Birth Trauma?

By
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A critical analysis of D.W. Winnicott's paper 'Birth Memories, Birth Trauma and Anxiety' in his Collected Papers, exposing the fallacy in Winnicott's argument that birth is non-traumatic because 'normal'.

Produced By: Meridian Programme, Meridian House, 115 Poplar High Street, London E14 0AE,
Hosted by: Unit for Research into Changing Institutions (URCHIN), Charity Reg. No. 284542
Web-site: www.meridian.org.uk

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[Position paper, critique and commentary on the paper 'Birth Memories, Birth Trauma, and Anxiety' (1949) Revised (1954) by D.W. Winnicott, being Chapter 14, Pages 174 - 193, in 'Collected Papers: Through Paediatrics to Psycho-Analysis', Tavistock Publications 1958]

This work is complementary to the analysis and critique of Winnicott's collected papers 'The Maturational Processes and the Facilitating Environment'. My motivation in writing this further paper stems from the need for a framework of understanding behaviour in human groups and institutions which are subjected to such levels of stress across their boundaries as to render the normal growth processes of those groups untenable and to threaten the survival of the group itself. It is under these conditions that primitive defences against anxiety emerge which have their roots in the primitive or paranoid-schizoid anxiety defences of the individual. Psychoanalytic examination of the origin of these anxiety defences is therefore fundamental to the understanding of the processes to which they give rise in interpersonal, group and inter-group dynamics.

Transference from one discipline to another takes time. So it is that the insights of psychoanalysis, which are currently being applied in group dynamics stem from a period in the psychoanalytic field which is prior to the use of LSD abreaction therapy. This period is dominated by Sigmund Freud, Melanie Klein, and D.W. Winnicott, among others, whose understanding of the experience and significance of birth does not have the benefit of more recent techniques of regression analysis. It is, however, from the psychoanalysts of this period that the theories of group dynamics of today are drawn.

In addition to this time shift, another difficulty is encountered, namely that the work of group dynamics concentrates on processes in the interpersonal, group and inter-group behaviour of individuals who are not in need of therapy (or at least are assumed not to need therapy). The intrapersonal worlds of the participating subjects are not subject to analysis. I am aware, of course, of the use of group dynamic analysis as a tool used in analytic psychotherapy, in which the behaviour of an individual patient within a group aids the analyst in diagnosis and the patient in development. In this paper I shall not be paying attention therefore to therapeutic groups, but rather to those used for personal growth or behaviour training and institutional understanding.

Now the task of a psychoanalyst, with particular reference to his therapeutic role, is so to engage with persons whose behaviour falls significantly far away from the mean, or norm, of social behaviour for that society to require some modification of the person's behaviour, and/or for the persons themselves to seek behaviour modification in order to sustain tolerable relationships with the wider society. The psychoanalyst's concern is therefore with deviation from norm, and that which is significant in his field owes its significance to such deviation. The psychodynamics which generate normal behaviour, i.e. that which is close to the mean of that which is socially acceptable, is non-significant and herein lies one of the most acute difficulties in the transference of insights from psychoanalytic theory to that of group

dynamics. In the latter discipline it is precisely the behaviour of the norm which is the subject of study and provides the significant data. In so far as intrapersonal dynamics contribute to normal behaviour, therefore, it is the insignificant data from the field of psychoanalysis which provides the significant data in the field of group dynamics. It must also be said at this juncture that significantly deviant behaviour, in terms of the concerns of the psychoanalyst, will also show up as significantly different behaviour from the normative group dynamic phenomena, be it in terms of divergence or intensification of behaviour patterns within a group whose membership contains one or more persons significantly disturbed in psychoanalytic terms.

What would seem to be required is a shifting of the origin, so that instead of the zero coming at the mean point of the distribution curve, it comes well to the left, and the whole distribution pattern of human behaviour comes within the field of examination.

Provided this understanding is kept in mind, the debate about the significance or otherwise of what Winnicott calls 'normal birth' will become clearer.

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This paper, in common with other position papers, takes the form of a series of quotations from the work of Winnicott, set in the context of critique and commentary. Quotations are denoted by indentation and identified by page number.

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Winnicott begins his discussion of birth experience with reference to the work of Freud, who originated the idea that the symptomatology of anxiety might be related to birth trauma. There is a certain amount of confusion noted by Winnicott as to whether birth memories are individual or racial, whether birth can be normal or whether trauma is an inherent part of birth, or a variable and chance accompaniment. He also notes the development in Freud's own thinking over time. Winnicott recognises his indebtedness to Freud, noting that he can find pointers and reference to almost everything he has written somewhere within Freud's own writing. He eventually picks as his best starting point the quotation,

> Page 174
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> 'Now it would be very satisfactory if anxiety, as a symbol of separation, w ere to be repeated on every subsequent occasion on which a separation took place, but unfortunately we are prevented from making use of this correlation by the fact that birth is not experienced subjectively as a separation from the mother, since the foetus, being a completely narcissistic creature, is totally unaware of her existence as an object.' Again, comparing birth with weaning, (Freud) says, 'the traumatic situation of missing the mother differs in one important respect from the traumatic situation of birth. At birth no object existed and so no object could be missed. Anxiety was the only reaction that occurred.'

It is clear that separation anxiety can only be experienced once the capacity for object relations has begun to develop, though conversely, it could be argued that it is only out of experiences of separation that the awareness of an other is brought into being, which itself generates the consciousness of the other object, with which the baby relates. In this case it is the experience of anxiety itself which is primary. The object with which it is associated in subsequent development, which enables analytic identification of separation anxiety, is secondary. I would submit, therefore, that the separation from the primal holding environment which is involved in birth, is the originating matrix of separation anxiety, which is not distinct in kind, but only in secondary identification. (The quotation from Freud was taken from Inhibitions, Symptoms, and Anxiety, 1926, London, Hogarth Press).

Winnicott notes the work of P. Greenacre in study and interpretation of Freud's understanding of the origin of anxiety and its relation to birth trauma and Winnicott notes,

> Page 175
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> 'I had thought that Freud believed that in the history of every individual there were memory traces of the birth experience which determined the pattern anxiety would take throughout the life of the individual. Greenacre appears to think, however, that Freud linked anxiety with birth by a sort of collective unconscious theory, with birth as an archetypal experience..... But Freud ..... held the view that the personal experience of birth is also important to the individual.....'
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> 'In the paper 'The Biological Economy of Birth' by P. Greenacre 1945, she writes,'
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> Page 176
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> 'In summary, it seems that 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. There is ordinarily a patterning of the aggressive-libidinization of certain body parts, according to the areas of special stimulation. 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 organization of the anxiety pattern, thereby increasing the defense of the infant, and it leaves unique individual traces that are superimposed on the genetically determined anxiety and libidinal patterns of the given infant.'

Both Freud and Greenacre attribute importance to the birth experience with particular reference to the individual's anxiety defence pattern. If this position is substantiated then it is to normal birth experience that one would look for the organising factors in normal anxiety defences which would emerge at interpersonal, group and inter-group levels within the study of group dynamics. Winnicott notes on page 176 that the most important method of studying the birth trauma is the psychoanalysis of adults and children rather than clinical observation of the birth process, although such a background is important to the subsequent psychoanalytic formulation.

The next section of Winnicott's paper is devoted to the substantiation from case study work of the existence of birth experience traces within the body memory of persons presenting themselves for psychoanalysis. Winnicott then proceeds to differentiate between birth experience and birth trauma.

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> I use the words 'birth experience' instead of 'birth trauma'..... I feel that Freud's remarks become very much more understandable when he separates birth experience from birth trauma ..... Possibly birth experience can be so smooth as to have relatively little significance. This is my own view at present. Contrariwise, birth experience that is abnormal over and above a certain limit becomes birth trauma, and is then immensely significant.
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> 'When there has been a normal birth experience, birth material is not likely to come into the analysis in a way that draws attention to itself. It will be there, but if the analyst does not easily think in birth terms the patient is not likely to force the issue in these terms. There will be more urgent and apposite settings for the anxiety with both patient and analyst are trying to reach.
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> 'When, however, birth experience has been traumatic it has set a pattern. This pattern appears in various details which will need to be interpreted and dealt with each in its own right, at the appropriate time.'

If the stress or impingement of the birth experience could be coded on a scale from minimum to maximum stress, and frequency of stress occurrence plotted on a distribution curve, then Winnicott would define as normal birth experience (i.e. non-traumatic) all those occurrences of birth coming to the left of a given point on the scale, and these he would see as non-significant in psychoanalytic terms, since they do not lead to deviation from normal behaviour, in ways which call for psychoanalytic treatment. Only those especially difficult birth experiences which move towards the traumatic or very traumatic end of the spectrum present significant data for analysis. So he proceeds,

> Page 180
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> 'It would be useful to give three categories of birth experience. The first is a normal, that is to say healthy, birth experience which is a valuable positive experience of limited significance; it provides a pattern of a natural way of life. This sense of the way of life can be strengthened by various kinds of subsequent normal experiences, and so the birth experience becomes one of a series of factors favourable to the development of confidence, sense of sequence, stability, and security, etc.
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> 'In the second category comes the common rather traumatic birth experience which gets mixed in with various subsequent traumatic environmental factors, strengthening them and being strengthened by them.
> 'I refer at a later stage to the extreme of traumatic birth experience, which provides a third category or grade.

'It will be seen that it is difficult for me to think that what happens in anxiety is determined by birth trauma, because that would mean that the individual who is born naturally has no anxiety or has no way to show that he is anxious. This would be absurd.'

The absurdity, however, appears to be more tautological than empirical. In other words the absurdity stems from his definitions and the absurdity of definition stems from the non-significance of the normal for the psychoanalyst. If normal, non-traumatic birth is seen as non-significant then that is dismissed as a source or matrix of anxiety defence. Therefore, only those more rare, traumatic experiences of birth could act as the origin of anxiety defence, but since anxiety defences are general and birth trauma is not, therefore, ipso facto, anxiety defences are not generated by birth trauma. There is, of course, another way of looking at this material. Moving the origin of significance so that the normal is seen to be significant, we see that birth experience itself can be the matrix of anxiety defences which are abnormally reinforced or distorted by birth trauma of the more extreme kind. One thus sees that birth experience can determine what happens in anxiety, while birth trauma may intensify the anxiety defence. Only if normal birth experience is considered non-significant can it be non-originating of anxiety defence. The lack of significance, I suggest, stems from the concern of psychoanalysis with the abnormal, and precisely not from the lack of effect of birth experience on normal development.

Winnicott then moves on to a discussion of the meaning of the word 'anxious'

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'I cannot think of a baby as being anxious at birth, because there is no repression or repressed unconscious at this early date. If anxiety means something simple like fear or reactive irritability, all is well. It seems to be that the word 'anxious' is applicable when an individual is in the grips of physical experience (be it excitement, anger, fear, or anything else) which he can neither avoid nor understand; that is to say, he is unaware of the greater proportion for the reason for what is happening. By the word unaware I am referring to the repressed unconscious. Should he become rather more conscious of what is afoot, he will no longer be anxious, but instead he will be excited, afraid, angry, etc.

'Freud in 'Beyond the Pleasure Principle' states: "Angst denotes a certain condition as of expectation of danger and preparation for it, even though it be an unknown one:' But he does not seem here to express what I am trying to say, that the individual has to have reached a certain degree of maturity, with capacity for repression, before the word anxiety can be usefully applied. This is an example of the considerations which make me want to ask that the theory of relationship between anxiety and birth trauma should be held in abeyance while work is being done on the psychology of the infant before, during, and after birth.'

Here again, Winnicott's definition of anxiety as being separation anxiety with the object from which the separation is experienced being repressed into the unconscious, determines his theoretical stance. My thesis is that the separation which is experienced at parturition is actually the separation from the holding environment in toto. There is, by mirroring, a loss of being itself within the continuity of foetal experience, so that the matrix of anxiety defence

has not to do with part objects buried in the repressed unconscious, but with that fear of loss of being, associated with the loss of total supportive environment, and indeed with the persecutory nature of that environment during the impingement of normal birth experience. By only allowing the word 'anxiety' to be used of the object-related separation anxiety associated with more mature episodes of the repressed unconscious, Winnicott cuts himself off from the continuity of angst stemming from the primal impingement on the foetal being in reaction to which he experiences not one of part-terror or part-fear, or anger associated with an object, but of total or holistic fear, disintegration, terror, persecution associated with the cosmic environment, i.e. the world environment of the foetal centre of being. I think it is this fundamental experience which sets the pattern for subsequent experiences of loss associated with persons and objects, experiences which, if traumatic in intensity, give rise to repressed unconscious contents and emerge in later analytic study as separation anxiety.

Before pressing further into the examination of the effects of birth trauma as distinct from normal birth experience Winnicott makes an aside on the clinical behaviour of the analyst.

> Page 181
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> '.....Talking with the patient about the birth trauma is something that is extremely likely to be side-tracking the main issue. I would doubt the value of an interpretation along birth trauma lines in the case of a patient who is not deeply regressed at the time in the analytic situation, and who is not clinically ill in the times between analytic sessions.'

Here Winnicott's fundamental position is enshrined in clinical practice. Normal birth experience is not significant for the analyst since it does not lead to deviation from normal behaviour. Therefore, unless the deviation is particularly extreme and is clearly associated with traumatic as distinct from normal birth experience, it is a deflection from the analyst's task to raise issues, make interpretations, or focus attention onto birth material. I take it the social task of an analyst has something to do with maintaining social defences against anxiety and defending them from disturbance. His work is only sanctioned in so far as it serves this purpose. It is unlikely, therefore, that the analyst will be aware of his own collusions with the normative anxiety defence system employed both individually and collectively by members of the society which sanctions his own work. To intervene in normative social defences against anxiety is to transgress the professional brief and would therefore expose the analyst concerned to societal projection of those anxieties whose defences were being modified. In other words the analyst would himself be designated deviant and in need of analysis in order to restore him also to the pattern of socially accepted defences.

In the case of the analysis of normal birth experience and the anxiety defences associated with it, the analyst concerned would be seen as the causal origin, or disturbing point, from which the anxieties of total environmental collapse, loss of being, disintegration, crushing, chaoticisation, and so forth were stemming. In other words he would be seen as a psychotic focus in society, whose anxiety defence system would be mobilised in order to neutralise his intervention.

If the main issue in psychoanalysis is the restoration to acceptable levels of deviation from the norm of that behaviour which has transgressed the limits of toleration of deviation, then it is indeed a side-track to examine any behaviour which actually comes within the accepted or

standard deviation from the norm. Anxieties raised by society within the analyst will be adequate to suppress his interventions within this field. They will also collude with his own normal anxiety defence system which remains unanalysed, resonating with the multi-individual anxiety defences in place in the society around him. It is this set of unconscious collusions underlying the common social defences of both analyst and society which prevents the analyst, and indeed the profession of psychoanalysis, from engaging as change agent by exercising an insightful and interpretative analytic role engaged with normal behaviour. This is one of those patterns which helps to preserve the status quo and to protect the accepted and acceptable conscious world of humanity from being invaded by those irrational unconscious areas which are present for every-man on the boundaries of experience.

BIRTH EXPERIENCE

Winnicott begins his examination of birth experience with comments on the different effects of stimuli of different intensities upon the experience of the foetus.

> Page 182
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> 'In health environmental disturbances of a certain degree are valuable stimuli, but beyond a certain degree these disturbances are unhelpful in that they bring about a reaction. At this very early stage of development there is not sufficient ego strength for there to be a reaction without loss of identity.'

In connection with this Winnicott recounts a particular piece of casework in which the patient said,

> Page 182
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> 'At the beginning the individual is like a bubble. If the pressure from outside actively adapts to the pressure within, then the bubble is the significant thing, that is to say the infant's self. If, however, the environmental pressure is greater or less than the pressure within the bubble, then it is not the bubble that is important but the environment. The bubble adapts to the outside pressure.'

This picture, drawn from a regressed position under analysis has strong parallels with the models being used to describe group or institutional behaviour within its environment. When the environment is supportive or adaptive, it is the intra-institutional life which is dominant and important. When the environment, however, does not adapt to changes within the institution, but generates greater or lesser pressures across the boundaries of the institution concerned, then the institution has to change in relation to the environment, and the environmental issues become dominant. This is precisely the model which has recently been adapted in analysis of the growth and influence of a congregation within its social context, with the added concept that a traditionally structured congregation has negative feedback loops associated with its growth dynamics which eventually slow down and halt its capacity to sustain growth, at which point the environmental pressures become determinative of intra-institutional dynamic. The equilibrium condition of the institution reacts much like a bubble caught under water while varying pressure is applied to the liquid environment. The coincidence of symbol used to express the experience of intra-uterine regression under

psychoanalysis and equilibrium condition of a regressed paranoid-schizoid institution within its social environment seems to me to be highly significant. Primal therapy of the institution is apparently called for under such conditions.

Returning to the theme, Winnicott continues,

> Page 183
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> 'Before birth, and especially if there is delay, there can quite easily be repeated experiences for an infant in which, for the time being, the stress is on environment rather than on self, and it is likely that the unborn infant becomes more and more caught up with this sort of intercourse with the environment as the time for birth arrives. Thus in the natural process the birth experience is an exaggerated sample of something already known to the infant. For the time being, during birth, the infant is a reactor and the important thing is the environment; and then after birth there is a return to a state of affairs in which the important thing is the infant, whatever that means. In health the infant is prepared before birth for some environmental impingement, and already has had the experience of a natural return from reacting to a state of not having to react, which is the only state in which the self can begin to be.
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> 'This is the simplest possible statement that I can make about the normal birth process. It is a temporary phase of reaction and therefore of loss of identity, a major example, for which the infant has already been prepared, for interference with the personal "going- along", not so powerful or prolonged as to snap the thread of the infant's continual personal process.'

Attention has elsewhere been drawn to disturbance in the logical presentation of Winnicott's ideas around the birth matrix and this passage contains another example. In this latter quote Winnicott refers to the natural process of normal birth as an exaggerated sample of something already known, in which the degree of exaggeration pushes the infant to the point of becoming a reactor, during which period the causal core shifts from self to environment. Although the reaction phase is temporary, Winnicott speaks of it as causing a loss of identity, albeit an experience of self-loss (death?) of which there have been previous intimations. If this passage is compared with the previous quotation from page 182, it is seen that stimuli which are so intense as to bring about a reaction are there designated as unhelpful and unhealthy, since at this very early stage of development there is not sufficient ego strength for there to be a reaction without loss of identity. It is also interesting to note that Winnicott transposes symbolism from the abreaction of deep regression in a person who by implication within the description of the case study had undergone a fairly severe amount of restriction and pressure and rigidity which created a reactor position within the foetal experience. Winnicott takes material from this analysis and transposes it to the normal, healthy, non-significant birth experience, so unconsciously attributing to normal birth process those very roots of anxiety defence, loss of identity, and reaction which he has previously implied belong to the realm of birth trauma rather than normal birth experience. I think Winnicott understands that normal birth experience is indeed an intense point of reaction, loss of identity, and environmental impingement, which makes the experience of normal birth extremely significant for normal people. Significance, however, being generated within the field of psychoanalysis by deviation from the norm, is rendered negligible by the origin from which measurement is made.

The dislocation in Winnicott's thinking is even more pronounced in his next paragraph,

> Page 183
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> 'It will be noted that I do not at present hold that it is essentially traumatic to start breathing. The normal birth is non-traumatic by virtue of its non-significance. At the birth age an infant is not ready for prolonged environmental impingement.'

But Winnicott has just been arguing that the normal birth is non-significant because it is non-traumatic! It seems that w e are dealing with a definition of trauma as that which gives rise to aberration from social norms of behaviour. Clearly, if any experience is traumatic, but normal, it will be non-significant, and therefore non-traumatic. Again, we are forced to the conclusion that the difficulties experienced by Winnicott, both in the practice and the theoretical construction of psychoanalysis, stem from the chosen existential viewpoint from which his measurements of significance are made.

If the earth is assumed to be still, and all measurements of motion taken relative to the earth, we get a different view of the universe from that which emerges by assuming the centre of the Milky Way galaxy to be still, in which case movement of the centre of the earth becomes very significant. There is no absolute fixed point, and if we allow psychoanalysis to move away from pre-Copernican views of personality into the relativistic universe, then we must devise laws which hold true from whatever point within social space those measurements are taken. To take the stance that the point of parturition is the still point of social space is to blind the would-be analyst to the significance of his original position. The retention of this pre-Copernican analytic position is understandable in view of the pressures upon the analyst to collude with the social defence systems, just as Copernicus himself faced devastating irrational anxiety- projection in challenging the contemporary Weltanschaung.

Winnicott continues to explore the concepts of significance and trauma in the words,

> Page 183
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> 'It is precisely by reason of its being significant to the infant that experience of the birth trauma is psychologically traumatic. The individual's personal "going along" is interrupted by reactions to prolonged impingements. When birth trauma is significant every detail of impingement and reaction is, as it were, etched on the patient's memory in the way to which we become accustomed when patients relive traumatic experiences of later life (the sort of experiences that are sometimes successfully recovered by abreaction or by hypnosis).'

The criteria of significance as that of 'being significant to the infant' changes ground somewhat. The problem is that we have no way of knowing whether birth experience has been significant to the infant and therefore psychologically traumatic, except through the evidence of later analysis, but w e have already seen that which is significant in analysis is that which deviates from the norm, so that which is normally significant to the infant will not show up as significant in analysis. It is quite clear that Winnicott's argument does not establish the significance or otherwise to the infant of normal birth experience, since by definition and methodology normal experience is non-significant. We still face the question, therefore, as to the significance of normal birth experience not in establishing deviation from

normal experience but in establishing the criteria and characteristics of that very experience itself. It is this point which is fundamental for the analysis and understanding of normal anxiety defence systems as these operate within adults and within human groups where the primary interest is in maturation, development, training and institutional behavioural simulation, rather than in therapy. It would seem therefore that that which is non-significant to the psychoanalyst engaged in therapeutic interventions with people whose behaviour deviates from the norm may be of central significance to the psychoanalyst seeking to understand the dynamics of normal behaviour, and hence at an interpersonal level to the group dynamics analyst seeking to understand interpersonal, group and inter-group reactions of 'normal' people. The causal parameters for normal behaviour are non-significant in therapy, but are of primary significance in training. Quite clearly, therefore, it is the task of the analyst which determines the significance of data and hence the definition of trauma in Winnicott's terms. His mistake appears to be the projection of significance that stems from his own task onto the experiential significance viewed from the perspective of the foetal/infantile subject.

Before moving to more detailed examination of experiences within birth Winnicott concludes his theoretical treatment of trauma with the words,

> Page 183
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> 'It may be pointed out that the most important thing is the trauma represented by the need to react. Reacting at this stage of human development means a temporary loss of identity. This gives an extreme sense of insecurity, and lays the basis for an expectation of further examples of loss of continuity of self, and even a congenital (but not inherited) hopelessness in respect of the attainment of a personal life.'

The series of logical slips, discontinuities, and contradictions within this treatment is, I think, itself evidence of the fragmentation stemming from normal birth experience within Winnicott's own intrapersonal unanalysed world (unanalysed because non-deviant from the norm). Here we meet another definition of trauma in terms of the need to react. In other words that is traumatic in which the self is overwhelmed by environmental impingement, so leading to the temporary loss of identity and providing the matrix, or basis, around which the core of 'angst', or sense of insecurity, and the expectation of loss of continuity, or comfortable being, at homeness within the universe, is built. The description of reaction fits precisely the terms Winnicott has used to describe normal birth experience, and therefore in his own terms it would seem that normal birth experience is traumatic. However, from the analyst's point of view that trauma is non-significant because normal. The argument would therefore appear to be not about the traumatic nature of birth, but about the significance of that trauma. The criteria used for determining significance stem from the task of the person assigning significance. If the analyst is dealing with deviation from the norm, then only those birth experiences which are abnormally traumatic are significant. If, on the other hand, the analyst is seeking to determine the effects of birth experience upon normal development, then the trauma of normal birth experience is also significant. The selectivity of material, and attribution of significance to data, stemming from the concerns of analysis of deviation from norm rather than the analysis of the causal dynamics underlying normal development, dominate the rest of Winnicott's treatment of birth experience. In other to clarify this section I shall insert subheadings of my own.

UNCONSCIOUSNESS

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> 'The repeated phases of unconsciousness (here the word is used in the physical sense) either due to brain changes or to the anaesthetic administered to the mother, are unlikely to prove significant. When the patient gives a clear picture of having become unconscious once or several times in this situation it is likely that what is being re-enacted is the snapping of the thread of continuity of the self due to the repeated phases of prolonged reaction to environmental impingements, such as pressure. Unconsciousness (as after concussion) is not remembered.'

So in traumatic birth we find points at which the loss of identity is so acute as to be remembered in the body trace by periods of unconsciousness. In other words, periods of experience in which the impingement is so traumatic as to be repressed into the unconscious, so giving it discontinuity in conscious being, which forms the archetypal split around which subsequent impingements, persecutions, etc. are organised. These periods of unconsciousness become significant in traumatic birth for the analyst because they generate behaviour which is sufficiently deviant from the social norm. It would appear to be implicit in Winnicott's work that the experience of parturition is traumatic and is significant in the establishing of normal dynamics. It may well represent the initiation of the normal unconscious. I take it that any point at which the foetal being becomes a reactor, suffers loss of identity, and discontinuity of self, all of which Winnicott attributes to normal birth experience, is a point of unconsciousness. It would seem reasonable to posit that the first point of unconsciousness in foetal experience is the origin of the unconscious and the source of subsequent splitting and holistic paranoia (as distinct from that paranoia which is associated with part objects, and/or deprivation) which forms the nucleus of anxiety defence of the paranoid-schizoid position.

HELPLESSNESS

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> 'Among features typical of the true birth memory is the feeling of being in the grips of something external, so that one is helpless..... The point is that the external impingements require the baby to adapt to them, whereas at the birth age the baby requires an active adaptation from the environment. The infant can stand having to react to impingement over a limited period of time.'

The archetypal experience of powerlessness in which potent causality shifts from self to environment is laid down in birth. Again, in passing, we find the principle laid down that 'at the birth age the baby requires an active adaptation from the environment', followed by a modification of the principle in order to make way for Winnicott's own criteria of significance. Apparently in contradiction of his previous sentence Winnicott continues, 'The infant can stand having to react to impingement over a limited period of time'. Presumably the criteria 'being able to stand' is in reality a clothing in terms of tolerance of experience which is normal. If something is intolerable but normal it is by definition tolerable, however

traumatic; if it is common, it is not significant and therefore not traumatic. It would seem that it is from this nucleus of helplessness that come normal reactions in positions of powerlessness, overwhelming natural disaster, etc., when the environment becomes the controlling factor and reduces the adult, the group, or the society, to a reactor.

UNLIMITED TIME

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'Belonging to this feeling of helplessness is the intolerable nature of experiencing something without any know ledge whatever of when it will end. A prisoner- of-war may say that the worst part of the experience is that there is no knowing when the imprisonment will end; this makes three years worse at the time than a twenty year's sentence. It is for this reason fundamentally that form in music is so important. Through form the end is in sight from the beginning. One could say that many babies could be helped if one could only convey to them during prolonged birth that the birth process would last only a certain limited length of time. However, the baby is unable to understand our language; moreover there is no precedent for the baby to use, no yardstick for measurement. The birth age baby has a rudimentary knowledge of impingements which produce reaction, so that the ordinary birth process can be accepted by the infant as a further example of what has already happened; but a difficult birth goes far beyond any prenatal experience of impingement that produces reaction.'

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'I suppose that in a memory trace of a normal birth there would be no sense of helplessness. The infant would feel that the swimming movements of which we know a foetus is capable, and the movements that I have referred to under the word reptation [wriggling through a hole head first without the use of arms or legs as in the exploration of narrow underground cave systems], produce the forward movement. The actual birth can easily be felt by the infant, in the normal case, to be a successful outcome of personal effort owing to the more or less accurate timing. I do not believe that the facts justify the theory that the birth processes itself is <u>essentially</u> a condition in which the infant feels helpless. Very frequently, however, delay produces this very thing, helplessness, or sense of infinite delay.'

In this section Winnicott appears to me to be entering the field of speculative and his material is shot through, more than usual, with projection from later periods and patterns of development. The concept that impingement is made more tolerable if limited duration is known involves the development of capacities for sustaining delayed gratification, coupled with an awareness of the passage of time, which are quite inappropriate for the birth-age baby. I would suggest that any impingement at this stage of development is experienced as a timeless onslaught of the environment, a change of state experienced in the here and now without any hope of its future alleviation, or dread of its infinite extension. I think it must be the quality of impingement rather than its duration therefore that is significant to the birth-age baby. The raising of the limits of toleration by giving information about the duration of impingement is only appropriate at a much later stage of development.

The distinction must be made between projection of mature experience onto the foetal infantile world, and the triggering into adult behaviour of anxiety patterns, by association with infantile experience. So, for instance, in adult life an environmental impingement of unknown and possibly extended duration triggers the reaction of helplessness by association with unconsciously held reactions, stemming from the birth experience. We find phrases like 'there are no answers', 'there is no way through', 'we are stuck', 'it's like hitting your head on a brick wall', 'it felt as if it was the end of the world', and so forth used to describe adult encounter with extended environmental impingement.

The quotation from page 186 is introduced by the words 'I suppose'. The passage appears to be a reconstruction by projection and is, therefore, speculative rather than being based on clinical data achieved under analysis, since from Winnicott's position no analysis of normal birth experience would show up as significant in clinical data. It might be better to rephrase Winnicott's opening sentence as 'In the memory trace of a normal birth there would be no abnormal sense of helplessness'. The rest of the quotation appears to be a projection of insignificance onto the normal. His conclusion, 'I do not believe that the facts justify the theory that in the birth process itself there is essentially a condition in which the infant feels helpless', is rightly cast in credal form, since it is the product of the assumptions upon which Winnicott is operating, namely that in normal birth there is essentially nothing significant, precisely because it is normal

EGO ORGANISATION

Page 184

'In the case of one patient in whose analysis there was a particularly good opportunity to watch the birth process, since it was relived repeatedly, I became able to detect each ego nucleus as it appeared in reaction appropriate to the type of impingement..... Perhaps these considerations throw light on the difficulty we have in describing the weak ego of the immature individual knowing as we do how tremendously strong each ego nucleus is. What is weak is the integration of a total ego organization.

'In the present context there is a great deal that can be said about what happens when, with extremely immature ego organization, an infant has to cope with an environment which insists on being important. There can be a false integration which involves some kind of abstract thinking which is unnatural. Here again there are two alternatives; in the one case there is a precocious intellectual development; in the other case there is a failure of intellectual development. Anything in between these two extremes is of no use. This intellectual development is a nuisance because it is derived from too early a stage in the history of the individual, so that it is pathologically unrelated to the body with its functions, and to the feelings and instincts and sensations of the total ego.

'Here it may be observed that the infant that is disturbed by being forced to react is disturbed out of a state of "being". This state of "being" can obtain only under certain conditions. When reacting, an infant is not "being". The environment that impinges cannot yet be felt by the infant to be a projection of personal aggression, since the

> stage has not yet been reached at which this means anything. In my opinion a severe birth trauma (psychological) can cause a condition which I will call congenital, but not inherited, paranoia. Observation of many infants in my clinic gives me the impression that a severe paranoid basis can be present immediately after birth.'

Here Winnicott notes the matrix or nucleus of the process of splitting (schizoid) in response to environmental persecution (paranoid). Consistently with his position, however, he associates these developments with abnormal, intense, impingements which are significantly different from normal birth experience to justify his use of the word trauma (i.e. impingements which set up reactions, leaving behaviour patterns which are significantly deviant from the social norm). A shifting of the origin of significance would indicate that normal birth experience acts as the origin of normal anxiety defences associated with the paranoid-schizoid position. Such defences emerge again in adult behaviour whenever the environment insists on being important, survival is threatened, being is overwhelmed and there is a discontinuity in experience of the self. The two reactions of intensive intellectual effort, problem solving etc. or passive fatalism and splitting off from intellectual activity are, of course, familiar.

Mature intellectual work in the face of environmental impingement requires a management of the process of splitting at all levels from the deep intrapersonal, through the ego boundary of the personal/environmental frontier, through the interpersonal, group, inter-group, institutional, and indeed societal and environmental frontiers of being. Distortions of reality at any, or all., of these boundaries, generate inauthentic responses to the impingement, so reducing the chances of adequate problem solving and ultimate survival. The splitting of the world of knowledge, the isolation of compartments, the lack of integration of the whole, the destruction of form in music, the alienation of persons in society, etc. are all examples of social phenomena deriving from the intrapersonal world of splitting, which has its origin in the multi-personal experience of normal birth. If schizophrenia with paranoid features is the normal reaction to abnormal birth trauma, then I take it similar reactions will occur in normal populations in the face of abnormal environmental impingement.

THE HEAD

> Page 186
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> 'In the ordinary birth the head of the infant is the forward point and does the work of dilating the maternal soft parts.....
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> 'There can very easily be delay at a time when there is constriction round the head, and it is my definite view that the type of headache which is clearly described as a band round the head is sometimes a direct derivative of birth sensations remembered in somatic form. In analytic work this band round the head can be found to be related to the experience of being caught up in environmental impingement that has no predictable end.'

Study of the symbolism of normal language affords a rich data base full of evidential pointers to the significance of normal birth experience. We speak of being 'under pressure', of 'suffering a crushing blow', of being 'subject to constraints', of being 'head on to a difficult

problem', or going at something 'head first'. We speak of difficulties in achieving a 'breakthrough' and even in chess we talk of 'making an opening' in the other person's defences.

In so far as the environment impinges upon a person or group, just so far are those anxiety defences called into play which have been laid down in the primal environmental impingement of birth. In so far as environmental impingement becomes traumatic, just so far are leaders elevated whose anxiety defence systems originate in traumatic birth. We find paranoid dictatorship emerging under hyper-stress through this process.

THE CHEST

> Page 187
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> 'The next in importance to the experiences of the head are those of the chest..... First there is the memory of actual constricting bands at various levels around the chest... Secondly, … I have found that the memory trace of restriction of chest expansion during traumatic birth process can be very strong, and the important thing about this is the contrast between reactive chest activity and the chest activity of true anger. During the birth process, in reaction to the construction [sic, possibly means constriction DW] of the maternal tissues, the infant has to make what would be (if there were any air available) an inspiratory movement. After birth, if all goes well, the cry establishes the expression of liveliness by expiration. This is an example in terms of physical function of the difference between reaction and simply going on "being". When there is delay and exceptional difficulty the changeover to normal crying is not definite enough and the individual is always left with some confusion about anger and its expression. Reactive anger detracts from ego establishment. Yet in the form of the cry, anger can be ego-syntonic from very early, an expulsive function with clear aim, to live one's own way and not reactively.'

Winnicott notes that these constrictions around the chest can be desired in adult life. He notes 'one could say that the individual with the strong memory trace of such a thing as a constriction around the chest would rather feel a constriction which is known and under control than continue to suffer from a delusion of a constriction based on memory traces of birth'. (Page 187). Sensations of an iron band around the chest are quite common in certain somatic presentations associated with asthma and bronchial constriction, particularly when these are triggered in association with high stress, undue pressure, and the implosion or overloading of group or personal stress boundaries. Under these conditions it is people with comparatively traumatic chest crushing in birth experience who are most at risk, and conversely, it is these people who head up the anxiety defences of the institution or group during periods of high stress, since their paranoid patterns are motivated to resist crushing and they therefore emerge as charismatic leaders in an oppressed group.

Ordinary language is full of projected symbolism stemming from the normal birth experience of chest constriction. We speak of a constraining order of restrictions, of being out of bounds, or within bounds, shock can take one's breath away. We recognise the necessity for clear boundary control, for setting clear limits, leadership is something described in terms of the management of boundaries. Boundaries are desired and when they are not clearly set the

result is anomie, insecurity, it is better to be in bondage and know where you are than to be free but without direction. The symbolic analysis of linguistic usage as of religious symbolism, affords rich indication of the significance of normal birth experience.

I would want to make a small modification to Winnicott's comments on breathing. Within the birth channel there is indeed constriction of the chest cavity which requires the equivalent reaction of inspiration, although before the head emerges from the birth matrix no air can be taken in, and in any case the chest is still constricted. The reaction of the new-born infant, however, is not one of expiration, but of the fulfilment of inspiration. In other words as pressure on the chest cavity is released the reaction to the constriction is fulfilled, the chest expands, environmental impingement has ceased, and for the first time allows the reaction full sway. Air is therefore involuntarily drawn into the lungs, which are inflated fully, reaching the physical limits of possible expansion, and collapse again exhaling air rapidly in the first cry. Expiration is therefore the secondary phenomenon which follows inevitably from the primary reaction of inspiration following the crushing of the chest. I would suggest that breathing is a normal oscillation set up by the reaction to impingement experienced in normal birth, while traumatic or significant birth experience (in Winnicott's terms) may lead to the emergence of abnormally significant restrictive experiences under high stress, asthmatic conditions and so forth.

There would appear to be a level of danger and fear which sets up a constriction phenomenon in anyone. Conditions of high apprehension or fear of the unknown, make one catch one's breath. Once the anxiety is passed one can breathe again. The reaction arises from projection out of normal birth experience. It is a reaction to fear that the environment is about to take over control, crush, destroy, attack, persecute the individual concerned, reducing him or her to the position of powerless reactor, in anticipation of which the subject stands with bated breath. Where the birth experience has been very traumatic new experiences of anxiety re-evoke projections of the constriction, crushing, suffocation, inability to breathe and these reactions are much more immediate than those who have had a less traumatic or more normal birth experience. When such phenomena become acute they provide significant data for psychoanalysis, which, because of its task of dealing with significantly abnormal phenomena, attributes no significance to the normal behaviour but works only with the deviation.

WHOLE BODY

> Page 187
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> 'The identification of the whole body with the male genital often appears in psycho-analytic work. It should not be forgotten that there can be a basis for this in the birth experience in which the body acts as a whole, and without the arms and without oral or any other eroticism (except that of the muscles employed in swimming or reptation movements). The body simply proceeds through a narrowed environment.'

So commitment is often described in terms of putting one's whole self into it. Endeavour that is going well is said to be going swimmingly, successful communication is spoken in terms of getting through. Being in a difficult situation is getting oneself into a hole, from which rescue is getting one out of a hole. If someone is caught in such a position they may wriggle

to try to get themselves out of it. Again, in this area, linguistic symbolism is rich. The point of issue is that common experiences in birth lead to commonly acceptable symbolism in linguistic usage.

CONCLUSIONS AND RECAPITULATION

The last four pages of Winnicott's article are given up to a summary and review of the material with important comments on the gaps and lacunae still to be filled.

> Page 188
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> 'In order to preserve the personal way of life at the very beginning the individual needs a minimum of environmental impingements producing reaction. All individuals are really trying to find a new birth in which the line of their own life will not be disturbed by a quantity of reaction greater than that which can be experienced without a loss of the sense of continuity and personal existence.'

Two generalisations in this extract are interesting. Winnicott asserts the universal need for a minimum of environmental impingements producing reaction, but it is not at all obvious whether he means that for normal personal development a certain minimum at least of such impingements is required, or whether he is saying that the need is to minimise as far as possible such impingements, and the less impingements there are the more healthy and whole and normal the person's development can be. The second generalisation concerns the search of 'all individuals' for a new birth which corresponds to the minimum reactive impingement criteria of his first generalisation. Now in so far as that statement of universal search is correct it would indicate universal failure in the meeting of the first requirements, otherwise it would be more appropriate to say that those individuals who are attempting to find a new birth are those in which the first birth was indeed disturbed by a quantity of reacting greater than that which could be experienced without a loss of the sense of continuity of personal existence. The fact that Winnicott, whether consciously or not, universalises the search indicates that he universalises the trauma. In other words, that he interprets normal birth experience as providing a quantity of reacting so intense that a loss of the sense of continuity of personal existence is inevitable for every man. I sense that there is a certain amount of ambivalence in Winnicott's own mind in this area, reflected in the logical confusion, discontinuities, and contradictions of his text.

Having rejected the term birth trauma for the non significant, normal birth experience Winnicott then reverses his usage and uses birth trauma to refer to all birth experience simply qualifying the degrees of stress experienced within specific traumas.

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'As I see it, the trauma of birth is the break in the continuity of the infant's going on being, and when this break is significant the details of the way in which the impingements are sensed, and also of the infant's reaction to them, become in turn significant factors adverse to ego development. In the majority of cases the birth trauma is therefore mildly important and determines a good deal of the general urge towards rebirth. In some cases this adverse factor is so great that the individual has no chance (apart from rebirth in the course of analysis) of making a natural progress in emotional development, even if subsequent external factors are extremely good.

'In consideration of the theoretical point of the origin of anxiety it would be a false step to link such a universal phenomenon as anxiety with a special case of birth; birth that is traumatic. It would be logical, however, to attempt to relate anxiety with the normal birth experience, but the suggestion is made in this paper that not enough is known yet about normal birth experiences from the infant's point of view for us to be able to say that there is an intimate relationship between anxiety and normal untraumatic birth. Traumatic birth experience seems to me to determine not so much the pattern of subsequent anxiety as to determine the pattern of subsequent persecution.'

It is as if we are dealing with two papers in one. In the first paper the term birth trauma refers to all birth experiences and the distinction is made between significantly traumatic traumas and those which are of no significance in ego development. In the second paper non-significant traumas are denied the use of the term trauma and are called normal birth experiences, while the significantly difficult birth experiences are designated traumatic. Ambivalence between these two sets of descriptors has not been completely overridden in the editing process. While the purpose of this essay is not that of source criticism, it is possibly worth noting in passing that Winnicott's paper was originally written in 1949 and parts of it were rewritten in 1954, following his reading of Greenacre's work. The dislocations and discontinuities may actually represent shifts in Winnicott's understanding in the intervening 5 years. Be that as it may, the fact that the discontinuities and dislocations are present in the 1954 revision represents some of the uncertainty and ambivalence, splitting and contradiction, inherent in his position at that date.

In the first sentence of the first quotation above, Winnicott defines birth trauma as the break in continuity of the infant's going on being, and then further distinguishes between significant breaks and non-significant breaks, between significant trauma and non- significant trauma. As so often before, we are left with the question of what determines the nature of significance. The occurrence of impingements, breaks in continuity of being etc., are normally described as traumatic, but when that occurrence of trauma does not show up in abnormal behaviour it cannot be significant. Again we are forced to the conclusion that we are dealing indeed with birth trauma, but that the significance of that trauma is in that it generates normal behaviour which is non significant for the analyst. This would make sense of Winnicott's comment that 'in the majority of cases the birth trauma is therefore mildly important.....'. The mild importance represents the generation of normative behaviour which is unimportant to the analyst, who is concerned with deviation from normative patterns of behaviour, but is extremely important for anyone whose concern is with the dynamic origin of normal behaviour patterns themselves.

The second quotation brings out the difficulties stemming from dual definition. Here traumatic birth, instead of being generalised, is rendered a specific sub-group of birth experiences, in which case clearly by definition the association of a universal phenomenon such as anxiety, with a specific sub-group of phenomena, e.g. traumatic birth, is absurd. Winnicott is, however, entirely consistent in his next comment about the relationship of anxiety with normal birth experience, particularly in view of the fact that anxiety and anxiety defences are normal, and could well correspond with the, to Winnicott, insignificant and unimportant 'trauma' of the normal birth experience, to which he normally denies the term trauma, reserving that instead for the specifically difficult examples of birth experience which are, in our terms, extra traumatic, to the extent that they create significant deviations of behaviour patterns from the normal events of birth trauma.

Winnicott's suggestion that not enough is known yet about the normal birth experiences would appear to be accurate, yet not sufficiently acknowledged within the body of the paper. Such ignorance of the dynamics of normal experience is inevitable within the discipline of psychoanalysis, which is sanctioned for, and motivated toward, the understanding of the dynamics of extra normal or deviation from the norm in human behaviour. My own thesis is that normal birth trauma establishes the basis of the anxiety defence organisation, and is the archetypal experience of loss (notice I do not say loss of, since there is no object awareness at this stage of development). The extra traumatic experience of difficult birth (significant or traumatic in Winnicott's terminology) intensifies and distorts those anxiety defences and reactions which are normally present. It is this intensification and disturbance which shows up in clinical psychoanalysis and provides the criteria for significance in Winnicott's treatment.

Next follows a page in which Winnicott sets out the assumptions underlying his treatment and outlines the theoretical considerations which derive from those assumptions. In other words, he paints the framework in which the clinical data has been interpreted as follows,

> Page 190
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> 'I have postulated a <u>normal birth experience</u> which is non traumatic. I have not been able to prove this. Nevertheless in order to clarify my ideas I have assumed the existence of a normal birth experience and have invented two grades of traumatic birth, the one being common, and largely annulled as to its effects by subsequent good management, and the other being definitely traumatic, difficult to counteract even by most careful nursing, and leaving its permanent mark on the individual.
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> 'If these assumptions should be found to be justified, there would seem to follow certain theoretical considerations.'

The framework of assumptions and theoretical considerations which stem from them is, and as such is clearly seen to be, a defence against the anxiety generated by confusion arising from the clinical data. Winnicott has a need to clarify his ideas, which leads to postulations and inventions and the erection of a construct in order to meet that need. The problem is that the construct itself is so faulty. He postulates a normal birth experience which is non-traumatic, and yet attributes trauma to normal birth experience, but denies its significance in several points in his text. He then invents two grades of traumatic birth, one of which is

definitely traumatic, the other is not definitely traumatic, so there is question again about the attribution of the word trauma even to the second grade of description of experience of birth. I would suggest that the construct, the assumptions and theoretical considerations stem from the criteria of significance of data inherent in the task of the psychoanalyst, (that is the value structure of his social role), and also from the intrapersonal organisation of the analyst's world which can, of course, never be completely free from projection and distortion originating from unanalysed areas of the analyst's own life- trace.

In an important passage in which Winnicott relates his own understanding to that of Melanie Klein, he writes,

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> '..... If one accepts Melanie Klein's theory of paranoid anxiety in which relief in analysis only comes from a full acceptance on the part of the patient of oral sadism and ambivalence towards the good object, one has to consider what one thinks about the fairly common cases in which the paranoid history dates from birth. My suggestion, which is based on psycho-analytic work, is that in certain cases in which the history goes back to birth, there is so strong a predisposition to ideas of persecution (as well as a set pattern for persecution) that probably the paranoia in such a case is not consequent on oral sadism. In other words, in my opinion there are certain cases of latent paranoia in which the analysis of the paranoia along the lines of recovering the full extent of the oral sadism does not bring about the complete resolution because there is needed in addition a reliving of the traumatic birth experience in the analytic setting. An environmental factor needs to be displaced.'

Melanie Klein bases her treatment of the origin of paranoid-schizoid defences against anxiety on the oral phase in after-birth experience of the infant. She acknowledges the possible influence of the birth experience itself, while giving it little further significance within her own work. In this important passage, Winnicott presses the origin of the paranoid-schizoid defences against anxiety back to a holistic (rather than part object related) phase associated with the loss of intra-uterine supporting environment due to the impingement of birth, rather than the loss of oral satisfaction stemming from impingements due to the loss of the feeding support of the nursing mother relationship. In this case, instead of oral sadism associated with maternal parts, whether by association, identification, introjection or projection, we have here to deal with total body in relationship to total environment, i.e. holistic paranoia, a condition which emerges again in adult life when the whole supportive environment itself fails to provide for the sustaining of being of the person concerned. Ambivalence in this case is toward the environment, with alternating and dual emotions of preservation and protection, together with anarchic destruction or persecution. When introjected we find the alternation between holistic narcissism and self-destruction. In symbolic terms this cosmic ambivalence is projected onto the good and bad figures of mythology and the ultimate conflict between them. I think it is in this area that we see the origin and causality of differentiation within theological constructs and world view symbolism, energy for the preservation of which stems from this deep level of individual and common unconscious material.

The paranoid-schizoid defences against anxiety, stemming from common birth trauma, will become extremely important during the phase of transition from exponential to equilibrium

within the world population and industrialisation process in which total environmental impingement constrains the growth process of the human group in such a way that the race becomes the reactor under the trauma of environmental impingement. If the oral phase is the origin of the organisation of anxiety defences in relation to parts and persons and objects, then the uterine and birth experience is the organising nucleus of anxiety defences that have to do with environmental impingement. The first predisposes towards patterns of relationships and interpersonal dynamics, the second sets the pattern of relationship in the totality of being, commonly dealt with in philosophical and religious systems.

Winnicott concludes his paper with some comments on the practical application of psychoanalysis in a therapeutic context which may have important implications for the analysis and modification of primitive anxiety defence systems, not only at intrapersonal, but also at the interpersonal, group, inter-group and institutional levels of being.

> Page 192
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> 'An important practical point.... is the way in which one thing at a time can be dealt with, whereas two or more factors spell confusion. One of the main principles of the psycho-analytic technique is that a setting is provided in which the patient can deal with one thing at a time. There is nothing more important in our analytic work than that we try to see what the one thing is that the patient is bringing for interpretation or for reliving in any one particular hour. A good analyst confines his interpretations and his actions to the detail exactly presented by the patient. It is bad practice to interpret whatever one feels one understands, acting according to one's own needs, thus spoiling the patient's attempt to cope by dealing with one thing at a time. It seems that this is the more true the further back one gets. The integration of the immature psyche at the time of birth can be strengthened by one experience, even a reaction to impingement, provided it does not last too long. Two impingements, however, require two reactions, and these tear the psyche in half.'
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> Page 193
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> 'Finally, I repeat that there is no such thing as treatment by the analysis of birth trauma alone. To arrive at these early stages one has to have shown to the patient one's competence in the whole range of the ordinary psycho-analytic understanding. Moreover when the patient has been fully dependent and has started to come forward again, one will require a very sure understanding of the depressive position, and of the gradual development towards genital primacy, and of the dynamics of interpersonal relationships as well as of the urge to obtain independence out of dependence.'

Therein lies the basis for the study of the dynamics of egression and the modification into more mature ways of dealing with anxiety out of the primitive paranoid schizoid defences.

D. Wasdell
18th August, 1979