

2221 Theory & Practice 1: Lecture 9
MATERNAL-FOETAL DISTRESS SYNDROME
FRANK LAKE (1914-1982)

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A Personal Introduction



In my mid-40s,¹ I am in a psychiatrist's roomy house in Hawthorn, sitting in an old-style chair, breathing deliberately in and out and focussing on my bodily feelings according to my doctor's instructions. I have come to this doctor on another's recommendation because of acute anxiety and depression. Among, other things, my sister is dying of breast cancer² and I can't face the prospect of losing her.

I am crying³ convulsively. I cannot control myself because all my body processes are urging me on and I can't seem to stop. I don't really want to stop. I have lost a clear sense of the room, the therapist and what I'm here for. I have strong tingling in my

¹ That is, in the early 1990s. Numbers of people have found themselves in difficult straits in this age group. Famously, Carl Jung wrote about the characteristics of this period.

² She died 9th January, 1991.

³ In fact, in my first session, I had had a strong crying reaction to certain words I had written in a one-page summary of my life that the therapist had asked me to bring. When I cried, he touched me on my knee and said, 'You poor man. What have they done to you?' That comment brought on many, more tears.

hands, face and feet. Indeed, in my hands it is so strong that they feel stiff with paralysis. I wonder to myself, 'What on earth am I going through?'

This experience is weird but my therapist seems unconcerned. He encourages me to 'let go', to 'let your jaw go slack', to feel the air going in and out, feel it coming out of your stomach. He also says, 'Give it a voice'. I try to express what I am feeling using sounds. My breath begins to quicken and then takes off as if it has a mind of its own.

I can barely keep up with its movement but find myself building to some sort of climactic release accompanied by much fear and anxiety. My body feels so extremely tense and rigid and then, I scream, once or twice. I don't know how many times. Finally, I feel exhausted but somehow rested and peaceful. The psychiatrist puts me in a bed on the floor so that I can rest and recover. The house cat comes and curls up on the bed and soon starts to purr.

Frank Lake's Foundations

My psychiatrist had worked with Frank Lake in England. Frank Lake was a physician, who went to India as a medical missionary in 1939 and on returning to England in 1950 trained as a psychiatrist (Speyrer, n. d.: n. p.). Lake was a fascinating person because he was a committed, evangelical Anglican who was involved with a development within Freudian ranks that Christians would tend to shy away from.

1. The Freudian Heritage

Lake's work can be understood as being derived from Freud, particularly from *two* aspects of Freud's work. First, Freud once said that, 'the ego is first and foremost a *body* ego' (emphasis mine). We do not know what he might have meant by this statement because he did not develop the thought. However, some of those following him (e.g., Wilhelm Reich, Arthur Janov, Fritz Perls) have interpreted it to mean that the ego is not only, or even primarily, a mental construct but must be recognised as an *embodied* reality. Hence, neuroses do not just manifest in the 'mind' they also show themselves in the body's musculature. Therefore, therapy is not only 'talk' but also

bodily focussed actions. For example, many massage therapists will tell you that patients of theirs⁴ feel strong emotions when certain muscles are stretched.

Second, Freud also said that, ‘the experience of birth has probably left behind in us the expression of affect which we call anxiety’ (Freud cited in Roazen, 1974: 397). From this suggestive thought emerges the idea of ‘birth anxiety’, which was developed by Otto Rank.

2. Otto Rank’s Contribution

Otto Rank⁵ (1884-1939) gave ‘priority to the birth experience among the determinants of mental life, its compulsions and its sicknesses’ (Lake, n. d.). Rank believed, against Freud’s protests, that the birth experience was *the* primary cause of people’s abnormal psychological conditions. Rank believed that the birth experience of some infants was so traumatising that it created all types of psychological problems from anxieties, depressions, compulsions, addictions, and psychoses. He also believed that no one’s birth experience was perfect so that we all experience some difficulties because of birth trauma.

Most importantly, and in further dissent with Freud’s views, Rank emphasised the bond between the *mother* and the child (Roazen, 1974: 395)⁶. (Rank came to believe that marriages tended to reflect the ties between the partners and their mothers!) Clinically, Rank believed that separation anxiety⁷, the anxiety experienced at birth, can only be resolved if the anxiety is experienced again in therapy. In effect, he was recommending a type of regression therapy. One has to go back to the point of original pain in order for healing to take place⁸. At such times, the patient is to be

⁴ Perhaps you have had this experience yourself.

⁵ Rank is an enormously important figure in psychoanalytic history. He was a favourite of Freud’s and was thought, at one time, to be Freud’s successor. They had a father and son relationship. However, they fell out over Rank’s development of birth anxiety.

⁶ The mother and the child became more and more the focus of psychoanalysis from time of Rank until now. Freud overlooked such an obvious connection because he was fixated on the Oedipal struggle and perhaps, because of the dominant role his own mother played in his life, a fact he may not have been eager to face (Roazen, 1974: 395).

⁷ Separation anxiety can be understood to be a foundation for many other types of problems including depression, obsessive-compulsive disorder, addictions of all types, and psychotic disorders.

⁸ Some present day healing procedures such as *Theophostic* Counselling emphasise this same point.

supported by the analyst, rather than being subjected to an intellectual analysis of the experience, according to Rank.

3. Lake's further development of Rank

LSD was created in 1943 and sent to psychiatric researchers in the early 50s. Lake was an enthusiastic experimenter in its use because he noticed that its application led to a faster surfacing of unconscious material than with orthodox methods. However, what he also noticed with astonishment that the material consisted of 'repressed memories of infancy' (Speyrer, n. d.) and furthermore, repressed memories of the birth trauma itself! He had not been expecting this result. Neurologists had assured him those infants this young could not be expected to 'remember' such things. He adopted a suspicious attitude to such patient experiences but at a later point became convinced that certain descriptions of:

specific birth injuries, of forceps delivery, of the cord round the neck, of the stretched brachial plexus, and various other dramatic episodes were so vivid, so unmistakable in their origin, and afterwards confirmed by the mother or other reliable informants, (Lake cited in Speyrer, n. d.),

as to make him re-think his previous objections to such things being possible. Lake came to accept that adults could remember, could re-experience what happened to them at their births. He began to work within group settings involving the spouses and friends of the patient and found this approach very helpful. In the early 1970s, he stopped using LSD when he discovered the methods of Wilhelm Reich and the bio-energetic methods of Alexander Lowen.

Changes in Lake's Methodology

Wilhelm Reich (1897-1957) was a controversial figure in the psychoanalytic movement. According to Roazen (1974: 492) Reich was 'too undisciplined (and original) to stay permanently with the psychoanalytic orbit'. For Freud, 'neurosis [was] primarily . . . a memory problem' (Roazen, 1974: 492) but Reich wanted to address not just symptoms but also the whole personality.⁹ One of his more radical views was that health depended on 'orgastic potency' (Roazen, 1974: 492) and that all

⁹ In this respect, he followed both Adler and Jung.

should seek sexual gratification. In fact, its repression led to neurosis. These views shocked Freud and others of his circle.

One can only describe his early life as tragic¹⁰ and licentious. Tragic because he told his brutal father the truth about an affair his mother had with Wilhelm's tutor, which led to her being brutalised. She later suicided when Wilhelm was 14. His father died with TB about 3 years later. Licentious because from an early age he was involved in various sexual-type acts which modesty forbids me to detail. However, one can comprehend how his early, sexual acting out was consistent with his later theories.¹¹

Reich's fundamental principle was that 'the body's outward appearance is an accurate reflection of what's happening inside' (Daniels, 2003: n. p.). He believed that bourgeois (so-called 'middle-class' as opposed to the 'working class'¹²) society sought to inhibit the free expression of all types of feelings in its citizenry. Such inhibition leads to 'body armouring' as we each have to hold in those outlawed emotions by tensing muscles in particular ways. These armourings occur across the body: across the eyes, the mouth, the chest, the solar plexus, the pelvis, etc. To deaden our feelings we deaden our bodies and this deadening robs us of the enjoyment of life, particularly sexual ecstasy. In the unarmoured condition, feeling is able to flow up and down the body to create a vital wave of pleasurable feeling. He called these movements, 'streamings'.

Hence, Reich's therapy sought to break down these concentric rings of body armouring by use of instruction to the patients ('Open your eyes as wide as you can. What do you feel? Or Open your mouth as wide as you can. Do you feel anything? Express it). He also used more active kneading, pressing, jabbing and poking of muscle areas to break down body armouring and help patients to express resultant feelings.

¹⁰ His last days were also tragic in that he died in a US jail, a prisoner under the *Patriot Act*. His books were burned in the US, during the McCarthy era, because of his association with Marxism although the Soviets would have nothing to do with him. He worked strongly against Fascism in Germany believing that repressive political structures were correlated with repressed sexual mores.

¹¹ Mercifully, he considered sex with patients to be counter-therapeutic. He seems to have also believed it to be wrong because sex is an expression of love between partners.

¹² These terms are dominant within Marxist class struggle theory.

Arthur Janov was also influenced by Reich (although he writes as if the influence was less direct than I and others think it was). Janov (1970) is well known for therapy, which posits the notion, that when patients revisit the primal scene of parental rejection they scream.¹³ This process does not require the physical approach that Reich used. Furthermore, Janov believed that Reich was wrong to understand neurosis as purely physical. For Janov, neurosis is biotic but also psychological. Additionally, Janov does not accept Reich's sexual theories believing them to be idiosyncratic. In fact, Janov believes that homosexual acts are not sex acts at all but acts illustrating a low need (Janov, 1970: 324) (which would probably bring gay activists onto the streets if preached openly). Janov is important for understanding Lake's work because Lake was strongly influenced by him although Lake used the views of numbers of therapists as well (Speyrer, n. d.).

Breathing is also very important because we stop ourselves from feeling by holding our breath. Hence, we become used to breathing in a shallow way which also reduces our ability to feel.¹⁴ Lake used this approach in his own therapy context. He encouraged clients to breathe in with a 'short, strong and full inhalation' (Christian, 1991: 51) and to let go their breath in a long exhalation (Christian, 1991: 51). This simple procedure can have dramatic effects as my own experience attests. However, these dramatic effects require *integration*. To only experience them is not to heal no matter how dramatic the happening. Healing comes as the trauma is felt and the meaning of the painful feeling is resolved within our lives.

¹³ However, he modified this position when he found that not all patients scream.

¹⁴ Bean (1971), in an hilarious way, describes his Reichian therapy with Elsworth Baker, a disciple of Reich's, as a form of torture. Bean's description is earthy as you would imagine from the nature of the therapy but Bean appeared to benefit greatly from this approach. For those of you in the educational field, A. S. Neil, who founded *Summerhill*, was a patient of Wilhelm Reich.

Maternal-Foetal Distress Syndrome (MFDS)

As Lake observed more and more of his patients undergoing therapy using 'deepened breathing' (Christian, 1991: 39), he came to the view that the crucial time for the basis of all neurosis was in the first trimester of life in the womb!¹⁵

1. The social-environmental implications of pregnancy

Lake believed that one of the important social implications of his findings was the need to provide pregnant women with adequate support otherwise, societies would reap the terrible effects of MFDS. Imagine, Lake says, that the infant shares an environment with a distressed mother-to-be who lives in great anxiety because she is unwed and her family, she knows, will reject her when it finds out. Imagine further that the same woman begins, against her own strongly held beliefs, to contemplate suicide or to think of having an abortion. Lake's conclusion is that we can not imagine that such events will not have had some effect on the child, particularly if efforts made to end the child's life fail. (Some of his counselees in therapy had experiences in which they felt someone or something was trying to kill them only to later find out that that's exactly what had earlier happened to them!)

If a child is unwanted for any reason then that circumstance will become part of the infant's constitution. The person may go through life always feeling unwanted, feeling that she does not belong. If the mother has an emotional-mental condition, this state can not be divorced from that of the growing child. If the pregnant woman is pressured because of domestic unrest, overburdening, violence, neglect or abandonment then her child may be affected in some way.

2. The four reaction patterns

Lake's basic proposition was that maternal distress will lead to foetal distress. And, that the foetus deals with the painful distress by repressing the memory of it. He goes as far as to say that this repression is a, "murdering of the truth" (Lake cited in Christian, 1991: 65).

¹⁵ The development within the psychodynamic tradition as to the *time of the formation* of neurosis has gone through a remarkable sequence from Freud's Oedipal period (3-5 years old) to Klein's paranoid-schizoid & depressive positions in the infant's first year to Rank's peri-natal (=birth) events to Lake's first trimester of pregnancy (i. e., the pre-natal period).

The foetus defends against the pain and lays down foundations for ‘the depressive reaction pattern’, ‘the hysteric reaction pattern’, ‘the schizoid reaction pattern’, or ‘the paranoid reaction pattern’ (Christian, 1991: 65-96).

Each of these has a distinctive character but they all involve an unwillingness to feel our primal pain. The depressive is trying to cope with internalised anger which may be related to ‘a difficult birth, feeding problems, or the lack of a loving mother’ (Christian, 1991: 70). Anger may have been rejected or severely punished in his family. The anger did not disappear; it went underground. However, anger always threatens to appear and therefore, depressives are *guileful* because they have to make out that they are not angry at so and so when actually they are seething with anger. Church ministers (and/or their spouses) can suffer from depression because they are angry with various church members. But, they believe they have to hide their anger because not only is it unspiritual to be angry, it is alienating.

The hysteric is an attention-seeker. Hysterics have been known to have a number of helpers attending them at the same time. No amount of empathy, assurance, sympathy or praise is ever enough. They sponge it all up and want more. They get their foot in the door and all you want is for them to go. They believe that love is only received through manipulation because who would put up with their antics without being manipulated? Lake gives sound advice about how to deal with such people by using the transactional (TA) distinction between Adult and Child (Christian, 1991: 74). The hysteric’s main question is, ‘Will they like me?’ Beware those that tell you you are the best counsellor that they have ever had! These may be hysterics who are appealing to your vanity in order to get you on their hook. Hysterics have to be assisted to see that they have some adult resources of their own that enable them to be responsible about their particular life and its challenges.

Contrastively, the schizoid reaction pattern is based on being detached from others. Unlike the hysteric, the schizoid is hard to contact, hard to develop a relationship with. Relationships scare them, making them extremely anxious. They suffer from commitment anxiety, which will also affect their relationship with God. Such people may be highly creative and lose themselves in their art, may have high academic ability and live only for their studies, may pursue power or pleasure. The tragedy of

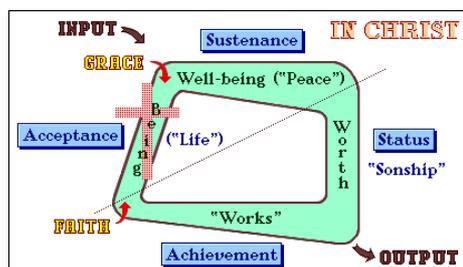
this reaction pattern is that the schizoid cannot define himself under the banner of, 'I was loved, therefore I am' (Christian, 1991: 78). They are centred on the question, 'Will they leave me alone?'.¹⁶ Hysterics and schizoids are mirror images of each other, according to Lake. Even so, a little bit of each resides in the other.

The paranoid does not want to accept her weakness and, for that reason, is very hard to counsel. However, she usually does not seek counselling. To seek counselling is to admit that we need help. The paranoid blames a persecuting world or a failing body (hypochondriasis) for their troubles.

Lake stresses repeatedly the ministry of the Holy Spirit in revealing to counselees their true condition. He had a strong sense of the Spirit's ministry being part of the charismatic renewal in the Church of England.

Lake's Incarnational Theology

Lake founded his clinical work on the life of the **incarnate Son** and His relationship with the **Father** Who sends Him to do His will. Two implications flow from this: first, Christ Jesus becomes the standard of normality. He is **accepted** (e.g., Matt 3: 17) and **sustained** by the Father (e. g., Jn 14: 11); He has **status** (e. g. Jn 8: 23) and **achieves** the Father's will for the good of others (Jn 8: 12; 9: 5).



This four-fold movement made up of two 'input' phases (acceptance and sustenance) and two output ones (status and achievement) are a template for humanity's life. Lake believed that failures in the womb became associated with

different types of mental-emotional conditions. For example, very severe personality disorders are associated with failures in the 'acceptance' phase because being-itself is being withheld from the infant. People damaged in the second phases never feel any sense of goodness, or of doing well. They are fixated in a stage where the carer failed to give them sustenance.

¹⁶ Lake comments that he recognises some part of this condition in himself (Christian, 1991: 79).

Second, Christ in his incarnation has gone through all the stages the infant encounters in the womb and so is able to carry us through our pain. ‘Surely He hath borne our griefs and carried our sorrows’ (Isa 53: 4). ‘For we have not a high priest that cannot be touched with the feeling of our infirmities [weaknesses]; but one that hath been in all points tempted like as we are, yet without sin’ (Heb 4: 15, ASV).

Other biblical-theological themes

Lake believed that psychotherapies (-although he called his work *Clinical Theology*), needed to be subjected to a ‘double critique’ (Christian, 1991: 41) which they needed to pass to be judged acceptable: first, the critique of depth psychology with its knowledge of ‘primal and perinatal phenomena and the fixations to which they lead’ (Christian, 1991: 41). Second, the ‘words of Christ. If we wish to be his disciples, he compels us to centre ourselves upon his word and person as the one reliable road to truth, to freedom, and to our eternal destiny in him’ (Christian, 1991: 41).

Lake believed that Christian people developed images of God having all the variety of those he had encountered in Indian Hinduism! He has even observed people going through ‘breakdowns’, which he believes are potentially ‘breakthroughs’, experiencing a wide variety of differing sorts of gods along the way. Lake believed that each clinical category is derived from early infancy and could be associated with a distinctive image of a god.

Depressed people will talk on one occasion about the angry god who continually condemns them¹⁷. However, they will also speak of the same god, as a god who cares nothing for them! How does one fit these two together? For if god cares nothing for us then he is not angry with us. Neither do these images conform to the God of our Lord Jesus Christ.

Depressive and obsessional disorders are associated with ‘dutiful and over-strict parents’ and with the image of a god who urges them to ‘work harder than others’ (Christian, 1991: 30). Lake comments that when we match these images against the Christ of the scripture they collapse.

¹⁷ A theme we find in some of Luther’s early biographical writings. Interestingly, Luther understood depression to be connected to anger and urged at least one of his ‘counselees’ to vent his anger upon God!

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[I thoroughly recommend this book. Most of it is Lake's own words. In many places, his profundity is revealed.]

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