Int. J. Prenatal and Perinatal Psychology and Medicine Vol. 11 (1999) No. 4, 437–457

Primal Integration Therapy – School of Lake

Dr. Frank Lake MB, MRC Psych, DPM (1914–1982)

Simon H. House

Portsmouth, UK

Keywords: memories, periconceptional, first trimester, psychotherapist, LSD, groups, stress, repression, loneliness, pain, healing, bliss, psychiatry, intrauterine, brain, scientific, ovum, sperm, cell, biochemical, unconscious

Abstract: Lake qualified medically at Edinburgh in 1937 and became a missionary doctor and parasitologist in India. He returned to England to train in psychiatry and in 1958 began introducing counselling skills to the Churches. Lake worked with LSD 25 from 1954 to 1969 when he began using also a method of deep breathing. The insights Lake gained into the mother-fetal effects were to be corroborated in other fields, sociology and criminology, obstetrics and biochemistry. Lake was encouraged by the earlier discernment of pre- and perinatal influences by Fodor, Peerbolte, Mott, Winnicott and Swartley, and highly critical of Freud's volte-face having first backed Rank's emphasis on the birth trauma. This had seriously delayed primal integration work.

Lake found that the patient must become conscious of the original context of a primal memory, in order to re-integrate the separate memory systems. Working with large numbers, he discovered a convincing common memory of the complete primal journey. He led patients through the primal journey so they each could explore their own pre- and perinatal experiences. He defended scientifically the feasibility that cell memory could antedate brain memory, quoting his own research and also that of Dryden and Pribram.

Lake held that, to benefit society, counselling needed a socially validated group base. Women needed help, especially at the stage of childbearing, to feel valued and to value any child they may bear. Their offspring would be less prone to depression and compulsions, violence and abuse. Evident through primal healing is a new capacity for love, freedom from compulsive violence, a reverence for the environment and living things. The whole continuum of care among the S American Yequana, especially during gestation and infancy, seems to affect the tribe's joy of life, relationships, healing and perception of death.

There are many ways to primal healing, among them: deep breathing, loving attention, group work, prayer, contemplation, rhythm and music, stories, humour, guided journeys,

---

A shorter version of this paper was given at the ISPPM Symposium "Prenatal Psychology and Psychotraumatology" at Heidelberg, 23./24. October 1999

Correspondence to: Rev Simon H. House MA, 22 Stanley Street, Southsea, Portsmouth PO5 2DS, UK. E-mail shhouse@dircon.co.uk

drawing, psychodrama. Caring and holding are essential. And we need to guide parents in preparing for conception – or avoiding it. These things could richly benefit our progress – and be a fitting tribute to Frank Lake.

Zusammenfassung: *Primäre Integrations-Therapie – die Schule von Frank Lake.* Lake machte sein medizinisches Staatsexamen 1937 in Edinburgh und wurde Missionar und Parasitologe in Indien. Er kehrte nach England zurück, um eine psychiatrische Ausbildung zu machen und begann 1958 die Techniken der psychologischen Beratung in die kirchliche Arbeit einzuführen. Lake arbeitete von 1954 bis 1969 mit LSD 25. Danach ging er zur Methode der vertieften Atmung über. Die Einsichten, die Lake in die Wechselbeziehung zwischen Mutter und Fötus gewann, wurden in anderen Feldern wie der Soziologie, Kriminologie, Geburtshilfe und Biochemie bestätigt. Lake fühlte sich durch die früheren Entdeckungen von prä- und perinatalen Einflüssen ermutigt, wie die von Fodor, Peerbolte, Mott, Winnicott und Swartley. Er war entschieden kritisch gegenüber Freuds Kehrtwendung durch die Zurückweisung von Ranks Betonung des Geburtstraumas. Dies hat die primäre Integrationsarbeit erheblich verzögert.

Lake fand, daß der Patient sich des ursprünglichen Zusammenhangs einer Primal-Erinnerung inne werden muß, um das abgetrennte Erinnerungssystem integrieren zu können. Indem er mit großen Zahlen von Teilnehmern arbeitete, entdeckte er überzeugende Hinweise für eine Erinnerung der gesamten vorgeburtlichen Entwicklungsreise. Er führte die Patienten durch den Gang der primären Entwicklung, so daß jeder seine eigenen prä- und perinatalen Erfahrungen erkunden konnte. Er bemühte sich um wissenschaftliche Belege dafür, daß die Zellerinnerung der Gehirnerinnerung vorangehen könnte. Dabei bezog er sich auf eigene Forschungen und ebenso auf die von Dryden und Pribram.

Lake war der Meinung, daß die Beratungsarbeit zum Wohle der Gesellschaft als Gruppenarbeit anerkannt werden sollte. Insbesondere die Frauen brauchten während der Schwangerschaft Hilfe, um ihren Wert zu fühlen und um diesen Wert an das Ungeborene weiterzugeben. Ihre Kinder würden dann weniger zu Depressionen und Zwängen, zu Gewalt und Mißbrauch neigen. Offensichtlich liegt in dem primären Heilen ein Potential für Liebe, Befreiung von zwanghaften Gewalttendenzen und ein Potential zur Achtung der Umwelt und allen Lebens. Die ganz kontinuierliche Fürsorge für die Kinder von Anfang an bei den südamerikanischen Yequana, insbesondere während der Schwangerschaft und Säuglingszeit, scheint wesentlich zu dem lebensbejahenden Lebensgefühl dieses Stammes, seiner Beziehungen, seiner Art des Heilens und seiner Wahrnehmung des Todes beizutragen.

Es gibt viele Arten des primären Heilens, darunter: vertieftes Atmen, liebende Zuwendung, Gruppenarbeit, Gebet, Kontemplation, Rhythmus und Musik, Geschichten, Humor, gelenkte Phantasiereisen, Zeichnen, Psychodrama. Eine sorgende und haltende Grundeinstellung sind wesentlich. Zur Vorbereitung auf die Konzeption (oder deren Vermeidung) brauchen die Eltern Anleitung und Unterstützung. Solche Initiativen könnten unsere Entwicklung bereichernd fördern und wären eine passende Ehrung für Frank Lake.

*

Lake and His Ways

England may boast its great inventors but our establishment is not the most welcoming to their discoveries! No surprise then that Frank Lake's pioneering, in the most sensitive aspect of life psychologically and biologically, has met great resis-

tance in his own country. He would certainly have been more happily received in California or, I feel sure, in Heidelberg.

Frank gave his profoundly loving attention to his patients, and to his studies, but at great cost to himself, and maybe greatest to his family. He described himself as a man who could not give himself in love so decided to barricade himself behind books and write a book so large that it needed wheels attached (Lake 1991). He called his key book *Tight Corners*, words that evoked "memories of a birth in which I fought . . . to win through." Experiencing such English resistance to his new way as if it were his birth process, Lake would push people out of his way. He was as uncompromising with his team as he was dedicated to his patients and to his way of working.

This is the key to Frank's story. He studied exhaustively the "so-called 'schizoid personality disorder'. Those who have been transfixed by total anguish of body, mind, spirit and relationships, cannot help resisting the help they request." Lake as a scientist was hard to convince. But by 1966 he acknowledged that his patients were reliving both their birth trauma and their anguish as the baby set aside in a cot, and not being re-bonded with the mother at once after birth. In this double trauma he identified the cause of their lasting affliction, as described fully in his huge book *Clinical Theology*.

Within twelve years, by 1978, fresh evidence again overwhelmed his scepticism. He became convinced that his patients were regressing much further back, and that they were reliving their first trimester in the womb and even conception itself. In the new book he had begun, *Tight Corners in Pastoral Counselling*, he wrote (Lake 1981):

> What we . . . have become firmly convinced about, is the vulnerability of the fetus to all that is going on in the mother, particularly in the first trimester. Affliction in its worst forms strikes in the first three months after conception. . . . Any severe maternal distress, whatever its cause, imprints itself on the fetus. These damaging experiences are now accessible to consciousness without undue difficulty.

This, Frank Lake's outstanding contribution, has been much overlooked. What he reveals is the stage of the most powerful imprinting for life, and what he pioneers is the most direct means of accessing the root cause for primal healing.

Trust Ludwig Janus to spot from a distance the significance of Lake. I wish to thank him for the opportunity to relate something of Lake's achievement which has been so seriously overlooked and is so vitally important.

Frank Lake trained in medicine before the war at Edinburgh. In late 1939 he became engaged to Sylvia Smith and sailed to India as a missionary doctor and parasitologist. Sylvia rejoined him to marry in Poona in 1944. In 1949–1950 as Superintendent of the Christian Medical College, Madras, working with the Head of psychiatry, Dr Flora Nicholls, he was struck how the use of a primitive electrical shock machine and "what I may vulgarly call a 'dose' of radical Christianity" could transform depressed and anxious people (Lake 1966). This experience also transformed him in establishing psychiatry as his dominating interest. Frank then rejoined Sylvia and the three children in England and by 1958 had completed his Diploma in Psychological Medicine.

Then began his seminars to introduce counselling skills to the Churches and in 1962 he established the Clinical Theology Association Centre at Nottingham. That

same year he visited my theological college. His bright and snappy way amused us. He told us, pointing upwards as if we were already in the pulpit; "Mind what you say up there – 6ft above contradiction!" Lake's approach to the mother-child relationship, our own beginnings, struck the right chord. But it was then rather cerebral and complicated. Could Frank see the wood for the trees?

Methods of Therapy

Frank began using LSD 25 in psychotherapy in 1954, Stanislav Grof in 1956 (Lake 1981; Grof 1990). In 1969 Lake gave it up. His view was also expressed by Janov; "What LSD does not do is allow connections to be made solidly. And only connection accounts for lasting change." (Janov 1973) He too avoided use of LSD, as in Switzerland did Konrad Stettbacher (1991), primal therapist to author Alice Miller (1991). Influenced by Reichian technique and Bio-energetics Lake found that a "pattern of deep breathing we stumbled on" surpassed the effects of LSD. It left the patient more able to recognise their powerful physical experience as reliving their birth or, in the womb, their devastating feeling of rejection. Lake would instruct, "Breathe up into your strength, down into your weakness," suggesting a slight pause each time the lungs were full or empty. This breathing brought the brain into theta-rhythm. Theta-rhythm is more prominent in very young children than in adults. It appears to link conscious and subconscious minds (Lake 1981, Pelletier 1978). Theta-rhythm is associated with drowsiness and hypnagogic imagery, while alpha-rhythm is associated with meditation and mysticism (Johnston 1974). Lake said (Lake 1981):

> (This breathing method) promotes a faithful owning and 'contextualizing' of the intrauterine experience. Under LSD the subject avoids the actual terrors or joys of the fetus itself, and evades the recognition that this is happening to them in the context of their own mother's womb. . . . The actual experience of the individual was removed to the realm of myths and to dream-like sequences which occur in symbolically stated religious conflicts and deliverances. Stanislav Grof's work, continuing to employ LSD, confirms this observation.

What about the transference? Lake declared (Lake 1981):

> We seek a 'therapeutic alliance' with an Adult, not a Parent-Child transference. . . . We facilitate his direct access to his own feelings, at a time when he was in direct contact with the mother's personality, and through her with the father's and that of their world beyond.

Integration is not completed by catharsis and contextualisation. The patient may have explored a bewildering depth of pain or despair. Reconstruction must follow. Roger Moss describes how integration gathers the tormented fragments of the self and welds them into a new whole, transforming their very woundedness into an acquisition of beauty. It reveals a person's nascent identity, the longed for true self, and nurses it back into being. Lake was still developing his methods, drawing inventively on resources some of which are listed in the Appendix. His approach for reconstruction began with the recapture of a state of original safety and bliss, or even a fantasy of such a place. Next came the replacement of what had been bad, or missing, with a good experience, drawing perhaps on the care of the facilitator, or some other channel of sustaining love. Christ as the source would

always have been in Lake's mind. Drawing and psychodrama were both used in helping patients to establish their new direction and new ways of responding to someone who had triggered their loss of power. The idea of a spiritual guide or wise mature person was valued, not to induce dependence but for affirmation, on their new path of individuation and growth (Moss 1999).

Group Work

Lake himself liked the big-scale so responded to the widespread urgent need for pastoral counselling. In some twenty years over 20,000 people attended the 1500 seminars run by his trained tutors (Lake 1966). It was these seminars that led to his huge tome *Clinical Theology*, declaring his conviction that the birth trauma and separation anxiety were the root of neurosis (Lake 1966).

By 1976, living quite near Lake, I knew from friends and fellow-counsellors of his remarkably effective work. Lake would lead a 'research group' of 20 members with 4 staff. He spent a day or two helping people to get to know and trust each other. He took notes on their life stories and why they had come, listening for any resonance with life in the womb. Throughout the day, even at mealtimes, he was describing the physiology of life in the womb, while on the walls were plenty of pictures of the reproductive journey. He also had an imaginative repertoire of fantasy journeys: deep sea dives, rocks and caves and moving creatures. Thus prepared, one person at a time 'worked' in each group of 4 or 5 people. One staff facilitated, one person tape-recorded, noting down body movements. Those working lay down on mattresses and cushions. Lake invited them to imagine themselves at the beginning of life and led them through the journey of sperm and ovum through conception to the womb and on through each stage to birth and sudden change in environment. As he established the validity of yet earlier memories, he began these journeys at an ever earlier stage.

Obstetric and Biochemical Agreement

Meanwhile elsewhere progressive obstetricians were complementing the primal therapists. Leboyer and Odent had pioneered more natural birthing (Leboyer 1975, Odent 1984) methods in keeping with insights from primal therapy – Leboyer himself having undergone primal therapy. Odent points out that, inspired by the kangaroo, a team in Colombia has shown the best incubator for premature babies to be the mother! (Odent 1986) Very premature babies miss out on being held tightly in the womb, the last stage of gestation. Because of this, and their time in an incubator, they need extra compensatory cuddling and holding as part of their primal healing. Today doctors, to safeguard the bonding process between newborn and mother, have begun to encourage skin-to-skin contact (Dunn 1995) for at least the first hour following birth, while the endorphins are still running high in both. These attitudes are in keeping with Lake's urging of parents "*to give priority to the provision of a peaceful and harmonious environment for the mother*" (his italics).

Since the seventies Candace Pert and others have been clarifying the biochemical relationship of the neurological, hormonal and immune systems (Pert 1998).

This enabled Odent (1986) and Janov (1991), from their different viewpoints, to reach the same understanding of the biochemistry of perinatal physiology and the effects of excessive distress caused by birth difficulties or intervention. Their conclusions support Lake's interpretations.

Memories Before Brain?

Conventional medical opinion, even today having recently revised its view, considers that the fetal brain only has the capacity for consciousness and memory from between 20 and 26 weeks, considerably earlier than two decades ago. But Lake came to regret his slowness in accepting his own and others' evidence of primal memories before connections in the brain had formed.

> Although there was ample evidence earlier in the work of Fodor, Peerbolte and Mott (1965), we had not realised until 1976 how severely painful and how well remembered is the much earlier invasion of the fetus by maternal distress (Lake 1981).

Swartley too had recognised an implantation primal: "We've had a number of people who remember their conception, ... and some identify with the egg and some with the sperm and some with both" (Swartley 1977; Ridgway 1987).

Freud's volte-face after backing Rank's insight infuriated Lake (Lake 1981). Freud had referred to "the continuity between intrauterine life and earliest infancy". In fact he had himself even been on the brink of perinatal work, seemingly without realising it: "I press for a few seconds on the head of the patient as he lies in front of me; then I leave go and ask quietly ... 'What occurred to you?'" (Freud 1991). He records its success, although he came to condemn physical contact, and Ferenczi's use of it, as seductive and dangerous (Jones 1955). Rank's philosophy, the need to biologize psychoanalysis, was being confirmed clinically by Mott and Lake (Maret 1992).

Rank quotes Freud's mention of "typical dreams 'at the basis of which lie phantasies of the intrauterine life,' ... 'He gives as one of the examples the dream of a young man, who in phantasy already uses the intrauterine occasion for spying on the intercourse between parents.'" (Rank 1928) Some of the neo-Freudians too were into the primal field.

As early as 1941 Isidor Sadger said some of her patients "brought the embryonic period into the sphere of their associations," and that neurotic symptoms disappeared when the embryonic period was penetrated. Most of her patients, uneducated, had never heard of embryos or spermatozoa, but described biological events accurately (Sadger 1941).

Seaborn-Jones had "definitely had an experience which I can only explain as the spermatazoon swimming" and pushing right into a soft resistance and "it was one of the most blissful experiences of my life". He continued "if people realised vividly enough that it is possible to recapture not only the pain of birth, but also the bliss of pre-birth, here would be an experience where people could gather strength for the pain of re-birth" (Seaborn-Jones 1977).

Swartley said that the first sensations on the surface of the zygote, the splitting of cells and development of organs, kidneys, eyes, brain, genitals and so on, can be remembered in significant detail through dreams and other altered states of con-

sciousness (Swartley 1977; Ridgway 1987). The first primal therapist, said Swartley, was Donald Winnicott, because he was neither afraid to touch his patients, nor for them to manifest physically their 'body memories' of birth experience. But just as Freudians discounted Rank's *The Trauma of Birth*, so, Lake pointed out:

> Psychiatrists who value (Winnicott's) work in all other respects tend to overlook his papers on birth trauma. Had Freud built on Rank's work, which initially he welcomed as 'the most important progress since the discovery of psychoanalysis', the door would have been opened to the recognition and analysis of metaphors as far back as the first trimester (Lake 1981).

Winnicott instances a woman aged 28 with schizophrenia and paranoid tendencies who, in reaction to reading Rank's *Trauma of Birth*, dreamt that she was under a pile of gravel and her skin was burnt. But someone came and poured oil over her and then removed something like a cord from her front. Winnicott deemed this "a reaction to an impingement – the reading of Rank's book". In keeping with his theory the analysis suffered a temporary setback. Reacting to an impingement is a break in the child's 'going on being', which has been sustained by the normal gentle pressure of the womb, felt as love.

A boy of 5 first tested whether Winnicott could accept him, which his mother could not. Then he came and sat on Winnicott's lap, turned upside down and slid through his legs repeatedly, satisfying himself that he could use Winnicott as the mother he needed.

Winnicott voiced his view by endorsing Phyllis Greenacre's summary with one qualification:

> . . . the general effect of birth is, by its enormous sensory stimulation, to organize and convert the fetal narcissism, producing or promoting a propulsive narcissistic drive over and above the type of more relaxed fetal maturation process that has been existent in utero. . . . Specifically, birth stimulates the cerebrum to a degree promoting its development so that it may soon begin to take effective control of body affairs; it contributes to the organisation of the anxiety pattern, thereby increasing the defense of the infant . . . (Greenacre 1945).

Winnicott argues, however, that what the infant suffers directly is not anxiety but persecution, which leads later to anxiety in the form of paranoia (Winnicott 1949). And Winnicott had as much experience of children in analysis as anyone.

A few discerned early primal states including implantation. Contemporary with Lake were Grof and Janov, parallel with him in primal work. Emerson, younger, was trained by Lake (Ridgway 1987). Thomas Verny saw these memories as a template for future feelings (Hau, Schindler 1982). Athanassios Kafkalides records many intrauterine memories and his shock when a patient first proclaimed it a bad experience and the kind of lasting feeling this left: "My mother and father should have felt their love for me when I was in the womb. Whatever they do now to show that they love me . . . makes me feel they are acting" (Kafkalides 1987, 1980). Grof comments on intrauterine experiences of cosmic unity. We may feel humbled and awed, yet simultaneously be identifying ourselves with God (Grof 1985).

But with all this evidence Lake asked: "Scientifically how can it work?!"

Scientific Feasibilty

Sceptical as Lake the scientist had been, that people could be reliving these early memories, by strange chance his earlier scientific studies lent support. In thirteen years of microscope work with amoebae and other single-celled organisms, he had found that single cells could learn discriminating reactions. He also cited two other authorities:

1. Richard Dryden's, embryologist view:

> ... it is possible that the zygote contains information in addition to that stored in the nucleus. There is indeed evidence that the cytoplasm of the fertilized egg contains information that is essential to at least the early stages of development. There are several sites where cytoplasmic information could be stored, (Dryden 1978)

2. Karl Pribram's holographic theory of memory that:

> The holograms of cellular memory are still broadcasting from infinitesimally small, but collectively audible transmitting stations. These minute radio stations belong to successive periods of development, from conception to implantation and the developmental stages of pregnancy. It seems they are still transmitting and it is possible to tune into them. By these means you can distinguish what typically belongs to the first trimester or the second with its free-floating movement, and what belongs to the gradual closing that occurs in the last three months before birth (Pribram 1971; Ridgway 1987).

Lake cited these scientific observations simply to show that such memories should not be discounted out of hand. In *Tight Corners* (Lake 1981), he described how his patients insisted that these were fetal, embryonal and periconceptional memories. He became convinced that not only did emotional and perceptual distortions originate in the womb, so too did asthma and other allergies. These early memories may only be laid down at a level of micro-consciousness, or even zero-consciousness, but evidently, through our 'unconscious', they can play permanently on our conscious experience. This raises the question whether the word 'memory' necessarily involves consciousness, except in its modern use for computers. Certainly key moments in a child's development from the beginning are recorded. With appropriate facilitation the human system can sense these records together with related body movements and sensations. Grof called these 'condensed experiences' or 'COEX systems'. The original record once stimulated could resonate with all kinds of like experiences, perceived by the more fully developed human system, including the brain with its huge memory bank of experiences, stories and vivid scenes.

There is also powerful maternal-fetal biochemical communication, direct at first and then through the placenta as it develops. Lake would surely have welcomed the new understanding of the 'wet brain', already operating through biochemical flow, before the brain is 'hard wired'. Noting the interplay between bloodstream biochemistry and nerve receptors, the research scientist Candace Pert declares "The body is the unconscious mind!" (Pert 1998).

However it happens it is a wonder that echoes 'chaos theory'. Even in one single-cell zygote, 'a butterfly's wings', as it were, can be so disturbed as to cause 'a storm' in a trillion-cell human being decades later!

Identification with Memories

Primal integration therapy works by the patient's consciously connecting their immediate sensations and movements with the original primal experience, so integrating their separate memory systems:

> Each person picks up the sensations and movements which belong to their primal experience. As deep breathing provides the oxygen that facilitates both connecting and discriminating, and as a sober confidence in the group-assisted process grows, these are contextualised in their original time and place. The associated images of the self are connected to the 'scripts' or summaries of experience and reaction, and these again to the associated emotions. In this way the four main tape recorders of past experience, . . . which had been gated off from each other in the primal dissociation, are brought together again (Lake 1981).

These four main tape recorders are associated with:

- brainstem (sensations and movements)
- limbic system (emotions)
- right hemisphere (intuiting and symbolizing)
- left hemisphere (thinking and reasoning) (Lake 1981).

To connect these systems, the patient needs to recognise the original primal experience, with its pain or other feeling, and not just to leave the recalled memory in symbolised, dreamlike form. And it seems to have been Lake's insistence on this that led to more and more precise identification of memories. Though these interpretations were harder and harder for Lake and others to believe possible, working with large numbers, he identified a convincing common memory of the complete primal journey, though uniquely experienced by each patient. This common memory gave him the confidence to lead patients from the memory of – hopefully – the love-bed; from ovary and testes through fallopian tube, womb and birth, so each person could explore their own pre- and perinatal experiences. Lake and his patients seem unique in the precision with which they identified stage by stage memories of such early biological processes.

Lake attributed to Grof discernment of "the dynamics of *retarded depression* as springing from the earliest stages of labour, when the cervix is still closed and there is immense pressure put on the organism". Grof classified this as stage 2 of his 'basic perinatal matrices', stage 1 being intrauterine life before the onset of labour. Lake extended Grof's four stages, distinguishing between first, second and third trimesters, and a previous cycle: sperm/ovum, fertilization, implantation, embryo. Ultimately he discerned stages in conception itself.

Lake went on to define four levels of distress. He emphasised the extreme level – an overload of affliction causing repression – since this needs attention most of all.

Primal Integration Experience

In 1978 while co-counselling with a patient of Lake's, I recounted some strange experiences I had had 20 years previously. She exclaimed that I had worked through an entire primal program in one night by myself. At once I signed up for a primal

integration group. I was glad it was on a smaller scale than Lake's own, a group of 8 plus two therapists trained by Lake, but not using guided journeys or any suggestion. The therapists were warm and humorous, and respectfully ready to discuss any aspect. We met one evening a week for 3 hours. A little bioenergetics – such as axing an imaginary tree – an introduction, then we assembled on mattresses and whoever was first in the ring worked, just one at a time. If a second person was triggered off by the patient recalling distress, a neighbour would support them. So the patient would be receiving loving attention and physical containment from at least 7 people. 10 in all is a good number. As a group further enlarges it becomes harder for the members all to keep close physical contact and focus on the patient.

People seldom took long to start. I was impressed at each stage by the therapist's questions and directions: "How are you now?" ... "Stay with the feeling" (emotional or physical). ... "Does it remind you of anything in your childhood?" ... "Stay with that feeling". ... "Let the sound out." ... "Keep breathing, deeply ... Breathe into that: give it a sound" ... "Where are you now?" Meanwhile the patient's posture would often indicate 'where they were'. Everything was to come from the patient. Low key questions or guidance with breathing were enough to help the patient to stay with the original experience.

If appropriate, we would recreate the womb using huge cushions. If the patient seemed tightly constricted, for instance near birth, we would increase the pressure. If they seemed free floating, at the stage of ovum or second trimester, we would give them space. Holding or touching was used mainly as a carefully timed response to replicate the patient's original situation as closely as possible – even as far as holding up by the legs a 'newborn' man 2-meters tall! It was used for reassurance of present caring and safety. In John Older's words, "To touch is not a technique: not touching is a technique." (Older 1982) The approach in this small group could be more fully supportive and containing than seems possible in Lake's larger workshops. Week by week, people working were being released from primal distress, making significant recovery of natural feelings, finding freedom from phobias and violent tendencies, becoming more fully themselves.

In our group I remember vividly the first person to move into the ring. The therapist asked him "How are you now?" "My boss is on my back! He's been there all day. ... But I know it's not his fault. It's me!" "What does he feel like?" "Heavy!" "Stay with the feeling. Let yourself breathe." Long pauses throughout this dialogue. "Does this feeling remind you of anything?" "I'm nine, sheltering from an air raid, back in that underground station. It's caving in on me." Contained by our large cushions he was thrashing around. This chap sweated and shook and yelled. He then emerged from it looking relaxed and a lot happier. Only in the conversation following did we recognise that he had been re-living his birth. His had been a difficult birth. He had lived ever since with this terrifying claustrophobic sensation, ever ready for restimulation by constriction, physical or emotional. Now, in the loving safety of the group, he could storm like a child and release this long pent up distress. Subsequently the problem with his boss diminished.

Another man in the group, in his late twenties, suffered attacks of acute agoraphobia and compulsive violence. One night he had to yell to his father, "Get my mother out of the house before I kill her. He was turning green and we could smell the fear coming off him. "This is the laying on of hands." – not that theology

was thrust at anyone – "Put your hands over him, and feel." The cold seemed to come off him like ice. Soon after that he was moving house, a vulnerable moment, but it was now no problem to stay with his parents.

This way of recreating a perinatal situation is echoed by Emerson, who used "massage, touching and re-creation of the physical pressures of birth" (Ridgway 1987). The therapist made sure that each patient made the connection between their chronic feeling – oppression, depression, rejection or whatever – with the pre- or perinatal experience; that they 'contextualised' the origin of the feeling. When a patient had finished working they might rest, held by one or two others. Before leaving, the therapist ensured their safe return to a normal, grounded state of consciousness.

Experience in this group radically changed the way I counselled people, individually or in groups. One day a 28-year-old French schoolteacher arrived looking drawn and tense. She soon set herself amongst the huge coloured cushions, surrounded by eight of us in the group. She threw herself down on the mattress and so surprised all of us by immediately flailing around, that the group spontaneously closed in to "en-womb" her. Uncertain, I put a hand on her shoulder saying "You know it has to come spontaneously from within?" She looked puzzled. "How do you feel?" I asked her gently. "Confused", came her answer. As I nodded, she rolled onto her front again and we softly cushioned her. She thrashed violently needing us to contain her more firmly. From time to time she kept signing to me to press on the back of her head. I did so firmly, keeping her head forwards. After some forty minutes she thrust hard and her head twisted sideways, just like a baby's at the point of birth. Then she began to calm down. After a while I caught sight of her face and said "Look at yourself in the glass." She stood up and laughed to see her changed face. She was flushed, relaxed and radiant – 'the face of an angel'. I commented on her need for pressure on her head, and a woman in the group, a midwife, said, "Oh, we often press babies' heads forwards during birth. If their heads go back they present a broader front, making birth more difficult." Later that summer I called on this patient in France. She had her mother staying, and told me; "For the first time in my life I've had a real conversation with my mother."

I do not want to leave the impression that everyone responds well. Lake carried out a post-workshop survey and percentages were recorded. Most had gained greatly. There were a few negatives. Using the more intimate style, for a much smaller number, I am sure that there were no negative experiences in the few groups I have run. Judging by feedback comments I think at least 7 out of 10 gained, even if the others were not able to benefit. The reasons I prefer the style developed by our group therapist trained by Lake are these: it is non-suggestive, less contrived, more strongly supportive both physically and through group attention. It uses the optimum group number for a sense of safety, and for group energy and physical containment. Lake would I believe have had a higher proportion benefiting, had he kept his work on this scale, but it would have taken his association far longer to achieve the widespread influence that he has had, despite resistance and modest acclaim.

The First Trimester

All the common diagnostic entities of psychiatric practice,, hysterical, depressive, phobic, obsessional, schizoid and paranoid, have their clearly discernible roots in this trimester. ... We are able to follow what happens when the interchange of satisfactory maternal-fetal emotion, so reliably good as to be scarcely noticed, is interrupted by the influx of maternal distress (Lake 1981).

This brings me to Lake's unique and most contentious contribution: his recognition of the impact of first trimester events on life. When I came upon these periconceptional records I recognised the nature of my own spontaneous experiences in 1958, which in turn validated the records for me. Lake guided hundreds of people through such memories with recorded scripts, typical of each stage but uniquely varied, resulting in much deep-level healing.

Here is a brief indication of the kind of sensations and scripts of patients. Often these receive corroboration from those present at the birth, even when the patient had never been told about it. How do you recognise which part of the journey the patient has reached? Movements are characteristic and clear to anyone familiar with the reproductive journey, for instance:

Movement sensed or enacted:	Likely origin:
Floating with sense of being moved	ovum, pre- *or* post fertilisation.
Fishlike swimming	sperm.
Impacting forehead	implantation.
Tightly pressured	blastocyst just after implantation,
Floating and still, or limbs moving	fetus, first *or* second trimester.
Tightly pressured	*or* third trimester.
Impacting head & shoulders	birth
Scripts, impressions, feelings:	**Mother's state etc:**
She knows I'm here; she wants me	
She wants to get rid of me. (retching)	abortion attempted or considered.
Trembling so much; pain thro cord	not coping, conceived before married.
I hate (cord), want it to love me	8 months of pregnancy sick in bed.
It's warm, bliss, being looked after	
My feet etc are cold. Nobody cares.	birth very premature. (Incubator).
Sharp hunger, painful, 'it' won't come in	mother neurotic, excessive vomiting.
Peaceful, exercise –	bicycling.
Stay, feed me, love me.	husband had to go away.
I don't want cord – piercing me thro'	cold, tense – as her own mother.
Looks like a sea creature. I feel speared	the placenta and cord.
That's comforting. (fingers on cord)	husband affirming her.

Records of Lake's patients clarified what my experiences had been, showing them to be relatively commonplace. I had re-experienced the journeys of the ovum and the sperm, fusion and implantation. I was first gently somersaulted round the room with the smoothness of floating. This was by my own muscle power, but not my conscious volition. I was then involved in a violently thrashing swimming, almost flying motion, concluding in a seeming breakthrough. My forehead thrust hard

into the mattress. I had been pulled against a bar under the bed and seemingly sliced in two. When I checked in the morning – in case I had been dreaming – the mark of it was right round me. Oskar Sahlberg has suggested that this was meiosis, the separation of the diploid (double) chromosomes from each parent before a single from each fused together. Or it could be the zygote splitting for twins, or for the first cell division. Each movement had been full of spiritual meaning for me, but its biological origin is of healing significance to me. Following such direct experiences, though I share Lake's scientific scepticism, I have not been able to doubt his findings.

Yet I could not contain all such strange but interconnected experiences within the biological paradigm. Nor did Lake. Some of Frank Lake's school of thought see such interconnecting experiences building up as fractals, like-upon-like patterns, growing from the smallest beginnings, accumulating as they do throughout nature such as snow crystals and leaves. These are Grof's 'COEX systems' – including both primal and transpersonal (Grof 1993). Mystical experiences seem to me the triggering of primal memories which set off a COEX system with its accumulated images and learning. Some of my experiences seemed more compatible with alpha- rather than theta rhythms. Physicists, Bohr and Bohm, Capra and Zohar, have begun to cast light on the basic physical nature of consciousness in terms of quantum mechanics and holism (Zohar 1991). Neuroscientists and neuropsychiatrists, with biochemists, are beginning to piece together how consciousness relates physiologically to the human system (Pert 1998).

Our Psycho-physiological Beginnings

A booklet by Steve MacMurdo describes in detail the journey from the genesis of eggs and sperm, through implantation in the womb wall and on to birth. He spells out some twenty biological stages each with the kind of psychological script that it tends to induce. The journey of the ovum down the fallopian tube may evoke confusion and excitement – "like a roller-coaster ride". This could seem very far-fetched to anyone unfamiliar with primal therapy, but the personal experiences described support its validity. And it is entirely in keeping with the findings of Lake and his followers and patients (MacMurdo 1998).

Parents-to-be need to prepare psychologically for children and also physically, ensuring sound nutrition and freedom from toxins. I have been covering the roles of key nutrients and toxins throughout these same biological stages in a paper, *Generating Healthy People* (House SH 2000).

Violence, Social and Global – Its Healing and Prevention

Lake reminds us that few are free from violent tendencies, either towards others or hidden, towards ourselves. On violence and restraint he writes:

> When once the violence has been painfully and ruthlessly imprinted, the dynamics of retaliation are established and fixated. They lurk in the shadows. The least hint of injustice in contemporary life can trigger off the primal violence. . . .
>
> The remedial structures are in emotionally costly . . . parenting, schooling, befriending and community caring backed up by just laws justly administered. . . .

Restraint, however, is not the cure. Nothing radical has been done to heal the memories of violent assault and vile penetration, by promulgating ordinary law or even extraordinary love (Lake 1981).

The best opportunity for the healing of imprinted violence is in the therapy I have described. My impression is that a Christian context helps. Lake, Janov, Stettbacher and Miller relate violence on every scale – including torture and war – to violence in early life. They do not underrate the social and even global effects (Lake 1981). Miller, working with Stettbacher on her own childhood abuse, achieved integration. Having widely researched tyrannical dictators she states (Miller 1991):

The principle – 'I am beating you for your own good: one day you will thank me for it' – can thus be found in the careers of all dictators, regardless of religion or culture. They call themselves the redeemers and saviours of their people, causing their subjects immense, unnecessary suffering apparently in order to help them. In reality, they are seeking to ward off the humiliations, threats, and anxieties of their own childhood. By holding hostage the world around them, by humiliating, blackmailing, and torturing their fellow human beings, they attempt to turn the tables on their past: they now perpetrate the terror, disguising it as philanthropy, just as their parents once did.

Stettbacher writes of comparable damage at an earlier stage:

Imagine a doctor yanking an infant out of its crib by the feet, holding it upside down and slapping it. Even in our culture, such a person would be regarded as crazy and a public menace. But a few days earlier, at a birth, such behaviour is sanctioned by medical practice. And this, at a moment when the child's central nervous system is at its most sensitive and educable.

Stettbacher describes psychosis as an attempt to ward off a murderous past. He writes of the emergence of the soul, which constitutes our powers of sensing, feeling, and thought, the entirety of our experiences and all our memories. He considers the continuum of the person, from their origin, through birth, childhood and their resultant state in adulthood. From the beginning "the progenitors must establish an affirmative, responsible and caring relationship" to the child, so endowing it "with the feeling of security, trust and vitality." We should not lose sight of the continuum: lasting damage can ensue from child-abuse, or from pre- and perinatal affliction (Stettbacher 1991).

Adrian Raine has shown a correlation between criminal violence and birth intervention followed by parental deprivation (Moir 1996). Alice Miller has researched the backgrounds of the world's most notorious dictators. Without exception, it seems, they have themselves suffered violent child-abuse. When a person, especially at a young age, represses an experience of being violated, it can easily induce a compulsion to violate oneself or others. Caring education is needed for everyone, for all ages.

Paula Ingalls presents psycho-neural findings that both environment and experience are the architects of the brain. They can, even at conception, affect the zygote in a way which will affect development of the brain, and so the mind of the person-to-be for life. Ingalls refers to Ronald Kotulak's interviews with over 300 researchers in various neuro-sciences. The new consensus is that violence is caused by external stimuli reshaping the neural response mechanisms rather than

by intrinsic biology (Kotulak 1996). She points to the last twenty-five years' "doubling of the rates of depression, suicide, crimes of violence, drug and alcohol abuse at a time of the doubling in divorce rates, less parenting time, poverty, mobility of the population, and an increase in technological pre- and perinatal care and birthing practices" (Ingalls 1997).

We can at least begin with children and the unborn. Parents can help in their children's primal healing, particularly if they know how best to cope with violent tendencies. Kernberg offers an invaluable guide on holding a child in a tantrum, together with a 'time out' procedure (Kernberg 1991). This can be used to heal while a child is still small enough for an adult physically to contain with gentleness. On the unborn Lake writes very significantly:

> There is evidence to show that violence done to the mother, of whatever kind and degree, will distress her. Her distress is shared by the fetus. This maternal-fetal distress, both the impact on the fetus of being 'marinated' in her miseries, and the fetal reactions which are so varied, tend to become the self's way of experiencing itself and perceiving both its cosmos and its core for the rest of its life. It affects most powerfully what can be believed, at heart and in the 'guts', about justice in the universe, about God and man, as well as about institutions. It affects all groups in which individuals can be 'homogenized'. It projects onto the family and pervades all intimate relationships.
>
> Non-violence *then*, ensured by a priority given to the love and care of pregnant women, to providing understanding, expressive, genuine, and respectful relationships would, I believe, be the best preventive we know of, to cut back on our present monstrous production of violent young persons (Lake 1981).

David Wasdell seeks ways to extend the insights from primal therapy to social and global levels, to prevent 'regressive aggression' internationally (Wasdell 1998). A 1970's leader in The Times, 'Paranoia at the Kremlin', discussed the fear induced by atomic warheads trained on one's city and nation. I felt at once how the degree of fear, and resultant response, must depend on the cumulative level of primal paranoia in the members of government. Doubtless we can all recognise the symptoms Lake describes:

> If for political and economic reasons, recession bites into a school, reducing all manner of supplies and support, recognition and reward, the teacher with a record of prenatal deprivation can be plunged into the whole welter of primal feelings of persecutory loss, of placental deficiency, even of despair of survival. . . . As institutions move into constricting circumstances, . . . the resonance reaches right down to similar patterns at the beginning of life . . . in the impersonal confusions of intrauterine existence (Lake 1981).

By safeguarding children's primal state we can reduce society's root-cause of violence.

Sociological

Sheila Kitzinger is a social anthropologist and birth educator. Her research into midwifery around the world complements Lake's views. No one would deny that some births should be in hospital, nor the need to have 'high-tech' medical support reasonably near in case of emergency. But Kitzinger writes:

> Having a baby is one of the most important passages in your life. You feel the child develop and move inside you; in labour you swim with contractions that are like tidal waves sweeping through your body; as you push the baby down you know the intensity and passion, and then reach out with eager hands to welcome your baby and cradle this new life in your arms. To see love made flesh is to witness a miracle (Kitzinger 1991).

Nature has re-inspired industrial society. Watching African women giving birth vertically, in a secluded shady place, or by a river, first inspired Odent. He notes: "When the anthropologist Marcelle Geber went to Kenya and Uganda to study the effects of malnutrition on newborn babies and infants, she was astounded to find that these babies were more advanced and smiled more than babies she had seen before in industrialised countries." The Ugandan baby was able to pick up a toy outside its vision at six or seven months, compared with fifteen months for American and European babies. This advanced development was credited to "a culture in which the period of dependence on the mother is not disturbed." (Odent 1986)

In the S American Yequana tribe, the continuum of care experienced throughout their life cycle, in gestation and infancy especially, affect their whole wellbeing and healing, their harmony with nature and perception of death. In *The Continuum Concept* Jean Liedloff observes, during her three-year stay, the Yequana's similar ease in raising children.

In a different context, comparing the effects of morphine with our own similar endomorphins (endorphins), Liedloff notes that the few hard-drug addicts who survive a long time, eventually attain their fill of what seems like the 'in-arms' experience. This brings them a new security with spontaneous freedom from the habit (Liedloff 1989).

Therapy can bring a change of values. Since the root of the human problem is neurosis, says Janov, we need a revolutionary consciousness, primal consciousness – a mind, integrated with and then liberated from internal realities, pain. He adds "Well people will logically produce a well society" (Janov 1975). After therapy, he says, the patients' major difference is in their value system. They value their time, the preciousness of life, beauty, the environment and sanctity of living things. What a relief to be able to love and be loved. (Janov 1991) Grof says that deep inner exploration tends to foster reverence for life, empathy for other species, and ecological sensitivity (Grof 1993). As Horia Crisan sees it:

> The I centred in the somato-psychic split has rendered humanity a biologically superior, but at the same time a matchlessly aggressive and cruel species. . . . The integrated I, no longer splitting and split, could thus become a true jewel of creation, . . . to become truly independent in acting creatively and to assume responsibility for this world (Crisan 1995).

Recalling mammalian brain memories can be disturbing, the contrast of acute affliction with a sense of the infinite, bliss. Oskar Sahlberg, extending Graber's view, thinks that the mystic's "ego boundaries are strong enough to encompass and contain the energies of the prenatal dimension. But if these boundaries are not strong enough they will break and the result is a psychotic" (Sahlberg 1999). When people come to confront the shadow and to look for their true selves, to reconsider society and its ways, most people need a safe holding group. S Francis seems an outstanding exception. Even during his conversion he could manage

his own ego boundaries – due partly, no doubt, to exceptional mother-son bonding (House AR 2000). Francis's remarkable transformation led spontaneously to his own holding group in which others managed their transformation. Today's psychological insight can deepen historical research into the personal and social Franciscan transformation. And that transformation in turn can inform our work. We can see that Lake, who on the one hand focused his attention on the single-cell zygote, was on the other hand equally passionate about transforming society. In his own italics:

Counselling, if it is not to be a flash in the pan, must have an institutional, socially validated group base, growing in relational caring and skills along with the individuals who are learning to care for their own hurt child with advancing skills. . . . The individual and the group must grow together (Lake 1981).

And not only for therapy and growth but for protection of coming generations; Lake urged those expecting or intending to have a baby:

To give priority to the provision of a peaceful and harmonious environment for the mother (Lake 1981).

Theological

The significance of Christian baptism in relation to birth memory has been recognised. As Oskar Sahlberg puts it: "when coming out of the water Jesus re-experienced his birth, but going backwards through it, into the prenatal realm" (Sahlberg 1999).

Lake's patients often perceived primal experiences theologically. The painful pressure on the engaged crown might be sensed as the crown of thorns. The infant sense of rejection as the cry of dereliction. Like Freud's pressure on a patient's head, the sometimes striking phenomena of Christian laying on of hands could owe something to primal restimulation. A mystical experience may be primal, overlaid by subsequent imagery. Emotional states can resonate with vivid stories we know. A hard and costly decision can evoke identification with Abraham's sacrifice of Isaac. Validated transpersonal communication is yet to be more clearly understood in terms of biology and physics.

It would have come as no surprise to Lake that S Francis of Assisi and his associate S Clare would often be reduced to tears by their midday meditation on the crucified Christ (House AR 2000):

(Clare's) focus on the profound grief and the acute pain of Christ's dying hours often left her in tears, but drew her further and further into the dimensions of the spirit. 'Sometimes', in the words of two sisters, 'after praying her face appeared more luminous than usual and the words emerging from her mouth were marked by extraordinary sweetness.' Her exaltation and calm were infectious, constantly strengthening the faith of her companions and sometimes physically healing them.

Lake, it is true, paid more attention to negative primal memories. He could possibly have made more of positive memories in healing. And, since we had not yet recognised that only in childhood does the neocortex take over consciousness from the mammalian brain, he attributed memory lapse merely to repression.

Through the healing of memories Lake contributed to individual health and a peaceful world, but in the process some were disturbed. He quotes Paul Tournier: when a patient has made deep personal contact, the style of talk changes. The images that spring to mind give rise to anecdotes, as with the Bible; "but the anecdote is no longer a story, it is an experience, a personal truth" (Tournier 1957). Lake refers to his "indebtedness to the majestic theology of Luther" and seems to find solace when a Lutheran minister confides in him about difficulties at his seminary. After three months practical pastoral training among suffering individuals, the students returned to college. Their theological questions, previously academic, had become burning issues. These were most unsettling to their professors (Lake 1966).

It was not only Lake's way of working that challenged. Profoundly respecting Pope John-Paul II he focused his challenge on him, in his book *With Respect*. With understanding of Pope John-Paul II's background, Lake exposes weaknesses in traditional thinking on many issues which include the body and emotions, contraception and abortion (Lake 1982).

Lake's Pioneering Achievement

Lake stands unique in two ways. One is the precision with which he discerned in our memories the stages of our reproductive journey. He emphasised that the most powerful lasting effects on a person were events during the first trimester; during the delicate processes of fertilisation, implantation, organogenesis and beginning of fetal circulation (Lake 1982). All the evidence he had gathered at his residential research workshops, 1978–1982, he said, pointed firmly to the first trimester as the time and place of origin of the common personality disorders, as well as psychosomatic reactions, allergies such as asthma and migraine, and particularly food allergies. Over 1000 subjects had worked with him on these courses in the UK, the United States, Finland, Sweden, Australia, India and Brazil (Ridgway 1987).

His second uniqueness is the depth in which he perceived experience in a theological context. Lake challenges the Western pain phobia, the desire to numb pain at all costs. Pain, an aspect of trauma, is also part of healing, as with the extraction of a wounding object. Therapy can take us through the healing, pain and all, especially if we can recognise it as a sharing in Christ's own creative suffering:

> The making of a new world of relationships in the middle of murderous, vicious violence is uniquely Christ's work. His Cross and suffering mediate forgiveness and proclaim a new state of affairs between God and man and between human beings (Lake 1981).

Lake dealt on the one hand with cells, hard biological facts and fetal memories, at the same time his words convey a high sense of adult potential and spirituality. Although he was religious, he was not restricted by the symbolism of his own religion. His last chapters, in flowing language, are about rising beyond the infatuation of transference to true worship; and S Paul's instruction in 1 Timothy 4.16, "Attend to yourself" in order to be free for others. I let Lake's final words speak for himself on the transformation of suffering:

So much of the horror of final affliction lies in the solitariness of the suffering. With someone else there, in whose face I can see every familiar agony of my own soul, the intensity and bearableness of the suffering are quite changed (Lake 1981).

Karl Popper had refuted Freud's claim that psychoanalysis was scientific because its tenets were not refutable. Alastair Campbell, highly respected literary critic, likewise refuted Lake's claim that his approach was scientific. Yet Campbell acknowledged Lake's stature and praised Lake's chapter *Infatuation and the Divine* as adventurous and imaginative inductive theology, "a theology growing from praxis" (Peters 1989).

In England, Lake often resisted by other professionals, and not always encouraged by the church, pushed back the primal frontiers almost single-handed. Pioneer, he laid no claim to perfection in clinical theology. An early death cut him short, rough-hewing a priceless path, from which we can branch out to the immeasurable benefit of patient and planet.

Appendix: Context and Follow-up of Lake's Work

Psychotherapeutic innovations ('germs of genius') valued by Lake,

- *Bio-energetics*, A Lowen, New York, Coward McCann and Geoghegan, 1975.
- *Gestalt Therapy*, FS Perls, New York Dell 1951
- *Reality Therapy*, W Glasser, Harper and Row 1965
- Re-evaluation Counselling, H Jackins, *The Human Situation*, National Island, Seattle 1973
- Primal Therapy, Arthur Janov, *The Primal Scream*, New York, Putnams 1970
- Tansactional Analysis, E Berne, *Games People Play*, Penguin 1964

Writers on personal development, society and psychotherapy particularly valued by Lake

- Erickson E, *Childhood and Society*, Penguin 1965
- Kierkegaard S, *Journals and Papers*, Indiana University Press 1955
- Mowrer OH, *The Crisis in Society and Religion*, Princeton, D van Nostrand 1961
- Truax CB and Carkhuff RR, *Towards Effective Counselling and Psychotherapy*, Chicago, Aldine, 1967

Sources on Lake

- Lake: *Clinical Theology*, *Tight Corners*, *With Respect*, *Third Trimester*, *In the Spirit of Truth*, unpublished papers.
- Other authors/editors: Carol Christian, Stephen Maret, John Peters, Roy Ridgway, David Wasdell, Amethyst, Clinical Theology Association (CTA).

Organisations currently extending Lake's ways of working:

- Clinical Theology Association
- Amethyst
- Meridian Matrix

References

Crisan H (1996) Das Ich und seine zwei Welten (The I and its two worlds). In: Jahrbuch für Ethnomedizin 1996 (Yearbook for Ethnomedicine). VWB, Berlin, pp 159–212
Dryden R (1978) Before Birth. Heinemann
Dunn PM (1995) Major ethical problems confronting perinatal care around the world. Int J of Gynecology & Obstetrics 51: 210
Freud S (1991) Studies in Hysteria. Penguin, London UK
Greenacre P (1945) The Biological Economy of Birth in Trauma, Growth and Personality. Hogarth, London UK
Grof S (1985) Beyond the Brain. State University of New York
Grof S (1990) The Holotropic Mind. Harper Collins, NY
Grof S (1993) The Cosmic Game. State University of New York
Hau TF, Schindler S (1982) Pränatale und Perinatale Psychosomatik. Hippokrates, Stuttgart
House AR (2000) St. Francis of Assisi. Chatto and Windus, UK
House SH (2000) Generating Healthy People. Nutrition and Health
Ingalls P (1997) Neurosciences: environment & violence, update of Birth Traumas, Violence Begets Violence. Int J of Prenatal and Perinatal Psychology and Medicine 9(2):
Janov A (1973) The New Primal Scream. Abacus, Sphere, London UK
Janov A (1975) The Primal Revolution. Abacus, Sphere, London UK
Janov A (1991) The New Primal Scream. Abacus, Sphere, London UK
Johnston W (1974) Silent Music. Collins, Glasgow UK
Jones E (1955) The Life and Works of Sigmund Freud. (Letter, Freud to Ferenczi, 13 Dec 1931) Hogarth, London UK
Kafkalides A (1980) The Knowledge of the Womb. Triklino House, Corfu, Greece
Kafkalides A (1987) The Power of the Womb and the Subjective Truth. Triklino House, Corfu, Greece
Kernberg P (1991) Children with Conduct Disorders. Basic Books, Harper Collins, USA
Kitzinger S (1991) Home Birth and other alternatives to hospital. Dorling Kindersley, London UK
Kotulak RM (1996) Inside the Brain. Andrew and McMeel, Kansas City, USA
Lake F (1966) Clinical Theology. Darton LT, London UK
Lake F (1981) Tight Corners in Pastoral Counselling. Darton LT, London UK
Lake F (1982) With Respect. Darton LT, London UK
Lake F (1991) In the Spirit of Truth. Darton LT, London UK
Leboyer F (1975) Birth Without Violence. Wildwood, Aldershot, UK
Liedloff J (1989) The Continuum Concept. (Duckworth 75) Arkana, London UK
MacMurdo S (1998a) Gonia to Implantation. 192 Springwell Rd., Groomsport, Co Down, BT19 2LY, UK
Marett SM (1992) Frank Lake's Maternal-Fetal Distress Syndrome. Drew University, NJ
Miller A (1991) Breaking Down the Wall of Silence. Virago, London UK
Moir A, Jessel D (1996) A Mind to Crime. Michael Joseph, UK
Moss R (1999) Clinical Theology Association, Queen's College, Edgbaston, Birmingham, B15 2QH, UK
Mott FJ (1965) The Universal Design of Creation. Mark Beech, Edenbridge, UK
Odent M (1984) Birth Reborn. Random, London UK
Odent M (1986) Primal Health. Century, London UK
Older J (1982) Touching is Healing. Stein and Day, NY
Pelletier KR (1978) Toward a Science of Consciousness. Dell, NY
Pert C (1998) Molecules of Emotions. Simon and Schuster, London UK
Peters J (1989) Frank Lake, the man and his work. DLT, London UK

Pribram KH (1971) Languages of the Brain: Experimental Paradoxes and Principles in Neuropsychology. Prentice-Hall, NJ
Rank O (1928) The Trauma of Birth. Kegan Paul, TTC, London UK
Ridgway R (1987) The Unborn Child. Wildwood, Aldershot, UK
Sadger I (1941) Preliminary Study of the Psychic Life of the Foetus and the Primary Germ. Psychoanalytic Review 28(3):
Sahlberg ON (1999) The Prenatal Self Becoming Conscious . . . Christ and Buddha. Int J of Prenatal and Perinatal Psychology and Medicine 11(1): 49–56
Seaborn-Jones G (1977) Interview with Jean Posey. Self and Society, June
Stettbacher K (1991) Making Sense of Suffering. Dutton, NY
Swartley W (1977) Self and Society. Interview, June. (Ridgway 1987)
Tournier P (1957) The Meaning of Persons. SCM, London UK
Wasdell D (1998) Abstract for 12th Congress of ISPPM in Congress Guide
Winnicott DW (1949) Birth Memories, Birth Trauma, and Anxiety. In: Winnicott DW Collected Papers. Tavistock, London UK, 1958
Zohar D (1991) The Quantum Self. Flamingo, London UK