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PSY 460- Prenatal Psychology

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Chapter 2- Maret

8. Discuss the various components of Lake's maternal-fetal distress syndrome, including the aspects of both maternal "umbilical affect" and fetal response. What do you think of these components?

The components of Frank Lake's maternal-fetal distress syndrome includes a phase that he would term as blastocystic bliss. This is the period between fertilization and implantation when the blastocyst is just floating along in a conscious and carefree state within the mother's reproductive tract- usually in the fallopian tube(s). The blastocyst is thought to be in union with the 'Absolute' in this phase, and as such is in a perpetual state of bliss- free from distress and the inevitable transmission of neural-hormones that come with attachment to the womb. It is remarkable to consider that the happiest time of a human's existence is so short-lived and so soon forgotten.

After this 7-10 day phase of bliss, implantation the second component of his paradigm occurs. With implantation begins the process of what Lake terms the "*umbilical affect flow*". The umbilical affect flow can be defined as "***the feeling state of the fetus as brought about by blood reaching him through the umbilical vein.*** In other words, the zygote/fetus feels and experiences in utero what its mother is feeling and experiencing in the real world. Lake has proven that the fetus is capable of receiving not only nourishment from mom through the umbilical cord, but also the chemical messages in her bloodstream (passed along through the umbilical vein) that communicate her mood-state to the fetus (Whoa!). The fetus then has to determine *how* to interpret the messages he is receiving from mom (poor kid!). Will he (or she) passively accept them, reject them, or become so overwhelmed by them (negative feelings) that he (or she)

becomes disconnected in being and feeling toward her? The fetus responds and reacts to each maternal emotion not knowing which emotions are directed toward him/her or others.

Manifestations of maternal “umbilical affect” are the Positive Affect, Negative Affect, and Strongly Negative Affect. These terms are as they sound and basically describe the emotional state of the expectant mother and the affect upon the fetus. Each “umbilical affect” stimulates a “**Graded Level of Fetal Response**”, remember the fetus is trying to figure out how to react to emotion signals being received- are they toward him? Others? Do they make him feel happy? Anxious? Afraid? Distressed? Fetal responses are generally in accord with the nature of the “affect”. For example, in Positive Affect the mother manifests positive emotions such as joy, excitement, and acceptance of the pregnancy and fetus, thereby creating an environment that amply supplies the physical, emotional and spiritual needs of the fetus. Her “Warm Womb” encourages the *ideal* fetal responses of joy and receptivity, as the fetus is bathed in feelings of loving acceptance and positive regard.

When the maternal-fetal affect flow is **Negative** the fetus becomes distressed because it feels ignored and unnoticed by the mother. The feelings of disregard and non-recognition keep the fetus from thriving because he/she is fixated on getting the attention of mother. **Negative Affect** often leads to a fetal response of *coping*. Though the fetus does not receive everything it needs on the spiritual and emotional level on a regular basis, it recognizes that its basic need for nourishment is consistently met which means there can be some maternal-fetal trust. Fetuses that learn to cope through maternal-fetal negative-affect usually stand a greater chance of successfully coping with the high’s and lows of life in the world outside of the womb. On other grade levels, these fetuses may choose to cope by internalizing the affect-to the physical detriment of their own well-being and bodily development- or by learning to comfort their distressed mothers, earning them the moniker “fetal therapists”.

Finally, when the maternal-fetal affect is **Strongly Negative** because of a myriad of distressing factors that could range from family to finances to health concerns, the fetus becomes completely overwhelmed by the frequency and intensity of negative emotions permeating the

intrauterine environment. Lake describes it as the fetus being “marinated” in misery (Maret, 2008, 21) the fetus can respond several ways- learning to cope, learning to oppose or learning to accept the invasion of emotional distress. Most often the fetus will respond with **Opposition**. **Opposition** occurs when the fetus learns that its mother cannot be trusted to meet its emotional and spiritual needs. In a sense, the fetus detaches itself from the negative emotions to save itself from becoming overtaken by them. Some fetuses remain incredibly resilient throughout manifestations of **strongly negative-affect**, therefore responses may vary. However, when the affect-flow from the mother becomes so negatively oppressing beyond the fetus capability to oppose it, the final fetal response is **Transmarginal Stress**, when the fetus gets to this grade level he/she is more content with dying than living- Freud might say the “death instinct” (Thanatos) has become activated. Therefore, it is the fetus who *survives* the strongly negative umbilical-affect that runs the greatest risk of M-FDS, and other personality or behavioral disorders later in life.