
THE MATERNAL FOETAL DISTRESS SYNDROME AND NEGATIVE UMBILICAL AFFECT:

The work of Dr. Frank Lake

by

Shirley Ward

Frank Lake was an extraordinary man whose life was dedicated to understanding human suffering. I first met him in 1977 and feel privileged to have been associated with him and his work. He died in 1982 and, like many great men, his work was not wholly recognised or accepted during his lifetime.

Lake qualified in medicine from Edinburgh in 1937. He also received some theological training there and at Selly Oak College, Birmingham. Before he took up psychiatry he was Superintendent of the Christian Medical College at Vellore, in South India. Here he was a parasitologist, an unusual background for a psychiatrist, but at the same time he was one of the five founder members of the internationally acclaimed Church of South India. Even in these early days of his career his interests and talents were wide and varied.

In the later years of his life, Lake was researching as a doctor, theologian and psychotherapist in a very new field of work. He was pioneering in England, and other countries, research studies on traumas in the womb, especially in

the first three months from conception, and their profound effect upon their later patterns of life, lifescritps or schemas. He believed these traumas caused negativity and disharmony in an individual, causing behaviour problems, and emotional disturbances which possibly then caused learning difficulties. The crux of this research highlights the significance of the mother's emotional experiences early in pregnancy; that the foetus shares fully in the experience of the mother and her physical and mental and spiritual response to them. The unavoidable conclusion to this research was: (Lake 1982 preface page xvi)

"that these primal trauma, and so the origins of psychosomatic and personality disorders, were reliably attributable to displacement and containment of foetal distress during the first three months of life in the womb".

Much of the research work that Lake had documented before his death in 1982 is to be found in Lake (1980).

Emerson (1984 page 6) quotes Lake as saying about some of his therapy sessions with adults:

"One of the early things that happened way back in 1954 was that people would begin to tell me not only the sorts of things that Freud wrote about - babies having bad disappointments at the breast and so forth - but to a completely innocent British psychiatrist (because of course, as such, I knew nothing about these things), people began not only to tell me that they were reliving their births but to look exactly as though they were. "

Now I found this very difficult to accept and for about two years I was writing down what they said, but believing that this was putting me in a very difficult situation and I didn't make anything of it. Then I went to an international conference and I was told, "Yes, it's the neurologists job to explain how it happens, but people are reliving their births".

For a time in the 1950's Lake began to use LSD-25 for clients within the therapeutic setting. He noticed, as Grof (1975) and others have done, that well over half his fifty-eight patients, whilst under LSD described experiences as if they were reliving events in the womb, birth or the first year of life.

LSD was banned in the United Kingdom at the end of the 1960's and Lake (1981 page 7) then realised the value of Reichian and bioenergetic techniques. He discovered that deeper breathing alone was a sufficient catalyst for primal recapitulation and assimilation.

Lake (1981 page 35) refers to the more natural method of deep breathing as being far superior to LSD, as LSD tended to bring into consciousness areas of pain, trauma and material that the client was not ready for. He discusses the fact that the pattern of deep breathing used naturally actually produces the theta rhythm activity in the brain, like biofeedback, in order to retrieve repressed emotions and memories.

During the earlier years Lake was working with clients on the time of their stressful pregnancies or traumatic births. Through his research with over 1,200 professional and lay people he believed that he had proved that prenatal catastrophes are of major significance in the origins of psychosomatic disorders, the whole range of personality disturbances, behaviour problems and emotional trauma.

Having experienced my own traumas in my mother's womb and the horrific birth that followed I have been able to recognise and change behaviour patterns that disturbed and blocked a life of misunderstanding and conflict on a deeper level, although often superficially it appeared that I was 'OK!'. I know that I have been able to communicate far more positively, have achieved greater self confidence, am acquiring a better self concept, and do not project negative transferences onto life situations.

(Ward 1982) writes that Lake himself is essentially reassuring when he writes (1982 page xviii-xix):

"In no sense do these discoveries of prenatal components in the health and sickness of the human person invalidate existing knowledge about genetic, hereditary and constitutional factors, nor do they negate what is known about the effects of birth itself and post natal and childhood psychodynamic interactions. They do add a hitherto neglected dimension".

This, I believe, needed to be written as when new concepts such as Lake's are brought forth, many people in the already mentioned professions may become threatened that their own ideas are obsolete and incorrect. This is not so, and Lake himself is the first to give reassurance on this point.

Lake (1980) produced privately circulated research papers which included his important work on The Maternal-Foetal Distress Syndrome and The Existence and Manifestations of Umbilical Affect, Positive and Negative, Direct and Indirect. To the uninitiated this simply means that the foetus in the womb is invaded by the emotional states of the pregnant mother. Lake states that the emotional chemistry circulating in the mother's blood stream, which conveys her response to her own life situation as she perceives it to her own body, is transferred at the placenta into the umbilical and foetal circulation. If, for example, she is fulfilled and joyful in response to friends, or full of hatred and bitterness at the horror and evil in the world, the baby is also transfused by these feelings. Lake's key to these research studies was the finding of, and confirmation by the work of F.J. Mott (1965, 1969), and according to Lake, other neglected psychoanalysts.

Moss (1983) states Lake's theory as:

"The behavioural reactions of a pregnant mother affect her foetus in ways which contribute to its perceptions of itself and of its environment in the womb; and these perceptions persist into adult life".

Lake is referring to the dynamics of the early mother-child relationship. What Lake does is to dare to put this mother-child bonding further back - to the feelings of mother at the actual birth of her baby and to the nine months in the womb. Lake (1979) explains the basic model as:

- i. Acceptance
- ii. Sustenance
- iii. Status
- iv. Achievement

During pregnancy a loving, bonding relationship between mother and child arises if the mother accepts her unborn baby and the baby responds. From this an early bonding is formed. If the communication of supplies, sustenance and care is positive on all levels of being, the bond is strengthened further. Lake believed that the status of the individual is already forming here: that the foetus knows what it is to-be-as-part-of-others and also to-be-as-oneself-alone. This strong sense of status and identification motivates a movement to give out to others. Lake stresses that the achievement of phase three or status is the actual learning of output. This leads to personal being, and to well-being towards the world of other people and things leading to constructive

activity, in play, in gaining skills, in work and in human relationships.

Moss (1983 page 7) looks at the practical steps by which Lake investigated the influence of earliest experiences. His first was an exploration of birth and perinatal experience. Lake was convinced (1981 pages 14-37) that the following were found by adults reliving those experiences:

- a. Distress in the womb
- b. Maternal Foetal Distress Syndrome
- c. Bearing another's grief
- d. Dismantling Defences
- e. Mental pain
- f. Physical anguish

g. Finding the roots of major personality disorders

h. Integration of knowing where the present day adult trauma came from, helped the adult to change behaviour patterns, heal emotional disturbances, and use more creativity actively.

Moss (1983 page 9) points out the difficulty of assessing this work by scientific methods and refutation if evidence does not support it. Lake continued with his work, incorporating that of Mott on umbilical affect, positive and negative. A very simple diagram showing positive and negative reactions of umbilical affect are:

<u>POSITIVE</u>	<u>NEGATIVE</u>	<u>STRONGLY NEGATIVE</u>
The foetus responds to the flow of the mother's positive, aware, attention giving emotional regard. A sense of continuity and union. Good feelings.	The foetus has no feelings of recognition of its existence. No attention given. No contact made. The foetus may respond to the mothers call for help.(The origins of the compulsive Foetal Therapist!).	Mothers reactions of hostility, fear, anxiety, disgust, aversion or bitterness. Maternal hostility for being pregrance. Longing for miscarriage. Planning and attempting abortion (leads to lifetime of feeling rejected).

This is a simple diagram underlying problems for behaviour disturbances, later adult emotional difficulties and relationship disharmonies. The charts produced by Lake (1979) are extremely difficult to decipher but do explain the roots of psychiatric difficulties and

psychosomatic diseases and disorders.

Lake's final phase of exploration is the most controversial. Moss (1983 page 8) explains that it is not at first so readily acceptable because Lake moves the scene of the action to the

first trimester, or first three months of pregnancy. There is great difficulty for doctors and scientists to accept this as current thinking places the earliest capacity of ordinary brain mechanisms of memory at about six months of pregnancy. Lake (1980) postulated that awareness by the organism required recourse to cellular mechanisms. This of course, leads into the medical field again, but is an area where research into re-birthing can be linked with future research of the brain, which is very exciting.

People who regard re-birthing negatively are possibly only referring back to the use of LSD in the early days. As mentioned earlier Lake resorted to deep breathing as did Reich and Grof; Janov used the Gestalt method of bringing infantile relationships with parents into the present, and Orr (1977) used a large tub of warm water to simulate the uterine environment. Lake used large cushions and blankets to enhance the awareness of the womb, and then developed a guided fantasy which reflected as accurately as possible the stages of development of the embryo from ovulation on to about the stage of the third month of pregnancy. Moss (1983 page 3) reports that a surprisingly high proportion of people appeared to get in touch with personal experiences in the first trimester which seemed to have some meaning and value for them.

Before reporting statements made by people re-living intra-uterine and peri-natal experiences in the course of re-birthing I would like to simplify the work of Grof, which

Lake (1979) integrated into his analysis. Grof (1975) was a pioneer in the use of LSD, to loosen up the repressive 'gating', covering primal pain. Lake and Grof both began to use LSD as a catalyst to psychotherapeutic insight in 1953. In his classic study (1975) arising out of this work Grof drew attention to four Basic Perinatal Matrices, which he abbreviates as BPM 1, 2, 3, and 4. In considerable detail he recorded the phenomenology associated with each of these locations:

- BPM 1 - before birth
- BPM 2 - at the beginning of labour, before the cervix opens.
- BPM 3 - in the struggle to get out, (or not to be pushed out).
- BPM 4 - having emerged, the baby starts to breathe and establishes a new existence.

Lake after years of research, extended BPM 1. He believed that there were three trimesters over periods of time within BPM 1:

- 1st Trimester = 0-3 months in the womb
- 2nd Trimester = 4-6 months in the womb
- 3rd Trimester = 7-9 months in the womb

For Lake, all this research was done experientially by re-birthing adults in a therapeutic situation whose present life was blocked emotionally, causing behaviour disturbances and relationship difficulties.

He points out that if each positive stage of growth is not properly facilitated, an incomplete phase

contaminates the next phase and therefore past contaminated transitions contaminate present ones. In other words the character, behaviour and emotional disturbances worsen and the individual may become labelled as maladjusted, unteachable, delinquent or unmanageable. As mentioned earlier, Drysdale (1968, 1971) refers to the recapitulation of the severe emotional disturbances where the child gets into more and more trouble.

Conclusion

According to Moss (1983 page 2) Lake's work may well come to be seen as prophetic of the day when pre and peri-natal psychology takes its place as an accepted and significant science. Moss states that for the time being we can only take Lake's paradigm as an inspiring scientific hunch and keep looking at the evidence for the hypotheses which may contribute to a promising theory.

Moss (March 1984 page 9) claims after further research work that Primal Integration or Rebirthing offers an opportunity of getting to the source of sources of pain, to key places where defensive reactions were initially created in order that the individual could survive. He explains that the full original feeling has to be felt and expressed if there is to be substantial change. Moss also recommends that certain qualifications be made:

1. There has to be a determination on the part of the clients to be responsible for themselves, to stick to the process and see it through.
2. Security must be offered.
3. Primal work is only the central part of the deepest part of a process which needs other supportive and reconstructive methods of therapy to complete it.

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