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Frank Lake's Maternal-Fetal Distress Syndrome and Primal Integration Workshops – Part II

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ABSTRACT: A brief description is given of the development of Frank Lake's theory of the origin of certain fundamental disorders of personality in the emotional distress transmitted by the mother to the fetus. The theory can be stated as follows: "The behavioral reactions of a pregnant mother affect her fetus in ways which contribute to its perceptions of itself and of its environment in the womb; and these perceptions persist into adult life".

Some evidence for the particular importance of what occurs in the first trimester of pregnancy is presented. Preliminary analysis of results from a survey of 170 participants in six-day primal integration workshops at Nottingham, England, is given, together with a description of the principal elements of therapeutic change employed. The role of Christian belief in the milieu of these workshops is discussed.

It is concluded that the theory provides a useful basis for some new approaches to the etiology, therapy, and prevention of the functional psychoses and neuroses, psychosomatic, and personality disorders, and this merits further research.

A New Paradigm

"A new paradigm for psychodynamics with revolutionary implications". This was how Dr. Frank Lake described his theory of maternal-fetal distress two or three years before his death in 1982. Those who met him during that period could not have held a conversation with him without being entertained to at least a morsel of the rich banquet of discovery which crowned an energetic lifetime of enquiry. With the zest of an inventor, he positively exuded his enthusiasm for a perspective which began to range its tentacles over a diverse range of disciplines – sociology, education, family therapy, community living, urban ministry, and pastoral theology; as well as those specialisms closer to his own metier as doctor and psychotherapist – psychosomatic medicine, ob-

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stetrics, counseling, preventive psychiatry, and, of course, psychotherapy.

Frank Lake was using the term 'paradigm' in its general sense as "a pattern, something shown side by side with something else, inviting comparison of the correspondences".[1] In its more specific sense within the realm of science, "a paradigm consists of a generally accepted system of ideas which defines the legitimate problems and methods of a research field."[2] This Congress is opening up discussion of a new research field which in time may come to have its own paradigm or paradigms when its ground rules have been sufficiently tested and accepted. Frank 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. For the time being, however, we can only take his paradigm as an inspiring scientific hunch and start to look at the evidence for the hypotheses that may contribute to a promising theory.

Frank Lake's Way In

Dr. Frank Lake trained in medicine at Edinburgh, Scotland. While there, he attended lectures in the theological faculty. He never regarded himself as more than an amateur theologian, but he did go on to produce a large tome entitled "Clinical Theology"[3] This was a contribution to Christian pastoral care which attempted to take deep account of the principals of psychiatry, psychodynamics, and theology. But before he took up psychiatry, he was Superintendent of the Christian Medical College at Vellore, in South India. At this stage of his career, he was a parasitologist. This is an unusual background for a psychiatrist, but it probably helps to explain why he was more courageous than most in daring to push back the frontiers of psychodynamic origins to take in the period of human existence when the focus is cellular rather than organismal.

Experiences of Early Life

After his return to England in 1951, he took up psychiatry, and in 1954 he started to use LSD-25 as an aid to psychotherapy. He noticed, as Stan Grof[4] and others have done, that a number of his patients described their experiences while under LSD *as if* they were reliving events in the first year of life, or at birth, or even from within the womb.

He followed up 58 patients after therapy and found that well over half of them claimed, with very little prompting, to have had experiences like this.

As a result, he came to recognize the possibility of the origin of the schizoid position (which many analysts would see as one of the deepest—if not the deepest—disturbances of personality) as occurring within the first six months of post-natal life. This concurred with the views of the so-called "object-relations" theorists Ronald Fairbairn and Harry Guntrip. In the 1966 book, Dr. Lake even referred to Winnicott's belief that "the regressed ego always secretly hopes for conditions in which it will be safe for the hidden 'true self', as he calls it, to be *reborn*."[5] But at that stage Lake was not able to take that concept any further as a means of therapy.

Rebirthing

When LSD-25 came to be outlawed in the United Kingdom as a legitimate therapeutic tool, Frank Lake (taking a hint, he says from Reich[6]) began to use breathing, with a long, vocalised expiration as a means of getting in touch with experiences hithero 'forgotten'. It was simple and remarkably effective.

Arthur Janov[7] used the Gestalt method of bringing infantile relationships with the parents into the present—addressing them directly as 'Mummy' and 'Daddy' and getting into the buried feeling. Leonard Orr[8] used a large tub of warm water to simulate the uterine environment. Frank Lake at one stage used cushions to enhance the awareness of the womb but then went on to develop a guided fantasy that 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. With this method, a surprisingly high proportion of people appeared to get into touch with personal experiences in the first trimester which seemed to have some meaning and value for them.

The Nottingham Workshops

This account of the development of Frank Lake's "technique" oversimplifies the situation. Deep breathing and guided fantasy by no means account for all the therapeutically active elements present in the work-

shops run by Dr. Lake at his base in Nottingham, England, and in other places in various parts of the world–where, incidentally, he found much the same results even when he was working with non-English subjects and through an interpreter.

I have made a study of his workshops at Nottingham in the years 1979–1982, during which time over 500 individuals participated in a six-day intensive session in groups of up to about 16 at a time. I sent a fairly lengthy postal questionnaire to 501 participants. So far I have had a return of 273 (54.5%), and results of the first analysis on the first 170 subjects (33.9%) are included in this paper. There seems to have been a number of factors which probably contributed to the high number (124×72.9%) who appeared to 'get in touch' with some of their experiences in the womb, including events as early as the first three months.

First, a secure atmosphere was created. Ninety-five percent of the participants rated the general atmosphere of care and support as helpful or very helpful. Frank Lake gathered around him a small resident team of facilitators. Very few of them were formally qualified as therapists, but all of them were well aware of their own personal pain.

But perhaps more than anything else the milieu derived its comforting strength from the personal qualities of Frank Lake himself–his unreserved love for people, his penetrating and accurate empathy, and the very considerable wisdom he had collected from many years as a therapist. Few of those who attended the workshops failed to find a great deal to admire and to be grateful for in his handling of deep personal trauma as it was poured out to him. Indeed, 92.9% rated the personal qualities of the leader (with very few exceptions, Frank Lake himself) as helpful.

Secondly, the workshops had an intensive, 'total-push' character. Although primal integration was their principal and obvious aim, a number of other useful techniques were incorporated. Each participant was allowed half an hour or more to recount relevant parts of his or her history to the group. Sometimes aspects of this history were taken more deeply with Gesalt techniques, so that the subject could focus down on to a particular area for depth work. There was usually an illustrated talk on basic embryology and a discussion about the specific kind of primal work that was being undertaken in these workshops. Between the structured sessions, participants often talked at considerable length about this new womb-orientatived perspective on life. The atmosphere reverberated with talk of "the research", and there was usually a good deal of excitement and enthusiasm as the possibilities of this relatively new way of looking at things was explored. In retrospect, over 90%

(92.9%) rated the whole concept within which Frank Lake was working, as helpful.

Floor work was usually conducted with three or four people on mats in the same room together – each with a facilitator and another person to write a verbatim script and tape-record the session as well. The background noise of other people doing their own thing probably had a facilitating effect, though many (28.9%) afterwards said that is was distracting and unhelpful. Following this there was a feedback session, during which many connections between present life experience and newly recovered aspects of the self were made. Then there might well be an opportunity for a further session on the floor, and more feedback.

A Christian Orientation

One aspect of these workshops, which gave them a certain degree of distinctiveness, was that the growth work was undertaken within a setting that took full account of the spiritual dimension of human experience. The primary orientation was one of a fairly orthodox Christian faith, though people of other faiths, those with humanistic beliefs, and those with no organized philosphy of life, were by no means excluded.

The most obvious ways in which the Christian faith could be seen were threefold: firstly, in Frank Lake's own beliefs and their expression in his character and in his manner of working; secondly, in the approach to counseling evolved under Frank Lake's guidance for the umbrella organization, the Clinical Theology Association: it counselling courses were and are based as securely as possible on good scientific, practical and theological principles; thirdly, the workshops included in their daily program an optional act of Christian devotion at the start of each day – often taking the form of a guided meditation, but including a celebration of the Eucharist once in the week.

The effect of an ethos like this was to attract a much greated proportion of Christian believers to the workshops than might otherwise be expected (75.3% of whom 85.2% describe themselves as active and committed). This probably meant that a sense of fellowship and security was established particularly quickly amongst the members of each group that gathered. Some of those without any faith would have rather that there had been no emphasis of this kind at all, but it could not have been said to have been forced on anyone. Indeed, many (almost 25%) would have preferred to have included more prayer in relation to the personal growth work they were undertaking.

Re-Entry

Lastly, there was some attempt to help folk prepare for re-entry into the real world again (though 21.2% indicated that they found this part insufficient). A structured form of psychodrama was employed that allowed participants to rehearse possible new behaviors (arising out of their newly gained insights) opposite one of the principal characters on the stage of their life back home.

Other Effects

Frank Lake was conversant with many of the new therapies and was prepared to incorporate them if they contributed to the overall aims he was pursuing. In an environment like that I have been describing, the possibilities for the process of suggestion were many and at every level. Frank Lake himself was well aware of this, and some aspects of what he contributed were impressively restrained. There was a curious tension—as there so often must be in an enterprise like this—between, on the one hand, his detachment for the purposes of research and demonstrating his case to a sceptical world; and, on the other, his committed involvement with those he was concerned to help (almost) regardless of the theory of what was actually happening to them. Some blame him for his detachment; others for his involvement. Clinical scientists can't win, expecially in an inferno of emotion and feeling like this one!

This description of the workshops at Nottingham is primarily included not only to portray some of the background of the findings which I have yet to present, but also to demonstrate the complexity of trying to analyze the therapeutic value of any single element of the endeavor. Most of the active ingredients of *any* form of psychotherapy were represented in this particular therapeutic cocktail. But perhaps this intensive 'total-push' approach is one of the ways the art of psychotherapy has to go if it is to achieve its results in a short space of time.

Steps on the Road

Summarizing the main influences which seem to have brought Dr. Frank Lake to the point where he was ready to interest himself in the child's development at and before birth, the following four factors stand out prominently.

First, there was a good grasp of the psychoanalytic approach, with its emphasis on early development, the so-called unconscious mind as representing the existence of forgotten pain, and the mechanisms of repression. It is now well known that Freud initially approved of Otto Rank's book "The Trauma of Birth"[9] with the words: "It is the most important progress since the discovery of psychoanalysis".[10] Dr Lake had been especially influenced by the British object-relations school of thought.

Secondly, Frank Lake's index of suspicion about the possibility of pre- and peri natal event influencing the development of personality had been raised by his work with patients using LSD-25.

Thirdly, techniques derived from what are called the 'new therapies' had contributed to a much greater ability to mobilize and explore deep feelings without the use of aids like LSD, pentobarbitone, or even hypnosis.

Fourth, there were some clear ways in which Frank Lake's view of Christian theology sanctioned and even facilitated his progress into primal integration. Not only does the Bible unmistakably reckon with the dimension of our experience that occurs before birth–for example, in Psalm 139. More important still, Jesus Christ is seen as God standing alongside man in just those places where he suffers innocently, as well as being the One who forgives those who do the wrong. This truth may be applied in a variety of ways, but it provides for those who will believe it a way through the deepest places without in any way compromising the bitter validity of actual experience: it can give the strength by which a person can face the worst.

Frank Lake was so overjoyed to discover this teaching permeating the works of the present Pope that he, a lifelong Protestant, wrote a sizeable book "With Respect"[11] to the Catholic Father who showed that he knew more than many about the agonies, for example of the schizoid person.

Furthermore, Dr. Lake was encouraged particularly by some of his fellow Christians in the so-called Charismatic or Renewal movement–a worldwide phenomenon of the seventies whose more profound implications are being worked out in the eighties–to pursue new convictions about the relevance of life before birth that were emerging in a number of places apparently spontaneously.

Investigating the Theory

We now come to the important question: how has this theory been investigated? The most satisfying evidence would come from a prospective survey of a woman's emotional state and life events before and during pregnancy. This would have to be correlated with an independent assessment of her child's deep feelings and primal integration work

some twenty or more years later. I do not believe that this approach is inherently impossible, but it would obviously take a long time to obtain definitive results.

In the meantime, more indirect lines of evidence for the theory need to be assessed, and, in my view, the possibility that such a theory is broadly true is strengthened by the variety of approaches that can be made. In genereal terms, the observations of fetologists, obstetricians, pediatricians, and child psychologists all have their place. The question of continuity observed between the events of pregnancy, the obstetric measurements of the fetus, the records of the birth, the early behavior of the newborn, later abnormalities of behavior, and the psychological problems of the adult, has to be considered.

But the essence of the method used by Frank Lake was to compare the known history of a pregnant mother, as transmitted through the family, with the material gathered through the work of primal integration as I have already described it. It is to these observations that I now turn.

Frank Lake took hundreds of people through his process of primal integration. The material I am concerned with comes from his work with just over 500 participants in workshops at Nottingham over a three year period 1979–1982. Notes were kept of these people's histories, and written scripts (and in many instances, tape recordings) of their so-called primal work have been available for analysis. In addition, I have conducted a fairly lengthy follow up survey by mail, to assess the outcome and views of this group of people from one to four years later. Detailed statistical analysis of this material is still in preparation, but, for the purposes of this presentation, I will outline the basic characteristics of the sample and indicate the broad trends of the therapeutic outcome.

The Sample

The sample so far analyzed consists of 170 participants, who make up one third (33.9%) of the total to whom questionnaires were sent. The majority of the participants fall into the 30–60 age group. The group is almost equally divided between the sexes. There is a heavy predominance of Social Classes I and II, accounting for 83.7% of the sample. Nearly half (48.8%) can be classified as being members of the caring professions (medical, clergy and religious, social workers, nurses and counselors); this reflects the objectives of the umbrella organization.

The point which makes the group interesting for psychiatrists in particular is that over one-half (57.1%) admitted to a history of psychological illness at some time previously. Half of these (51.5%) classed their

problem as serious, as opposed to straightforward or minor; also 50.5% had seen a psychiatrist and 24.7% had been admitted to a psychiatric hospital. So this is no mere group of personal growth dilettantes. One-hundred and twenty-nine (75.9%) of the total sample said that they had had some other form of therapeutic help.

Results of Outcome

Participants were asked to give an overall evaluation of whether or not they derived benefit from taking part in one or more workshops at Lingdale. One-hundred and fifty-eight (93%) said that they had benefited definitely or in some respects. Given a more specific opportunity to rate their present functioning in the five areas of work, personal relationships, social skill, marital and sexual, and coping with stress, two-thirds (66.4% mean) rated themselves as improved. Eighty percent felt their personal relationships were improved, though at the other end of the range, only 46.3% registered improvement in their marital and sexual experience. A global assessment by myself as a virtually detached observer of all the information offered yielded a rating of clear or moderate benefit for 71.2% and benefit with some negative features in a further 14.7%. By the same token, 9.4% reaped little or no benefit.

I designed the study with careful attention to possible negative effects. On four ratings, the negative effects range between 5% and 10%. Ten percent considered that they had been left more than temporarily worse off as a result of participating in these workshops. Between 3.6% and 5.9% (mean 5.2%) judged themselves worse off in one or more respect according to their present functioning. About ten percent (10.6%) had required medical, psychological, or psychiatric help since the workshop for problems that they thought had some connection with what had happened to them there. And on my global assessment, 4.7% had negative effects which appeared to outweigh any benefit received. These figures are in line with other studies of negative outcome after psychotherapy, and, if nothing else, support the view that this kind of work has a powerful effect on people.

The Method

The technique by which the material that I am to present is elicited is relatively straightforward. Up to four subjects may be working in the same room together, lying on a mattress, and perhaps curled up in the fetal position. The leader would "rehearse in a neutral, rather 'dead-

pan' voice, the well-known anatomical and psychological facts from conception, through implantation to the establishment of the umbilical circulation. Each person makes his spontaneous response at each stage. This is both written down and tape-recorded.[12]

Subjects are invited to feel into their mother's and father's feelings about themselves (the subjects), about their relationship with each other, and about their general life situation on the evening of the conception. At the stage of four or five weeks of development, three fingers of the facilitator are placed over the subject's naval to indicate the establishment of the fetal-placental circulation. At this point, he is invited to breathe in deeply and, then, to breathe out and to try to express, through a sound made during expiration, the prenatal emotion he is feeling at depth. Then each little group is left to take their own time to proceed through the three trimesters of pregnancy and on through birth until breathing and bonding have been established. By no means every subject will choose to go this far in one session.[13]

Each response is highly individual, and the possibility that the resulting material is *mainly* suggested by the leader is quickly discounted. This fact makes for some difficulty in selecting representative statements.

An important part of Frank Lake's contribution, however, was to attempt some classification of the material he gathered. One of these dealt with the graded response that individuals made to increasing degrees of pain due to un-met intrauterine and perinatal needs. At best, needs are totally satisfied, and there is a painfree interaction between the fetus or baby and the environment to which it relates. This is the *first* level, the so-called 'Ideal'. The *second* level is one at which not all needs are met, but conditions are bearable. The basically secure self can cope. It is thus termed the level of 'Coping'. At the *next* level, the degree of pain cannot be tolerated without some splitting off. Unwelcome sensations are separated from the accompanying emotions, and the memory deals with them by the process of repression. The fetus can no longer trust its supporting environment without protest. It is the level of 'Opposition' to pain over the limit. At the *fourth* level, Frank Lake adopted Pavlov's concept of "Trans-Marginal Stress."[14] The pain is now overwhelming, and the responses are paradoxical. The self turns against itself, willing its own destruction and death. Nothing gives pleasure and, ultimately, a protective process of cortical inhibition gives way to apathy.

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At this point, the examples in the appendix may be referred to (pp. 64-68).

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Connecting With Reality

These illustrations may be criticized for being merely anecdotal. They happen to be carefully chosen examples from many others that are quite similar to them. Each script is highly individual, as you would expect. But there are enough similarities and repetitive themes to give the therapist landmarks to find his way around. For the analysis of these data, various models may be proposed—like Stan Grof's basic perinatal matrices[4], or Lake's graded responses to increasing degrees of pain—which may well need to be revised in the process of time. But to witness subjects working in this way enhances the conviction that they are touching on material which is of basic existential value to them.

Causation of Personality Disorders

The next question to be asked is how this theory of the maternal-fetal distress syndrome, and the methods of personal integration that go with it, contribute to our understanding and to the therapy of the major disorders of personality. Using conventional clinical labels, Frank Lake used his very considerable experience of primal integration work to formulate some preliminary ideas about the pre- and perinatal dynamics of the main disorder.

These included the roots of anxiety-depression and phobias; the psychosomatic disorders and hypochodriacal states have had particularly useful light shed upon them by this theory; hysterical and obsessional splitting can be recognized; and the mechanism of paranoid defenses and schizoid orientations can be unraveled. Frank Lake also felt that some of the processes underlying allergies and addictions, not the least alcoholism, could be better understood from this new perspective. He provided some initial formulations of these dynamics, but there is much work to be done to authenticate and develop them.

Conclusion

In Frank Lake's maternal-fetal distress syndrome we have a theory and model which takes the origin of personality and its disorders back to an earlier stage of human existence than most other workers have done. It highlights an aspect of our personal history that is too easily neglected. The perspective which it generates can be shown to have fer-

tile possibilities for understanding some of the more bewildering aspects of human experience. The therapeutic package that Frank Lake constructed around it undoubtedly helped some people, though it remains to be seen to what extent symptoms can be fully relieved by it, and precisely what category of subjects stand to gain most from it. In a field like psychotherapy where proof of positive outcome is so hard to demonstrate convincingly, we would be foolish to claim too much for it at this very early stage of investigation. It would be more appropriate to issue a gentle 'government health warning' to the effect that this can damage your health.

Frank Lake himself had stern words for any scientific investigator who might try to remain emotionally detached and to replicate his work within the clinical sterility of a 'scientific establishment.' His plea was to come on in, to acknowledge your own humanity as an investigator, and to do your proper scientific task on his workshop floor.

I end by quoting from an as yet unpublished manuscript of his, a sentence which sums up some of his typical attitudes in a characteristic but none too elegant way. He said,

> "I would guess that 'unconscious' roots to do with fetal experiences that have made 'knowing-by-emotional-commitment' too painful and hazardous, and 'knowing-at-an emotionally-neutralized-distance' the only tolerable stance, have a decisive part in determining that deliberate subjective impoverishment that calls itself 'scientific' but is not."

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Appendix: Some Selected Scripts

Re-Living Conception

Let us look at some of the things people say when they are invited to re-live, to be a part of, their own conception. When they are in a deeply relaxed state, the essential truth of their parents' personalities may be much clearer to them. So their grasp of the nature of the act of sexual intercourse that conceived them may be quite valid. Add to this some awareness of the circumstances–especially when the act was traumatic or when conceiving was not intended–and surprisingly deep feeling may be uncovered.

One person laughed joyfully as the sperm entered the ovum. "Great!" he said. "Togetherness . . . comfort . . . wonderful! . . . it's me!" was his shout of glee. Another man burrowed his head into the mattress, saying "Good–getting in! Feels safe, good, and right. Nice. Triumph!"

For others, conception is a very different story. A women came to one of the workshops with a problem of insecurity. Her father drank heavily. That was how all his eight children came to be conceived. This lady was the seventh, and, as with most of the others, her mother did things to try and get rid of her. As she worked on her conception she was sobbing. "The smell of beer," she cried. "Don't let it happen! I don't want it. No! No! No! I don't want it to happen. No! No! I don't want to go!" A few moments later there were loud cries. "She doesn't want me. Let me out! Don't shut me in! Let me out," she yelled. Then as development proceeded, she started retching. "She wants to get rid of me . . . Oh! Oh!" She started rubbing her stomach. "Stomach pain. She wants to get rid of me! She doesn't want a baby . . . Oh! Oh!" she wailed. "It's horrible this stuff, horrible and bitter! I don't want to live. I don't want to be born. She shouldn't have done that to me. I'm frightened. Don't shut me in!"

In her introductory history, this lady had talked about trying to commit suicide. She was inclined to suffer from 'terrific pains in the stomach' and she had a dread of being shut in a coffin alive. It is not difficult

to sense the opposition her primative self brought to bear on the factors that kept her alive.

Re-Living Blastocystic Bliss

You may recall that in the first week after conception, the fertilized egg divides again and again until it forms a hollow ball of cells, known as the blastocyst. The microscopic hairs that line the Fallopian tube waft the blastocyst slowly down towards the womb. Time and again, this stage elicits responses which are remarkable and beautiful. As he reached this stage of being a perfect sphere, one man said, "Feel good. Feel good. Suspended. Yellow. Luminous. Floating. Shining. Power–potential." At this point his body began to move for the first time, having been still till then.

Another man felt like singing. "Space, power, freedom," he said. "Spinning and turning. I'm not afraid to be–to dance, to sing, to be! Colours are exploding." His hand wafted toward his face. He breathed deeply. "It's so big. It's red, yellow, orange–fire. It's burning, it's beautiful, and I'm one with it." This man had a mother who was capable of giving enormous love, but she was also subject to outbursts of screaming, throwing things, and sulking. Later in the session, he visualized her pain in the form of a green dragon, which sent him into terrors of anguish and made him scream and struggle. Yet at the beginning, he had been strengthened by something very good.

Frank Lake noted that this sense of being, of awareness and joy, was often spontaneously associated by his subjects with having God and the universe within their being. He felt that this experience of 'blastocystic bliss' made good sense of the language of mysticism about regaining *contact* with a long-lost unity with God who is at the ground of our being. For some it is a "peak experience". He reckoned that there could be great therapeutic gain for those who could discover so blissful an experience, especially when–as in the example just quoted–there was later to be deprivation and injury. Not that people should be tempted to try and stay in this state of mind, but that they should take up their tasks of being-in-the-world with the knowledge they have discovered within themselves a strength that will not be defeated whatever is to follow.

The blastocystic stage is not joyous for everyone. Even this may reflect the mother's mood. One man who had a clear sense that, as a fourth child, his mother wanted to be shed of him, experienced the floating feeling, but said, "It's lonely, Grey, grey, grey. Lonely, bloody lonely."

Re–Living Implantation

Two weeks after conception the blastocyst sinks into the lining of the uterus, and a hormone prevents the lining being shed during menstruation. This is the next important incident–for some a crisis–that of implantation. For some it is good. "Oh yes," said one fellow. "Get stuck in. Yes, it's nice. It's nice. Yes, I can grow here. Yes, I can grow. Splendid! Oh, lovely! Mm. Warm, cosy, cosy, cosy. Oh yes!"

But for the following woman, who was conceived by accident when her mother was forty and the marriage was already in disarray, the prospect of implantation was daunting. Her mother didn't like pregnancy and tried to abort this baby. The script runs: "Don't want to do that. Don't know where to go. Must go somewhere. It's all started. I can't turn back. Go wherever I happen to land–it's all bad, there's no good place to be. Oh dear!" Her body tensed and shivered. "I don't want it. I don't want to be part of this person." She went on to suffer from digestive troubles, severe anorexia nervosa, and suicidal depression when she ate compulsively.

There was another man whose mother was bedridden throughout the pregnancy. She had lost a previous baby, and her grief was unresolved. She had a breakdown after this birth and suffered from a widespread psoriasis until she died. The fetus was pushed beyond the limit of endurance into trans-marginal stress. At implantation he simply said, "Couldn't care less if menstruation swept me away."

Re-Living Life in the Womb

For a final set of examples, we move on to feelings picked up later in the pregnancy, not necessarily in the first three months. First, let us select someone for whom his mother's *pregnancy was perfect.* "Yes, she knows I'm here," he is saying. "She's pleased." Talking about the umbilical cord, he says, "It's giving to me. She wants to give to me. Yes, it's nice. It's lovely. She likes to feel me move inside her. She's pleased about it." So he moves around a lot. Then after a while, he notices: "There's extra food. Something orange, fruit and apples. She feels a little bit guilty because she can have the orange. Ther are peoplle who can't. It's good for her to have it because it's good for me."

We notice that a quite common phenomenon is the sense that the fe-

tus is *receiving nothing from its mother emotionally.* Here is a man who even in his fifties still acknowledges that he has a lot of self-doubt and is self-effacing. His mother had no sense of her own worth as a woman. In the womb, he is saying: "She doesn't know I'm here. She doesn't feel anything. Perhaps she's working hard, and that's all. It's so silent and lonely. It's comfortable enough. It's well supplied. It's plain and dull. There's no encounter with anyone. No sense of communication. I've got nourishment, but apart from that, a cloud. I hardly know that I'm a person. No sense of personal world beyond." That differentiation between physical nourishment and emotional supplies is frequently quite clear.

Sometimes the indications point to an *attempted abortion* that failed. The next example is taken from the script of a man of 40 who knew very little about his mother's pregnancy, though he suspected his father would not have welcomed it. During his work on the first trimester in the womb, he encountered a familiar but unpleasant tight feeling in the stomach, and then a nasty metallic taste in his mouth, which he would often notice on waking. "Afraid," he is saying, "afraid of death. Metallic. Fear of death. Fear of not being." He shook and convulsed. "Can't do anything. Can't be sick. Death". And then . . . "I see a long silver thing, pushing in, pushing. I shrink away. Oh! death. Go stiff. Can't get away. Am stuck here. Don't want to be here." But a little while later this has passed, and he says: "Can breathe now. Want to stay. She likes me. She wants me to stay. Loose, floppy, slack. Almost like early bliss," he sighs.

Unfortunately, this man's mother died many years ago, so this story could not be confirmed–though in some cases such discoveries are admitted by the mother when she is asked directly. Recently, he said that these experiences he had 'in utero' as it were, illuminated and brought together *all* otherwise unconnected strands of his personal growth work. "It made complete sense of my life and all my problems, totally, in terms of their overall relationships. I found out where things all began."

Lastly, there seems to be quite an association between tension and pain in the stomach, and *parental marriage problems.* Here is a man who had been hospitalized with suspected appendicitis, but the appendix was actually normal. His father never gets close to anyone, and his mother clearly suffers. When the first trimester is well established, he says: "It's hurting in the stomach. It's sharp . . . there is nothing there. She wishes she was there, but there is nothing to give. She is trying–at least the pain is something. I feel all head and guts. My head is detached and looking at the pain. She feels alone. Yes, she is lonely. There is nobody to feed her. I feel sorry for her. I see her waiting, waiting . . . but she is glad I am there. I don't feel hungry, but I just want some-

thing. I don't want to feel alone like her. The pain!" He cries loudly and screams. "But she can't help it. My pain and her emptiness, they are the same. I've got to endure it. Sometimes I don't feel like going on – it's the way she feels. Somewhere there must be some love I am sure . . . "

Notice particularly here the identification with his mother's plight when she doesn't feel like going on. This is a common insight in this sort of work and often a great relief to a child who has born a burden of guilt in vainly attempting to make up what his mother so much needed.