To offset this she customarily perfumed herself heavily. But whenever a man came close to her she felt "he will smell death". She relived the origin of both these terrors, that of being present at a birth and of emitting a bad smell, on the one and only occasion she used her turn at the workshop to go back into her own birth. She has been totally freed of both terrors.

All this is emerging in groups. I make no definite prophecy. I say "some experience may come up from this area. You alone know what your experience was." We are presented, directly, with suchlike astonishing facts. I certainly did not inject this sort of recollection, because I had never conceived of it as possible. It is when these vivid perinatal memories become the basis for a new ability to throw away lifelong bogeys and crippling defences, or saving devices which have been self-defeating, we are compelled to recognize that on their Birth Day people suffer, and as a direct consequence adopt an enormous number of decisions which stay with them for the rest of time.

Stan Grof's monumental work says little about post-natal abandonment. For new-born babies the necessary thing is to be in close, physical, prolonged contact with the mother immediately after the birth, to soothe away all the foul tensions that have arisen to perplex them, which they cannot understand. The confusion as to "who I am," "what the hell's happening", is a battering **in** the birth. You were in a lovely place and then, suddenly, imprisoned in hell, crushed, close to death, fighting for life, then plunged into space and invaded by cold air, not knowing who to relate to. Confusion and bewilderment is of the very essence of birth. In the loneliness after the birth there is a sense of being pushed to the edge of an abyss. "I can't cope with this lonely

place, I'll be driven mad." There is an increasing separation anxiety, then a plunging over some kind of cliff edge into the abyss. Nothingness, dread, and the inrush of negative archetypes follows - the psychotic break. Some people go into this and react it, saying, "I will never trust anybody again" defending by introversion. Others say "In spite of this, I can't make it on my own. I've got to find somebody who can't do without me and start using my enormous manipulative powers to keep them exactly where I want them." This fourth matrix is full of extraordinary interest in the psychogenesis of certain schizoid, detached and hysterical, clinging disorders of personality. Panic here can lead to regression back into the birth, as in obsessional sufferers.

The relevance of the basic peri-natal matrices.

These matrices are important in six ways. First, I observe that they become *patterns or principles of perceptual organisation for later experiences*. They become imprinted, and there is a tendency later in life to have them as a kind of scanning mechanism, seeking out possibly similar experiences so as to be forewarned and forearmed of their approach and be prepared to deal with them. Often in the same way: that's the problem. The remedy is out of date.

Secondly, as *biological stress experiences at the root of psychosomatic disorders*. This occurs because the dissociated primal experience is still taking place on reverberating circuits and in cell memory. This is exacerbated by current crises, ordering mobilisation on all the old battle fronts.

Thirdly, as *prototypical experiences underlying complex reaction-patterns* such as phobias, depressions, neuroses or psychoses. Everything becomes too complicated when you are dealing with a contemporary life crisis and unwittingly assimilating to it a primal crisis, thereby making your suffering much worse. Because then, not only is the foetus the crushed sufferer. It *embodies* a sense of what the crusher is doing. If the baby regresses from the fourth matrix back into the third, it has got to be its own crusher: it uses its own flexor muscles to crush itself. So, the original interface between the organism and the environment is now a dotted line inside yourself: you are crushing yourself, as in depressions and in the retraced steps of obsessional rituals.

Fourthly - *patients will often do to us as therapists, what was done to them as infants*. "So! You can help me can you! Let me give you a taste of the nasty medicine I was given. How do you feel about this? Can you accept total stubborn silence to all your questions?" So they confuse you, or bewilder you. They crush you. "I do this to you, as it was done to me. You can't be my helper, much less saviour, unless you can bear what I had to bear and bear it better."

So we can often tell which matrix is the crucial one for the client by asking; "What am I going through?" We sometimes discover in which matrix we

are still affected. We learn which of our own matrices we have not thoroughly explored, by noting our inability, as therapists, to cope with this or that when it happens to us. This is an important issue in supervision, because it picks up parallels.

Fifthly, these matrices become *a basis of attention, selective attention, or inattention, to apparently similar phenomena in the world*, and to symbolic acting out in relationships. E.g., "I can't stand the second phase, of comparative immobility, so I've got to keep working until I get to the third phase where at least I can make some progress." You may have two reasons for staying in the third: "I can't stand the immobility of the second" or, "I can't stand the loneliness of the fourth." Very many people who are workaholics are between the devil - of hell in the second phase - and the deep blue sea of utter isolation in the fourth. So they've got to keep working, as one does in much of the third, struggling on.

Finally, - and Grof has done extensive research on this - *as a basis for meta-physical, religious, and ritualistic experiences*. Grof majors on the world religions as being expressive of these things. And of course they are; but to me they are mostly expressive as defences against, not as solutions of, real life. The defence is to go into some symbolic repetition of this conflict and 'solve' it - but mythologically, 'spiritually'. It seems to me that the only fundamental therapy is to get strength in some way or other *to bear what happened, what actually happened*. To let mother do her worst again, to let the forces do their worst, and bear it, this time in consciousness, not cursing 'God' but thanking him for the love that makes such costly integrations possible.

As you know, it is here that I sense some humanists as well as some Christians are feeling that if 'God' were really trying to make some inroads into the human situation and not just increasing our defences against reality, he would have to give us some guts to bear what's happening, rather than superior ways of dodging it.

What have you felt about working in the Humanistic Psychology movement during the last couple of years?

I have been very moved that all the old barriers that seemed to exist because we were projecting all kinds of bad things onto each other are beginning to go. Those of us who maintain or have come to a religious background, can recognise that the 'God' they don't believe in, we don't believe in either. When we come to an inductive search for resources to bear the realities of the dark continents inside us, then any resource that is valid and operative is valued. If people are hoping that 'God's' help would be of the kind which he gives to the immature, to take them off the hook and make it all easier, well, that may be a preliminary in our spiritual, psychological or therapeutic journey. But ultimately our mature selves know that our real problem is to find a 'God' who will help us 'to get our nose to the grindstone' (that's

a nice metaphor!) to help us bear that which human nature all too often shrinks from. A living Truth to stop our human nature and everyone else's running away from the reality at the depths of us which we are trained to believe is too painful to bear. I think we agree here.

When we work together at these depths we begin to clarify issues and reduce the confusion. To me, the warmth of our working together is our common humanity and the tasks that we share. I look back on a Quaesitor Intensive, co-leading with William Emerson and Myrtle Heery. At the end of the week the group asked me, "What is this Eucharist thing you do? - this Body of Christ. It means a lot to us now. Can we have it?" So we invited the local vicar in to have a Eucharist together. There were few named 'Christians' among us, yet they said "This is very meaningful. Whatever helps us to bear this pain we've all borne this week is important." It was an as yet unfamiliar coming together of symbols and realities in a thoroughly therapeutic way, without anybody bending over backwards to 'believe' or to do other than just reach forwards to reality. Not straining to concede something to which they fundamentally didn't agree, but resting in a wisely critical welcome to all real resources, relevant to our shared task.

My feeling has been that what we share most is a faith in the process. A faith in process.

Yes, a faith in facing honestly a process which commonsense and our ordinary humanity warn us to run away from. And yet our integrity knows that if we do, we lose something more precious than this time-bound life we defensively try to save. As we join in caring groups, to grasp our deepest, most painful and most joyful experiences, our hearts are opened, our desires known and secrets are shared not hidden. When this is the process, truth and reality are born and tested in our hearts.

Frank Lake *M.B., Ch.B., D.T.M., D.P.M.* is director of the Clinical Theology Association.

. . .were we led all that way for
Birth or Death? There was a Birth, certainly,
We had evidence and no doubt. I had seen birth and death,
But had thought they were different; this Birth was
Hard and bitter agony for us, like Death, our death.
We returned to our places, these Kingdoms,
But no longer at ease here, in the old dispensation,
With an alien people clutching their gods.
I should be glad of another death.

T. S. Eliot: Journey of the Magi