

**Roots
of the
Common
Unconscious:**

**Towards a new paradigm
of
Psycho-Social Analysis**

Presented by

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to

**The 14th Scientific Meeting of the A.K. Rice Institute
at the**

Massachusetts Institute of Technology, September 2003

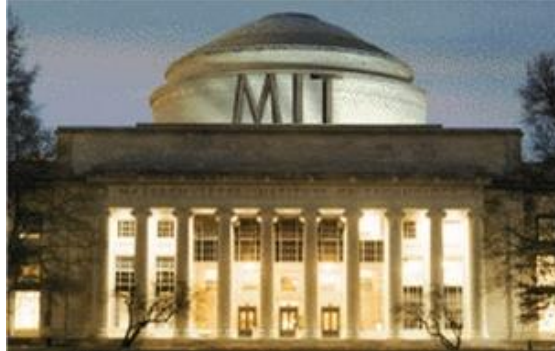
Roots of the Common Unconscious: Towards a New Paradigm of Psycho-Social Analysis

Abstract

Exploring the implications of relevant insights from the last three decades of ground-breaking psychoanalytic, group-dynamic and medical research, this presentation introduces a paradigm-shift in psycho-social analysis. New understanding of the common unconscious, with its roots deep in early individual imprinting, offers a connecting bridge between the personal and the collective that is critical for our understanding of the behaviour of social systems in a post 9/11 world. Recognition that the paranoid-schizoid defences (fundamental to the Klein/Bion construct at the heart of the Tavistock tradition) are not derived from human instincts but are learned responses to common early impingement, has far-reaching consequences:

- **Offers the opportunity to press beyond the limitations of the analysis of deviance (the medical model which still underlies the discipline of psychoanalysis) to focus our understanding on the normal pathology of human experience**
- **Opens the possibility of development, integration and transformation in areas of individual behaviour previously considered instinctive and inaccessible to analysis**
- **Enables the application of the new analytic paradigm to the collective dynamics of groups, organizations and social systems linking them to their roots in common individual experience**
- **Affords deeper understanding of the non-rational behaviour of large systems with particular reference to the dynamics of politics, economics, war and religion**
- **Highlights the bi-directional interplay between the collective and the personal as an iterative collusional dance of transference and counter-transference**
- **Lays the ground for an understanding of environmental relations (prior to the emergence of part-object and object relations in the post-natal field) which opens up issues of global ecology and the re-stimulation of peri-natal impingement in conditions of high stress, low resource and rapid transition**
- **Exposes the seduction of the task of leadership as the reinforcement of the social defences against anxiety and the optimisation of sub-group security, in dysfunctional opposition to the trans-boundary task of work-group leadership within the system as a whole**
- **Raises the possibility of dynamic intervention in systems behaviour with potential to generate metamorphic levels of social transformation**
- **Widens the intentional outcome of the A.K. Rice Institute, its associated centres and group relations conferences to include integrative transformation and dynamic development as well as cognitive understanding and analysis of the non-rational phenomena of social behaviour**
- **Requires appropriate innovations in the design of the next generation of group relations conferences and in the structures and dynamics of their hosting institutions as we move beyond the dynamics of complex systems into a world dominated by the dynamics of systems of complexity.**

Roots of the Common Unconscious: Towards a new paradigm of Psycho-Social Analysis



Twenty-five years after the first tentative formulation of the seminal ideas at the heart of this paradigm-shift, MIT seems a most appropriate setting for its formal presentation while the Fourteenth Scientific Meeting of the A. K. Rice Institute constitutes a most appropriate occasion. The intervening years have seen a sustained programme of research-oriented psychoanalytic exploration with individuals, groups, organisations and wider institutions. A series of some fifty specially designed psychodynamic research-groups has been conducted. Key texts in the field literature have been subjected to critical review and the material has been shared and tested with professional colleagues around the world through publication, individual dialogue and presentation in international conferences and congresses. The forerunner of this paper was delivered in the context of the consultancy-training group of the Tavistock “Leicester” conference of 1979. Since then it has undergone a continuing process of expansion, illustration, critique and reformulation in the light of clinical research findings and professional feedback, a process to which I hope response to today’s presentation will also contribute.

**In Memoriam
Eric Miller**

When I returned from my first Tavistock-Leicester conference back in 1973 I set out to re-negotiate my whole working role and to design and establish a consultancy-research unit able to survive the transference and collusionally repressive dynamics of the Church of England. Proposals were based on “The Modern University” by A.K. Rice. (Larry Gould says I am the only person he has ever met who has read it, let alone applied it to a working organisation!) The design of a quasi-autonomous, multi-disciplinary, tycoon-lead,

problem-centred research project which we adopted and adapted, is now entering its fifth generation of re-design. It has stood the test of time.

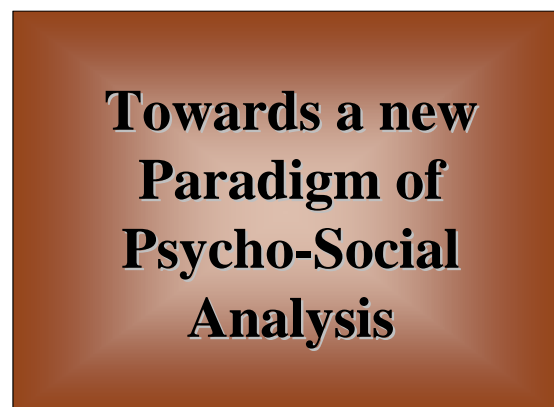
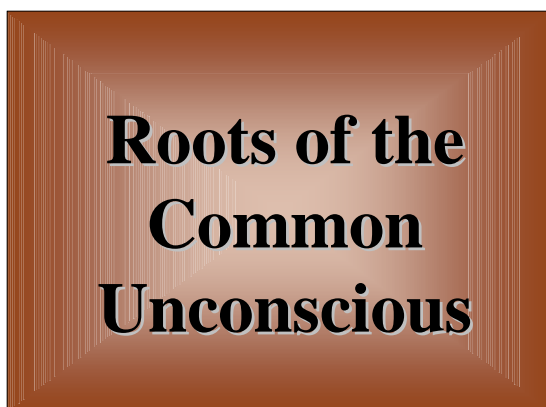
Eric Miller¹ directed the 1979 Leicester Conference while Gordon Lawrence directed the training group. Out-put from the research project was shared with the consultancy-training group under the title “Towards a Unified Field Theory of Human Behaviour”. Sadly the contribution was interpreted as an attack on the Directorate and precipitated a sentence of ex-communication, delivered by the application-group consultant on the boundary of the conference. 18 months later I was discussing an updated version of the paper with Eric Miller and in the course of our conversation he said “I agree with your analysis. I just cannot see how to apply it!” We stayed in touch over the years as I continued to refine the analysis and explore its implications and applications. At the OPUS Conference in 2001, not many months before his death, Eric confirmed in public that my exclusion from the Tavistock Institute had had nothing to do with him. It is with some relief, therefore that I return to the fold, albeit with sadness at the loss of working opportunities over the years.

In his posthumously published paper “The ‘Leicester’ Model Revisited”, Eric asserted that:

“Although Melanie Klein’s theory of infant development continues to provide a useful framework, I would be disappointed if other more recent psychoanalytic theories did not find a relevant place within the ‘system psychodynamics’ framework. Thus, I see Kleinian theory as paying too little attention to the infant’s biogenetic inheritance and to the experience *in utero*.” (Experiential Learning in Organisations; Ed. Gould, Stapley and Stein; Karnac 2004; p.16.)

It is precisely to that area of psychoanalytic development that this presentation is addressed, albeit with the caveat that the boundary condition of the *in utero* phase, namely the peri-natal experience itself, leaves an imprint of profound significance not only for the individual, but for the development of our collective unconscious and its associated defences. The ubiquitous elision of the common trauma of birth marks the collusional repression of the caesura between the worlds of the *in utero* experience and the start of the nursing relationship.

I owe much to Eric’s thoughtful if informal and infrequent mentoring, his humour and humanness. So I wanted to take this opportunity to acknowledge his passing.



The A. K. Rice Institute, like the Tavistock Institute before it, lives in dynamic tension between tradition and research. So while the Institute “**seeks to deepen the understanding and the analysis of complex systemic psychodynamic and covert processes which give rise to non-rational behaviour in individuals, groups, organizations, communities and nations**”, it nevertheless does so “**Using experiential and participatory theories and methodologies which derive from the Tavistock tradition**”

A Traditional institution is organised to apply, preserve and pass on its tradition unaltered from generation to generation. New ideas are seen as corrupting the tradition. Research is taboo. We know that the theoretical construct and the dynamic structure of any organisation are used by its members to reinforce the primitive defences against anxiety, in particular the paranoid-schizoid and depressive defences described by Melanie Klein. Not even the most sophisticated analytic institutions are exempt. It should not surprise us therefore that the conduct and application of significant research meets with profound resistance in so far as it threatens paradigm shift or structural change in the traditional organisation. Collective anxiety, held unconscious behind the social defences, is released during the process and focussed on the offending research initiative. The primary task is the preservation of the *Traditio*, the reinforcement of the social defences against anxiety and the suppression of disturbance.

One way to resolve the structural conflict is to press back behind the tradition to reclaim the spirit of bold entrepreneurial innovation that lies at its very core. To take our place in the company of those who committed their professional lives to the task of making conscious that which was still unconscious in human behaviour. Our mission then, far from perpetuating the dead hand of tradition, is to explore new worlds of inner space, to boldly go where no analyst has been before! That is a tradition of radical, phenomenologically based, reality-testing, critically assessed research, within which we can take our place with confidence and pride.

The presentation is offered in a form like the spine of a web-site. It is an attempt to provide an overview without being overwhelmed in a sea of research data, case material, references to field literature, journal articles or detailed in-depth treatment of particular narrow areas of interest. All that can be followed through in due course. The task for now is limited to an overview of current advances in the understanding of the roots of the common unconscious which opens the possibility of a new paradigm of Psycho-social analysis.



**Setting the
Scene:**



**Background to
the Research**

Some three decades ago, I was involved in operational research into the dynamics of religious organisations. We encountered a classic culture of acute and chronic paranoid-schizoid behaviour. Those defences within the behavioural syndrome of a very large system constituted a profound block on the process of functional institutional change. We recognised very early on that unless we could break through and transform the

primitive defences into a more mature way of operating, we had no realistic hope of effective application of the outcome of the research programme in which I was engaged.

Our whole agenda was therefore adapted to an exploration of the origins and roots of anxiety defences in systems under high stress, low resource and rapid transition. Many of the creative clues and leads came from that series of consultancy-research engagements. If the agenda was pressing in the early 1970's it is absolutely imperative in today's world at the start of the new millennium.

The Dilemma of Sigmund Freud

Background to the Research

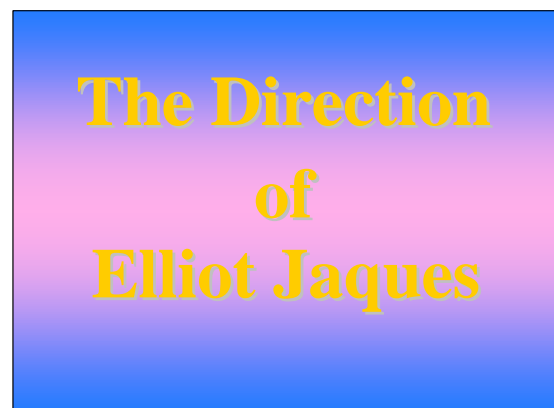
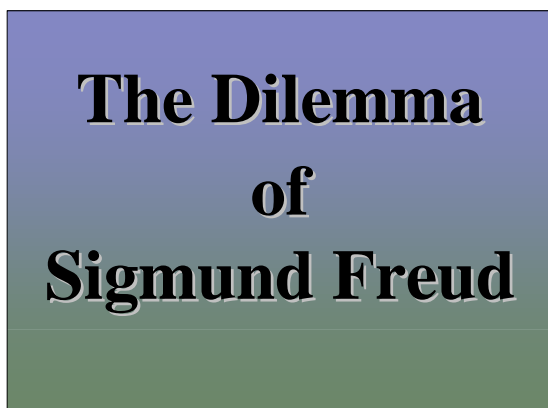
The classical response to the research agenda was to affirm that these primitive social defences against anxiety are innate, instinctive, part of what it is to be human. They can be observed and studied. Process consultants have to learn to cope with them in the course of their work. They may evolve through the depressive position, but their origin lies in the conflict between the death instinct and the life instinct. They are not resolvable. Further exploratory research is irrelevant since we are dealing with an event horizon, the boundary of an uncaused cause at the heart of human psychology. The position was fundamental to the construct of Melanie Klein and taken up by W.R. Bion and the formative thinkers of the Tavistock Tradition.

Sigmund Freud articulated the dilemma we faced when he wrote: **'There is one question I can hardly ignore. Would not the diagnosis be justified that many systems of civilisation, or epochs of it, possibly even the whole of humanity, may have become neurotic under the pressure of civilising trends. I am not saying that such an attempt to apply psychoanalysis to civilised society will be fanciful or doomed to fruitlessness. But it behoves us to be very careful.'** There is a lot of anxiety about engaging in that task because norm structures will defend themselves with all necessary power from any such examination. Freud went on to speak about **'many and great pressures that blocked his capacity to work in analysis of systems behaviour.'** He also said **'the diagnosis of collective neuroses is confronted by a special difficulty. In the neurosis of an individual we can use as a starting point the contrast presented to us between the patient and his environment which we assume to be normal. No such background as this would be available for any society similarly affected. It would have to be supplied in some other way.'** (There can be no criterion of abnormality for normal behaviour. In so far as psychoanalysis with its sickness model based firmly in the medical tradition is focussed on the diagnosis and treatment of abnormality, just so far does it have a lacuna at its very heart that blocks our capacity to explore normal psycho-pathology. Freud's definition of 'neurosis' is limited to 'abnormal neurosis') **'And with regards to the therapeutic applications of our knowledge, what would be the use of the most acute analysis of social neuroses since no-one possesses the power to compel the community to adopt the therapy'**. His assumption as to how social change can happen is by the application of dominant authority, power and compulsion. **'In spite of all these difficulties we may expect that one day someone will venture upon this research into the pathology of civilised communities'** and that is precisely what has happened in the last 25 years

Freud raises the issues of methodology, of the social sanction for the conduct of any such exploration and of the application of any new insight achieved. We look first at social sanction and application before addressing the subject of methodology.

Society will tend to resist psychodynamic exploration of its own normalities. Now where the norms of social pathology are themselves fairly stable and not seen as dysfunctional there is very little motivation to engage this level of analysis. Indeed there may be profound vetoing, taboo and plague reaction to block any such endeavour. It is only when the acting out of the norms of social pathology is itself perceived to be profoundly dysfunctional and socially threatening that such domains of research can be allowed and socially tolerated. The extraordinary predicament within which the human species now finds itself, would seem to constitute precisely the conditions in which the boundaries of social sanction are redrawn. Now it is not only permissible, but imperative that we understand the shadow processes, the unconscious dynamics of norm social pathology, otherwise we face profound dysfunctional destructiveness. Speaking at the OPUS conference in London last November, Isobel Menzies described our world as “vortexing towards madness and social destruction”. To put it bluntly, normal pathology has to be examined and resolved if we are to survive as a species.

The perceived threats of probing the core of our common unconscious are now far outweighed by the realistic fears and global threats of escalating unconscious psychodrama. This I suggest then is a paradigm shift whose hour has come. It opens the way for a new answer to Albert Einstein’s outstanding question: “Why war?”. It also deals with Freud’s problem about application. Where social need is acute, application is driven by demand rather than imposed by authority. Far from vetoing or resisting, we are beginning to find that society as a whole is demanding insight from the analytical domain in the post 9:11 world in which we now live.

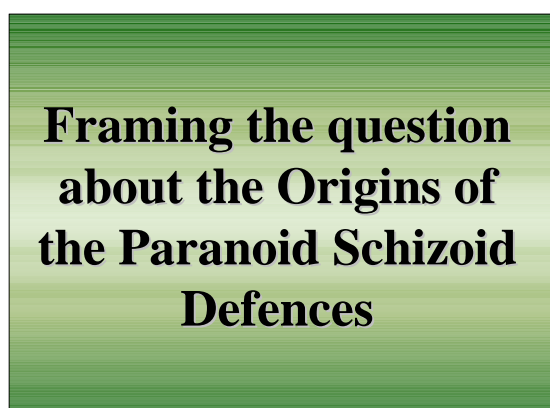


So much for social sanction and application. A pointer towards the direction of a possible research methodology was offered in the 1950’s by Elliot Jaques of Brunel University, in the words:

‘Many observers have noted there is a strikingly close correspondence between certain group phenomena and psychotic processes in individuals. Institutions, are used by their individual members to reinforce mechanisms of defence against anxiety and in particular against recurrence of the early paranoid and depressive anxieties first described by Melanie Klein. It is as though members of groups unconsciously place part of the contents of their deep inner lives outside of themselves and pool them in the emotional life of the group. May not sufficiently detailed observation of social behaviour then

take us into the individual and may not sufficiently deep analysis of the individual take us into the group?’

Jaques postulates an iterative process of going deeper to the roots of individual behaviour and using that to leverage going deeper into the group, which then enables us to go deeper into the individual and so forth. It is precisely that iterative process working at both ends, from the depths of individual analysis and the depths of group process analysis that has formed the methodological basis for our work.



**Framing the question
about the Origins of
the Paranoid Schizoid
Defences**



The fundamental question about the origins of the paranoid-schizoid defences could not be formulated within the classical paradigm which assumes the innate, instinctive nature of the paranoid-schizoid position. We had to step beyond the axiomatic boundaries of the recognised construct in order to ask

- **Is the paranoid-schizoid syndrome the residual effect of learning under conditions of trauma?**
- **If so what event could be of such intensity as to give rise to the phenomenon?**
- **Why does it present with such uniformity within the human condition that its ubiquity gives rise to the assumption of an instinctive origin?**

Since we recognised that any institution, including our own, attempting to carry forward such an agenda is itself “used by its members to reinforce mechanisms of defence against anxiety and in particular against recurrence of the early paranoid and depressive anxieties first described by Melanie Klein”, it was clear that the conduct of effective research required several features specifically designed to minimise institutional constraint while maximising the objectivity and accuracy of the outcome.

- **From the outset it was recognised that the dynamics of the research unit were themselves part of the research agenda. Research was therefore reflexive and experiential at the intra-personal, inter-personal, organisational and environmental levels.**
- **Internalised transference received via unconscious projection and introjection from the individuals, groups, organisations and institutions with which we were engaged, constituted important raw data for the research programme.**
- **Residual unresolved unconscious defences of the staff constitute limiting constraints on the competence and conduct of the research, demanding a continuous programme of personal and inter-personal analysis and development.**
- **The subjective element of the research was recognised as inherent leading to the inevitability of the distortion of research formulation by the unconscious projection of the staff. Continuous cross-checking with other independent analysts was essential to minimise this effect.**

Framing the question about the Origins of the Paranoid Schizoid Defences

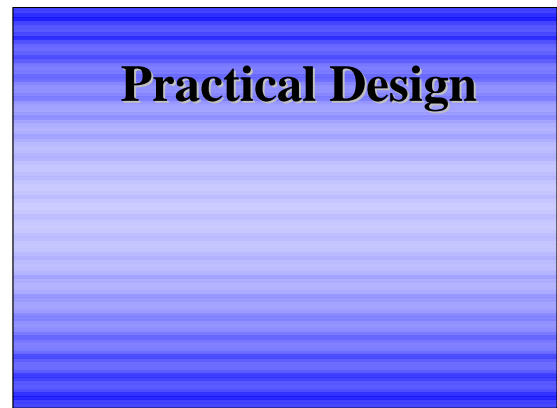
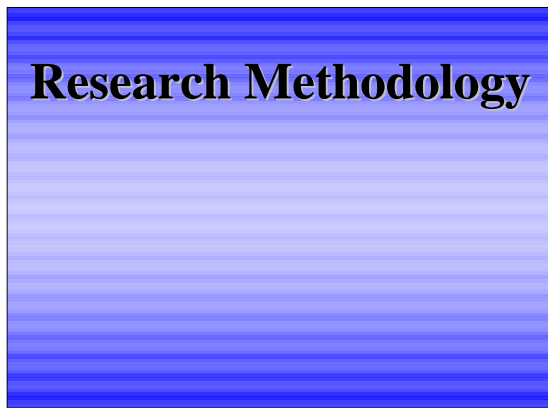
Primary Clues from Consultancy Research

Following through the clues from our initial research we began to realise that common defences were possibly being laid down in common experience, but earlier than Melanie Klein had been able to reach. That initial hypothesis was followed through in work with institutions, with groups, with individuals, through textual analysis of key papers in the field, and also through the medical research that was beginning to indicate that awareness of conditions before birth and consciousness at birth were realities of human existence.

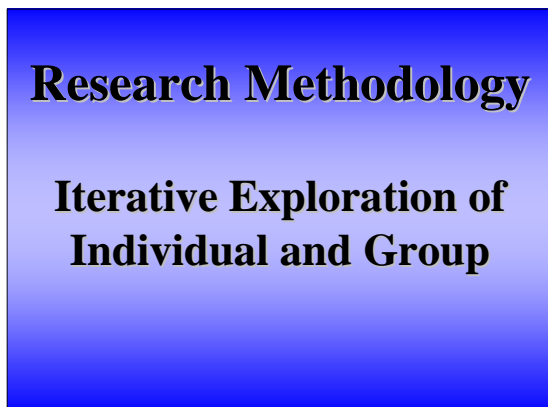
Paranoid-schizoid process presented most intensely under conditions of high stress, low resource and rapid transition. Words, images and body-language were redolent with references and associations to the birth process. For instance the management group of an organisation undergoing major change would indicate initial awareness of resource lack, of mounting pressure, of environmental toxicity, of the unsustainability of the current position but without any vectored understanding of a direction of movement that would solve the problem. Further down track they would indicate that they could begin to see the direction to move but could make no progress towards it, while experiencing increasing institutional pressure to act and a mounting sense that staying where they were did not offer a viable option. Later the response would be that they could see some light at the end of the tunnel, they were making headway at last, the change process was very painful and they were not sure that the whole organisation would survive. Eventually there was a euphoric feeling of successful achievement, “We made it!”, “We got through a difficult passage in the life of the organisation, and we never want to go through anything like it again!” Often the experience was followed by a sense of melancholy, of grief, of loss of the old ways, of wishing to be back in the familiar context. If the depressive, mourning position was not worked through effectively there could be a strong initiative to reverse the change process or even an organisational split between those who accepted and embraced the new situation, and a regressive group that was determined to return to the status quo ante.

I well remember a British doctor, a member of the Scientific and Medical Network, saying in 1984 ‘if one was conscious at birth it would be the most shattering experience of one’s life’. He should have known better! By 1984, David Chamberlain had published *Consciousness at Birth, a Review of the Empirical Evidence*. There was already a massive amount of hard nosed empirical research that showed that babies were in fact conscious at birth and that for many of us it was indeed the most shattering event of our lives. The paradigm shift was open even then.

The last two decades have witnessed a gathering flood of multidisciplinary research in the field of pre and perinatal psychology and medicine, not to mention the proliferation of analytic case material that reaches way back behind the “innate” presentation in the nursing relationship which is the foundation of the Kleinian understanding of the origins of the paranoid schizoid defences.



As we formalised our research methodology we evolved a practical design in which it was possible to explore the depths of individual unconscious material, the subtleties of interpersonal, group, inter-group and organisational dynamics and the interplay between them.



We needed to establish an iterative process of experiential learning with a research intent that opened the links between individual and group, between personal and collective.

A group relations event was designed

Research Methodology

Iterative Exploration of Individual and Group

Practical Design

Containing Environment of the Matrix Event

which provided in D.W.Winicott's terms a "safe enough holding environment" within which participants could access some of the most primitive and traumatic experiences of their lives without recourse to defensive behaviours.

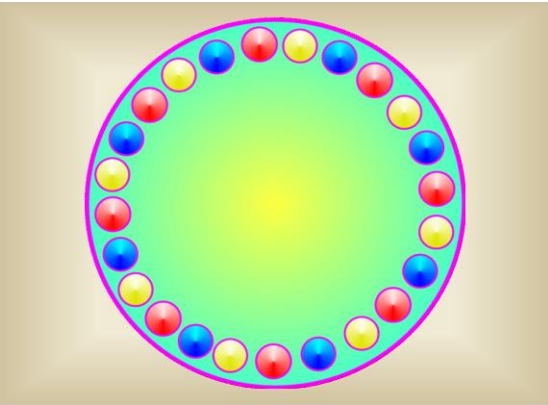
Matrix Design

Practical Design

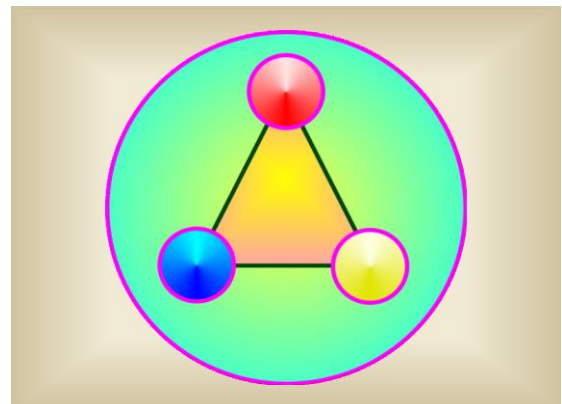
Containing Environment of the Matrix Event

Our objective was to generate a framework within which it would be possible to push the envelope of unconsciousness to the limits of both the individual and the group, the personal and the collective, in an iterative and cumulative building process not only within each event, but also sequentially as each workshop built upon previous experience.

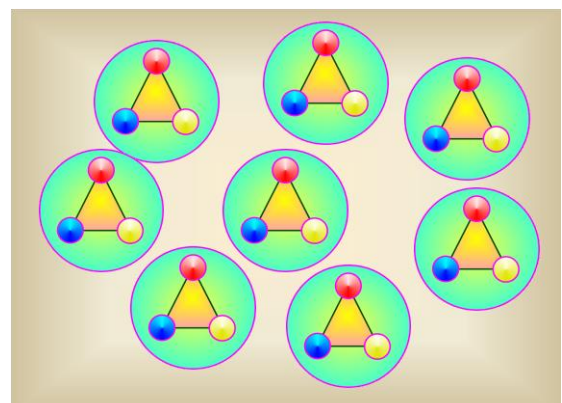
Matrix Design



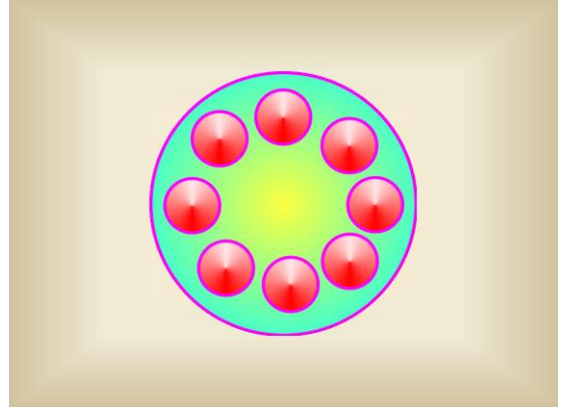
The core exploration of group dynamics was undertaken in the **large or median group** but this basic structure was underpinned by two further layers.



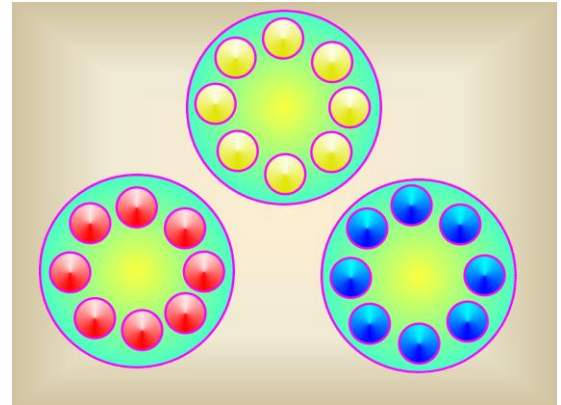
Parallel-processing **peer triads** (“double buddy learning sets” as we often called them) provided a context in which participants could explore their own personal process, engage the interpersonal dynamics of the triad, reflect on the



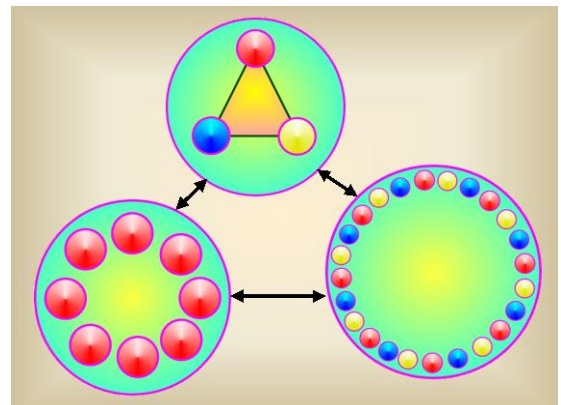
inter-triadic relationships of the intergroup and review and process their experience of the large group as it developed.



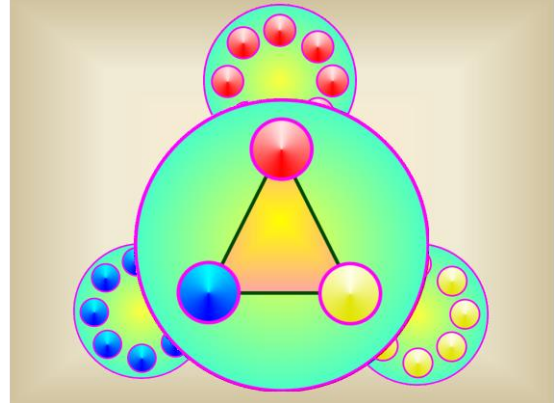
The final structural element was the **inter-triadic small group**. Here one member from each working triad met with one other person from each of the other triads



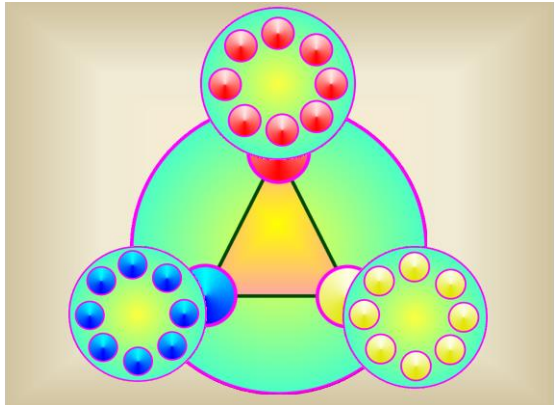
so constituting three co-processing small groups each containing one representative from all the working triads.



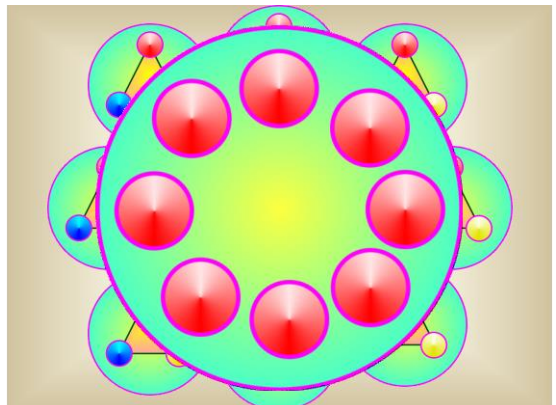
The event programme developed through cycles of large group, base triads, inter-triads, base triads, large group, base triads, inter-triads, base triads, large group, and so forth over a period of between two and four days.



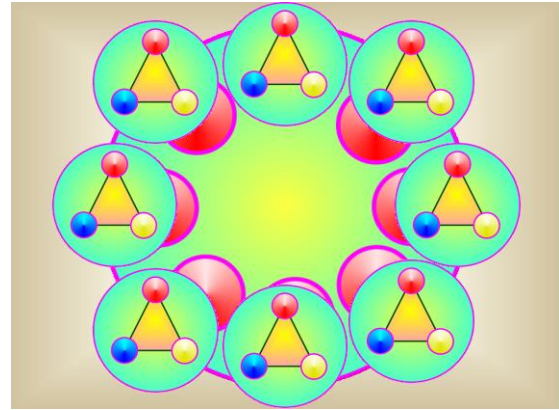
By the end of the first cycle each triad was also working as a set of representatives of the small groups



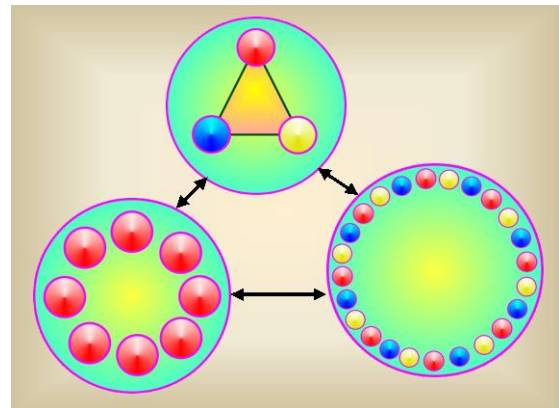
and therefore engaging in the inter-group dynamic of the event.



Each small group also constituted an inter-group of the whole set of working triads and through them



had multi-channel access to the process of the other two small groups.

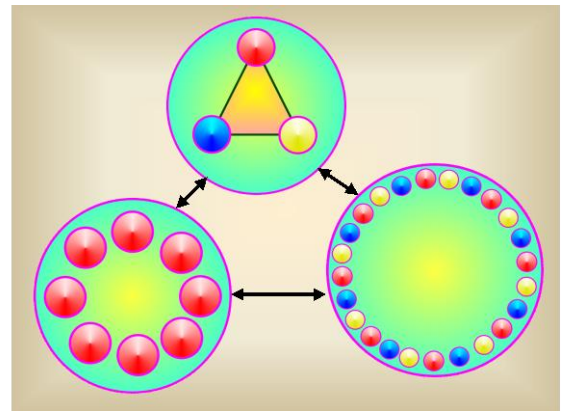


As cycle followed cycle, these feedback loops of the matrix design accelerated the experiential learning and focussed it on the most common dynamics while also providing opportunities to work in depth on the deviant presentation of individual differences which otherwise tended to block insight and awareness of the collective process. Innovations in integrative practice explored in one triad could spread quickly across the event. Problems of defensive resistance encountered at any one node in a particular cycle, could call on the powerful support of the parallel-processing structures and would often be overcome during the next cycle. As the event progressed, information about the whole became more and more completely and clearly available at each and every point, while the insight and processing outcome of each point became more and more accessible to the whole in a cumulative dance between the implicate and explicate orders of being. With increasing intra- and inter-personal coherence, phenomena of convergence and synchronicity were encountered.

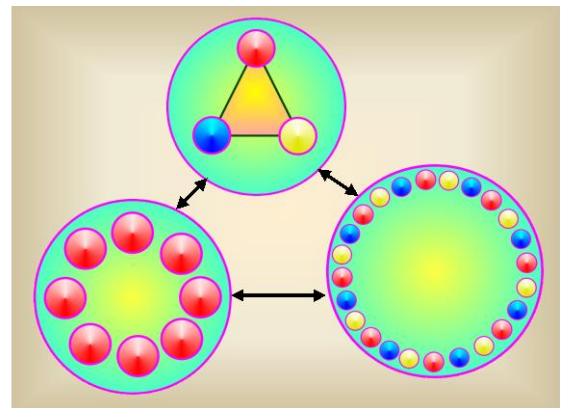
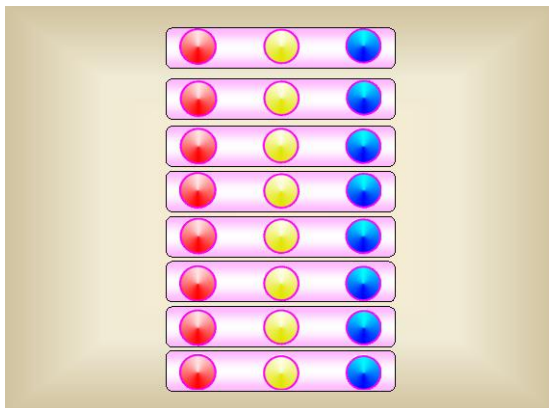
The consultant role (whether of a lone individual for the smallest events, a working triad or a core triad and small training group) sought to identify and raise awareness of defence presentation, to catalyse the learning capacity of the matrix and to support the commitment of the work group to the primary task of making conscious that which was as yet unconscious at every level of the event.

The time boundaries of the different segments of the event together with the designated venues for each specific group configuration were clearly set and strictly maintained while the choice of working partners and the constitution of the inter-triadic small groups were member driven. This provided a secure framework within which processes of extreme fuzziness, anxiety and fluidity could be addressed with adequate safety.

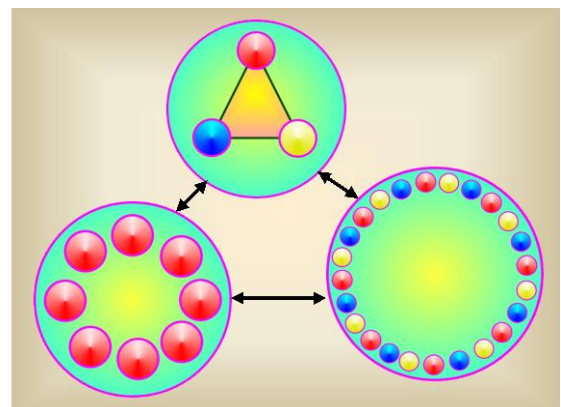
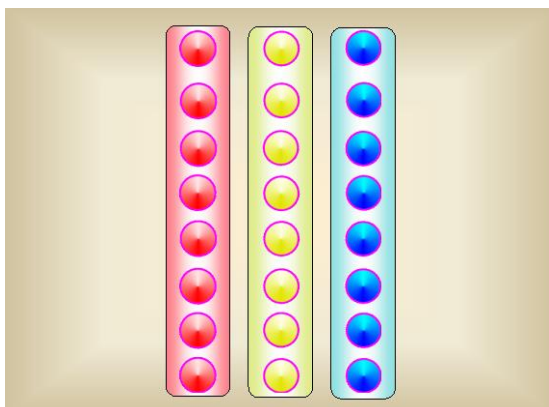
The number of co-processing triads was limited to nine in order to sustain the face-to-face quality of process in the unsaturated inter-triadic small groups. The event therefore had a maximum membership of twenty-seven participants.



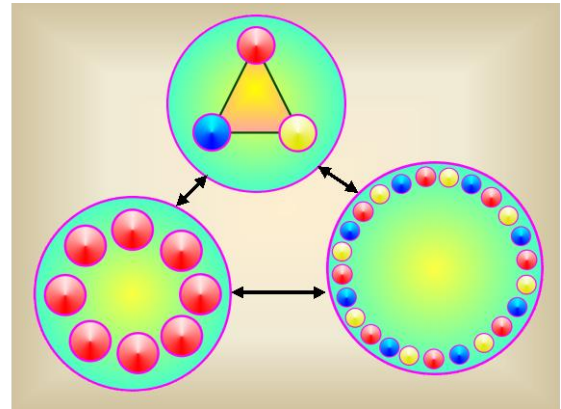
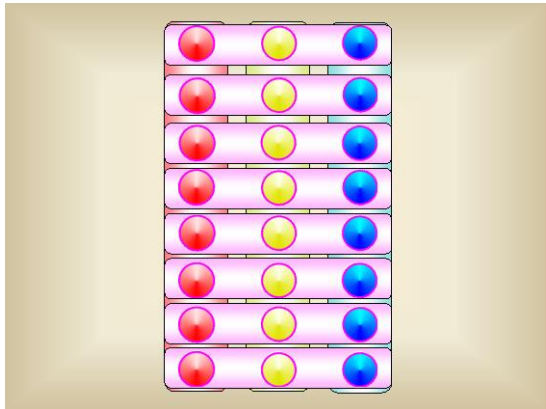
Another way of conceptualising the event that would appeal more to the mathematicians among us, is as a two dimensional matrix array



In which the rows are the working triads



And the columns constitute the inter-triadic small groups.



The Matrix event mobiles between rows, columns and the array as a whole.

In passing it is worth noting that the basic triad can work in two modes. Members tend to arrange themselves in the most comfortable set of relationships, the dominant mode. Inversion of one pair in the triad changes all left-right relationships into right-left relationships and tends to open up a sub-dominant mode of exploration. Similarly, spatial mobility in the small and median groups tends to highlight aspects of the inter-group and collective dynamic which are otherwise occluded. In longer events it is possible to offer an opportunity to reconstitute the basic triads so that members can explore working with those with whom they have had least previous contact. In shorter events it was found that such mobility militated against the development of trust and lowered the capacity for work.

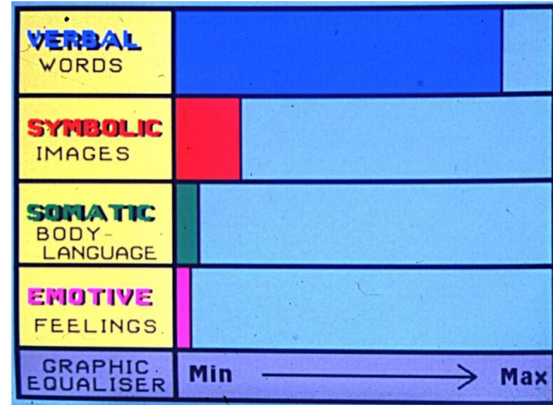
In theory, larger numbers of participants could be accommodated in a three-dimensional matrix array with inter-sector small groups, but in practice the programme was found to be too complex. There are indications that very large numbers of co-processing triads and a self-organising soup of inter-triadic mini-matrix sectors could provide a format for the exploration of the psychodynamics of systems of complexity, but that is a future agenda.

Modes of Learning

VERBAL WORDS	
SYMBOLIC IMAGES	
SONATIC BODY - LANGUAGE	
EMOTIVE FEELINGS	
GRAPHIC EQUALISER	Min —————> Max

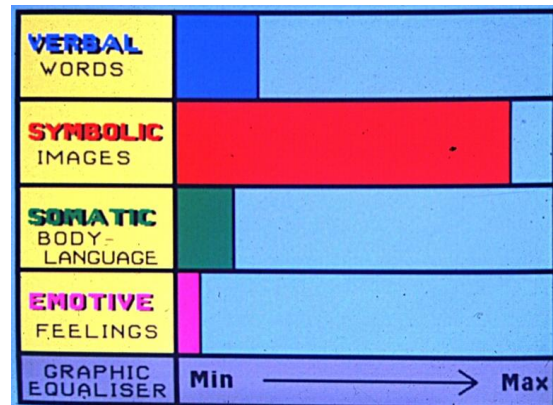
Learning was reflexive and experiential. The task of the matrix was to study the process of the event as it unfolded in real time without didactic input, to explore what was still unconscious at the intra-personal, interpersonal, group, inter-group, and organisational levels within a specific socio-temporal context. The four channels or modes of learning and communication tended to be accessed sequentially as the matrix developed.

Modes of Learning



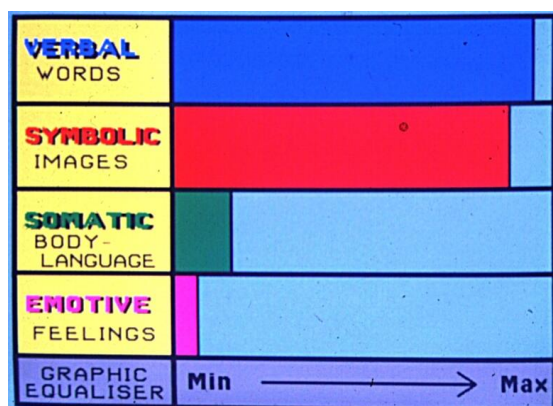
Verbal discourse played its part and provided data for analysis, reflection, association and interpretation.

Modes of Learning



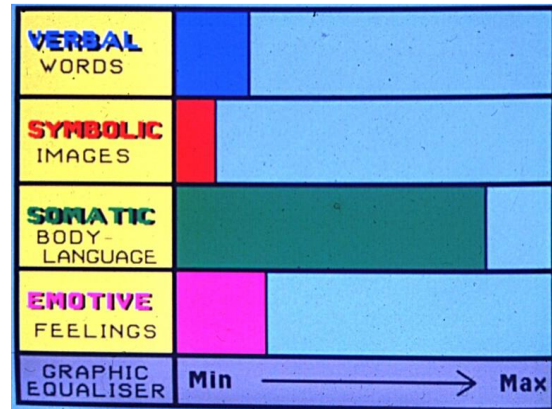
Art materials (scribble-pads, felt pens, oiled pastels and so on) were always available and the visual mode of learning and communication proved vital. Pictures, images, visualisation, dream-sharing, symbolisation, collage and object-play together with the use of sub-dominant drawing were all explored. Often the floors and walls of working space became an evolving gallery of visual association.

Modes of Learning



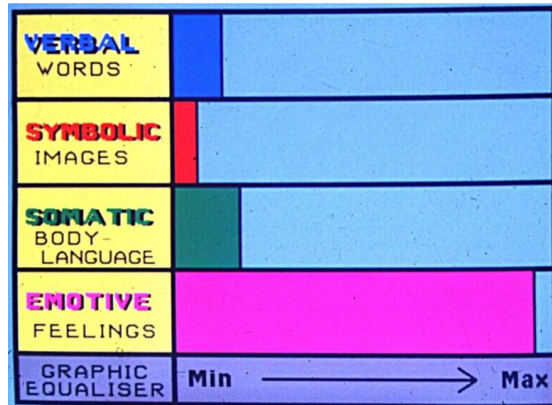
The cognitive combination of verbal and visual learning and communication developed the integration of left and right brain processes and exposed the defensive splitting between left and right hemispheres and between the dominant and sub-dominant characteristics.

Modes of Learning



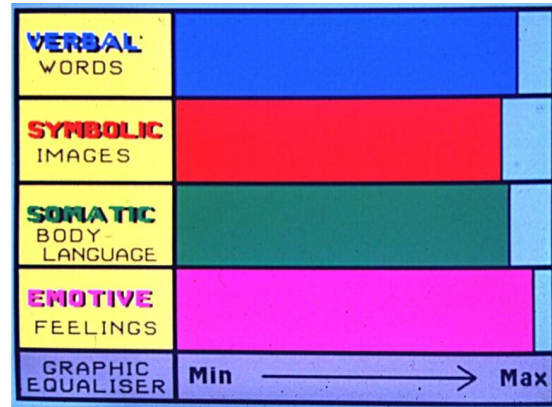
Very early experience is of course pre-verbal so the exploration of the world of inarticulate sound assumed great significance as did the whole range of “body language”, whether it had to do with individual awareness of inner somatic sensation or the more overt movements which were observable by others. The element of touch emerged as a powerful channel of communication and we became more and more alert to the somatic dance of the group as a whole, often quite unconsciously and spontaneously choreographed and opening up into episodes of dynamic group psychodrama.

Modes of Learning



Affective or emotional experience, awareness, expression and learning were fundamental to all the other channels. Exploration of areas of absent or suppressed feelings provided a negative or X-ray image of the defences against anxiety which were being mobilised at any given time, whether individually, in a collusional sub-set or in the group as a whole. The inhibition of emotional intelligence or affective accessibility is a very sensitive indicator of repressive defences and often pointed to emergent unconscious content.

Modes of Learning



As the matrix matured members developed the capacity for holistic learning and communication using all four modes synchronously.

Roots of the Common Unconscious

Some fifty matrix events have now been conducted and reviewed. From the beginning it was apparent that the ending of the event was raising the processes of parturition, distinctly different for each participant, but collectively enacted with engagement with pain, terror, rage, splitting, dissociation, denial and regression. On some occasions there were elements of hopelessness, despair, impotence, passivity and loss of the will to survive. As the series of events progressed it became clearer that the earlier stages of the event were mirroring the pre-natal process of human development from preconception, through fertilisation, blastocystic development, implantation or nidation, embryonic and foetal growth with umbilical and placental attachment in a water-filled uterine environment up to full-term experiences of overcrowding, placental degrade, oxygen-lack, resource deprivation and pollution before the onset of labour and the contractions leading to expulsion and loss of the known world. The sequencing of matrix time was precise and each individual lived through their own unique pre-natal journey in concert with the collective process. It seems we had inadvertently stumbled into a way of accessing the pre-verbal levels of foetal experience previously masked and held unconscious by the common traumatising of the birth process and its associated social defences.

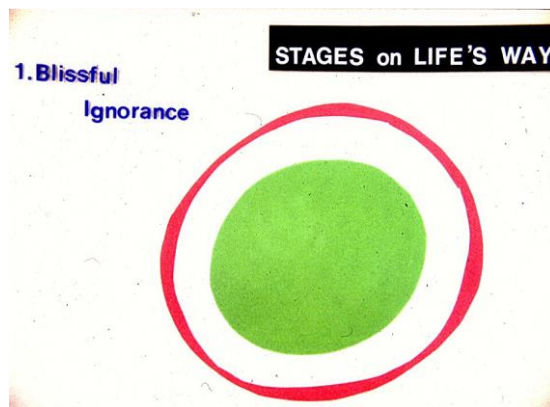
We developed the hypothesis that the collective unconscious is held fixated in a foetal state by common defences associated with peri-natal trauma.

Obviously the preverbal traces are physical and emotional and only later subject to symbolisation and verbalisation. Purely verbal analysis in the psychoanalytic tradition does not reach this material. Today the frontiers of memory research have pushed the threshold of validated memory and imprinting way back into the embryological, through the cellular domains of human behaviour and into the continuum of learning over

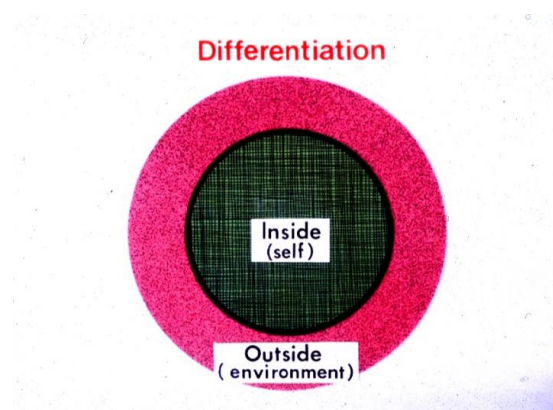
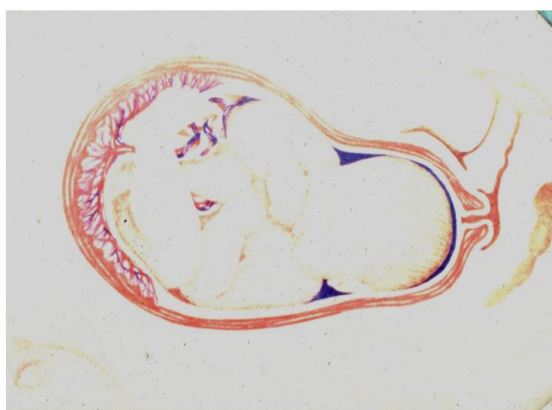
millions of years in the cellular evolution of the human organism. The cell is an extraordinary quantum processor. (See “The Connectivity Hypothesis” by Ervin Laszlo) We have hardly even begun to understand its power. For the rest of this presentation, however, we will not be looking at the very early material, but focussing our attention on something which is really quite late in life, namely birth itself.

Individually, distinct experiences of traumatising and their associated patterns of defence can be laid down at any point in development. Here deviance provides a criterion by which to explore the phenomena in relation to a social environment which is not so affected. The universal experience of hyper-stress during parturition, however, lays down an imprint of traumatising that is shared in common across the population as a whole and is the node around which the ubiquitous, collective or social defences against anxiety accrete. Here are the roots of the common unconscious.

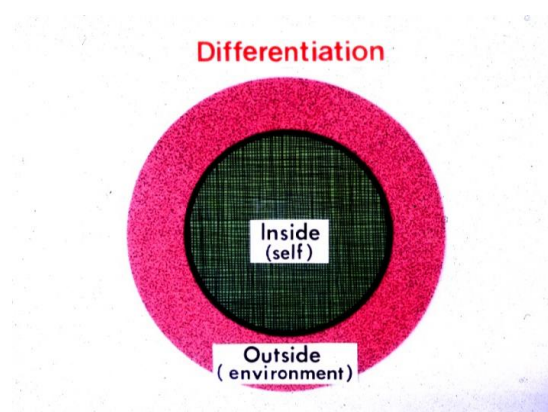
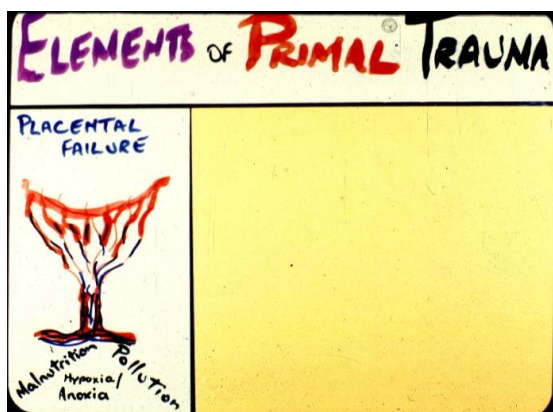
The next section summarises the outcome of our work on the development of the common perinatal impingement and its associated defences which are then presented as the “innate” (though obviously not “instinctive”) structure of the paranoid-schizoid position in the early nursing relationship.



I thought we would use Stages on Life's Way as a Kirkegaardian structure for this section. Our journey starts in the naïve position of full term development prior to the onset of placental degrade or the first signs of uterine contraction. It was a more-or-less good-enough holding environment for most of us, never an ideal place, but certainly much to be preferred to what happened next!



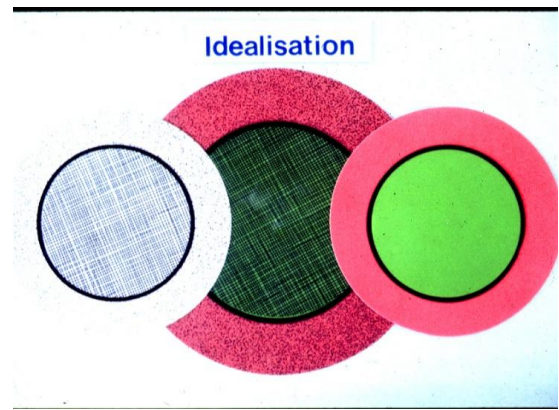
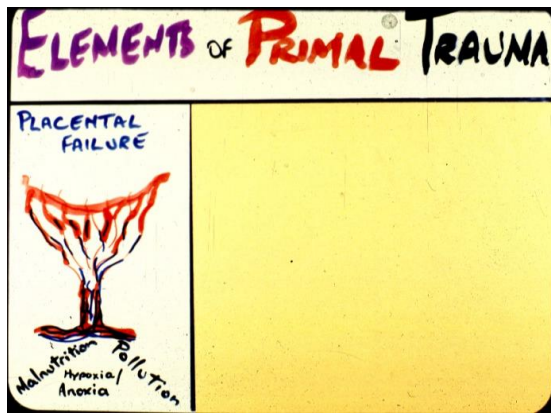
In the process of birth evolution has pushed us as a species up to and beyond the limits of tolerance both physical and psychological. The rapidly evolving third brain requires housing with an increasing cranial diameter, unmatched by equivalent evolution of the birth canal. Indeed the accompanying upright posture has also led to increased strength in the pelvic bone structure and greater rigidity and reduced elasticity in the tendons and musculature of the pelvic basin and cervix. The enlarging head of the neonate therefore meets with increasing resistance to its passage as evolution proceeds. Full term inhibition of placental effectiveness is another effect of the upright posture. The weight of the neonate, no longer supported by the sling of abdominal muscle pendant from a near horizontal spine, presses down into the pelvic basin and inhibits the flow of blood in the vena cava and the vessels serving the uterus and its attached placental and baby system. The result is a decrease in foetal nutrition, rising hypoxia and pollution. The growth rate falters and the previously nurturing, containing environment steadily degrades into a place of deprivation and persecution with accompanying decay in the physical and emotional well-being of the foetus. This is the origin of



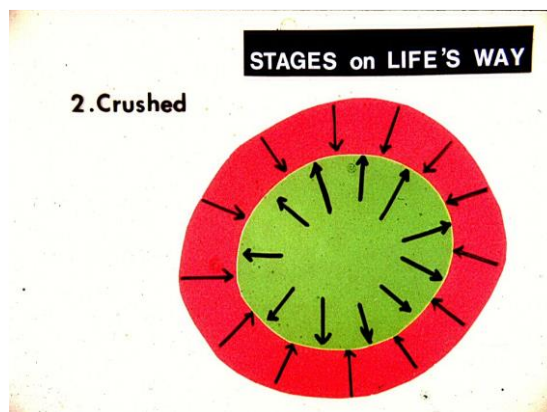
images of the placenta becoming bad and persecutory, and turning from the tree of life into the split form of the tree of the knowledge of good and evil. It is the normal origin of ambivalence and splitting in our early psychodynamics. The neonate is therefore comparatively ill-equipped for the titanic life and death struggle of birth itself.

There are three elements or stages in primal trauma. The first one is placental failure with issues of pollution, malnutrition and hypoxia. In extreme conditions, we run out of oxygen altogether and then there is an acute anoxic crisis requiring emergency intervention.

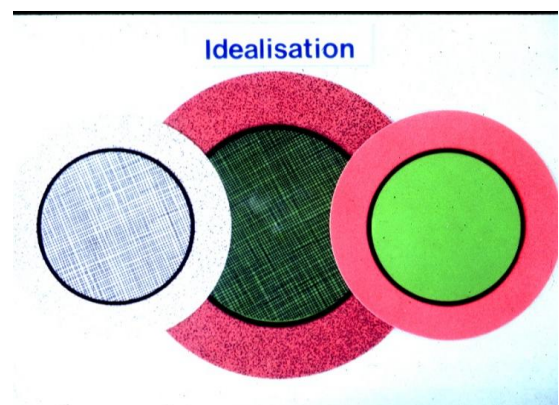
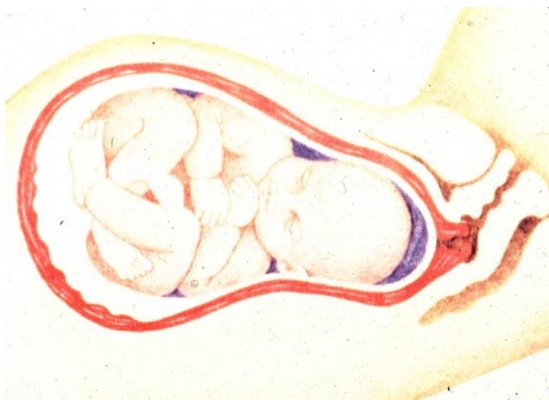
The process of idealisation appears to originate in this area where the good enough ground



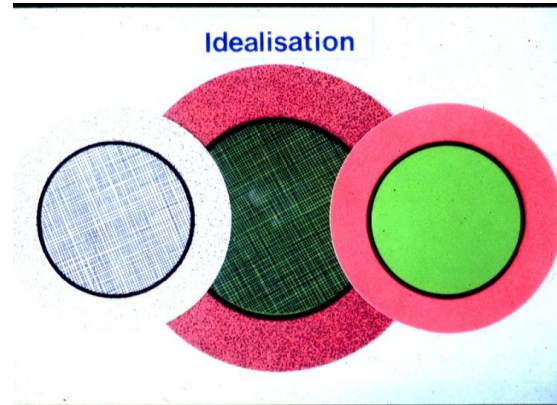
begins to split apart into a negative and a positive ground. The splitting is in relationship to the ground of nurturant resource, and is naturally displaced onto the breast in the nursing relationship.



Move on a little further to the second stage, that of actually being crushed where the impingement of the birth canal begins moulding the cranial plates

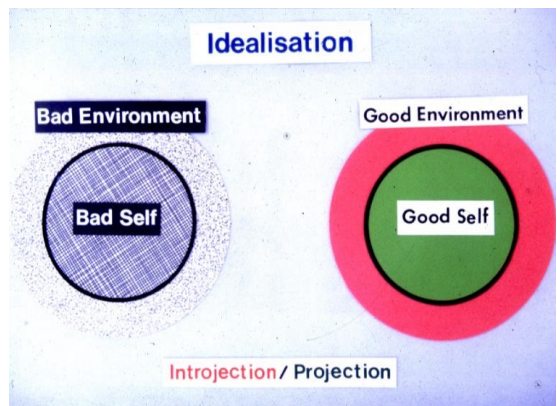


As the birth proceeds, so that moulding becomes more acute. In most mammals the amniotic sac is used as a kind of hydraulic buffer in the birthing process and it comes out intact

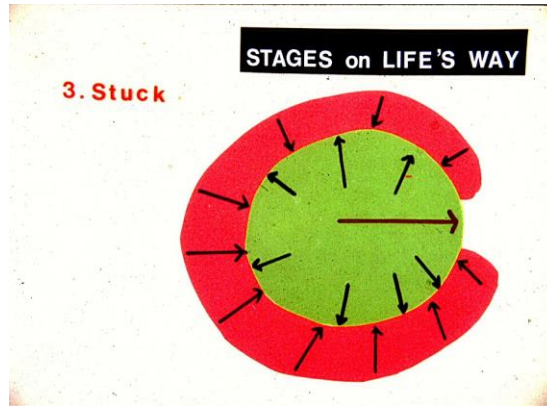


In the human species it ruptures and, as one gynaecologist put it, the human head is used as a gynaecological instrument to force its way through the pelvic structure. It is a high pain delivery for both mother and baby, though only the pain of the mother is normally taken into account. The abuse of the child is unconscious in the delivery. So we can give the mother an epidural and she does not feel the pain. But the baby still does, and indeed is pushed through even higher pain levels which would normally be regulated by the feedback loop between mother and baby now interrupted by the epidural.

Studies by professor Muller in Berlin of the 150 most benign vaginal presentations that he could find all showed sub-cranial haematoma, bleeding in the brain tissue under the skull. We know from studies of pain hormones that the pain experienced by the baby is extreme during this period. The production of endorphins also goes very high but cannot possibly contain the experience of pain in the baby. Peter Fisk, working with Vivette Glover at the Queen Charlotte Hospital on measurement of neonatal pain, postulated that if a mother purposefully put her child through this amount of suffering in the post-natal period, she would immediately be imprisoned for child abuse. We live right on the boundary of evolutionary compromise between prematurity and survival, and suffer from species-specific neo-natal traumatisation.

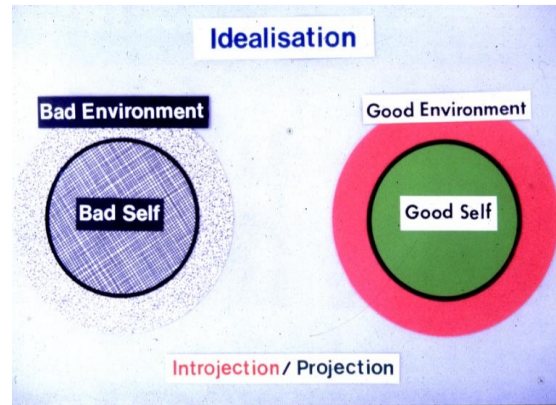


It is at this stage that the good enough ground begins to split apart completely and be lost from psychic content. Bad environment/bad self - the hell that I am going through and its introject - obliterates any such contact. Its antithesis, the good environment/good self, the idealisation of heaven, is now projected back onto the past experience of uterine life. The Schizoid split becomes acute

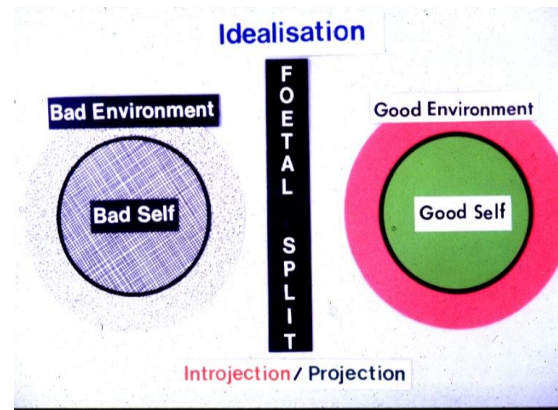
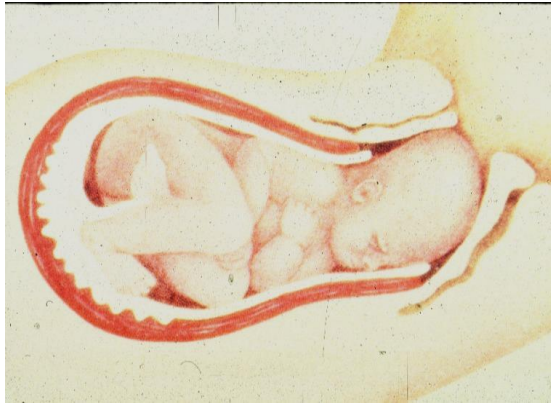


Stuck. Under pressure, are the words that are used to describe the experience of this next stage.

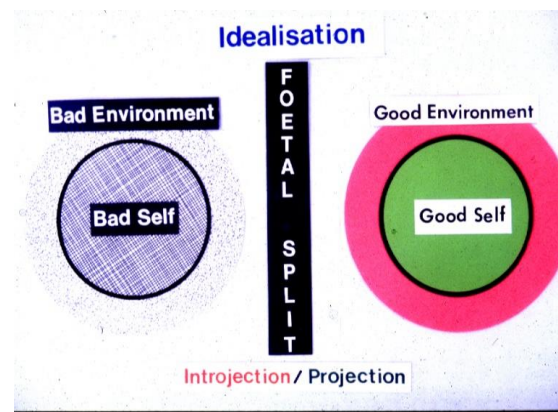
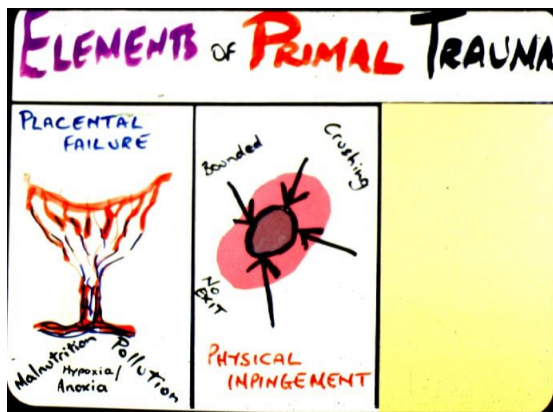
It is an experience of vectored direction without forward movement. We know now the right direction to go, but can as yet make no headway. We are blocked and batter our head on a brick wall.



Crowning is used of babies before it is applied to monarchs or Olympic champions, but crowning is something that happens to us at the height of pain, just as we begin to get through. It is a victim position. In later projective displacement crowning is used of the person who is stuck into the hole on our behalf so we don't have to go through the suffering ourselves. Then when the monarch dies we have to shove another head into the crown instead. The king/monarch/priest (or president) is a victim of the collusional social transference at this point



What we do see here is the foetal split between idealised good womb in retrospect, and the idealised hell of the present moment. Here is the foundation of the conflict between the life instinct and death instinct in the Freudian construct and of the paranoid-schizoid position of splitting into good and bad object identified by Melanie Klein in the immediate post-natal nursing relationship. If you conduct a verbal analysis of Melanie Klein's writings, the words 'innate' and 'instinctive' are interchangeable. I suggest that she was right in saying that the paranoid-schizoid position was innate, but profoundly wrong in saying that it was instinctive. This material is learned, but learned earlier than could possibly be understood at the time when the great original thinkers in classical psychoanalysis were living and writing

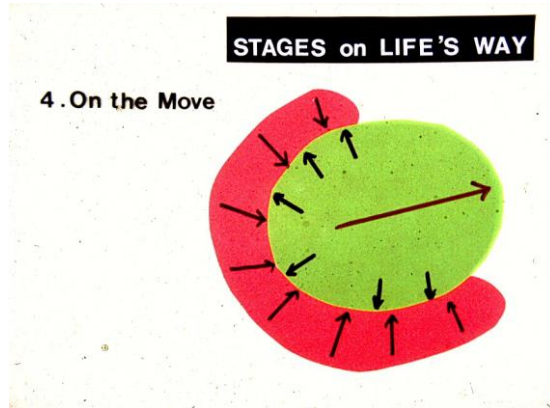


So now we can add the second element of primal trauma, that of crushing or impingement, boundedness, no exit, physical impingement with no way through. Life has become an inescapable hell. The baby experiences the terror of annihilation and the concomitant destruction of its environment. The fear of death is learned at this point.

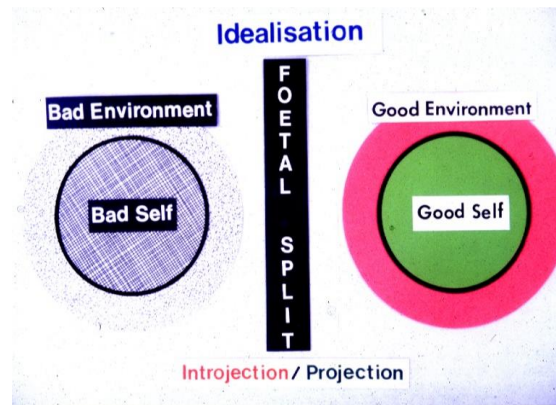
In the Secret Life of the Unborn Child, Thomas Verny, (the founder and initial president of the Pre and Perinatal Psychology Association of North America) wrote this. 'Even in the best of circumstances, birth reverberates through the child's body like a seismic shock of earthquake proportions.' Almost the identical words used to me in New York about the experience of 9/11, where "anxiety went off the Richter scale" and Rich Piccotto the "Last Man Down" described his experience of being caught in the crushing collapse of the North Tower as "being born again".

D.W. Winnicott tended to ignore the effects of normal birth, referring only to deviant pathology stemming from abnormally intensive experiences of trauma. Remember Winnicott defined trauma as 'intolerable impingement in conditions of helplessness'. Then he goes on 'but birth is normally non-traumatic because it

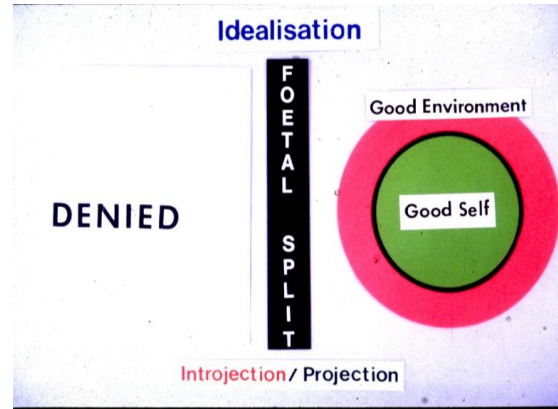
doesn't generate behaviour that deviates from the norm'. We all have been traumatised in the birth process therefore it is not traumatic because it is normal. That is a construct of tautological denial driven by collusion with the collective defences against perinatal anxiety.



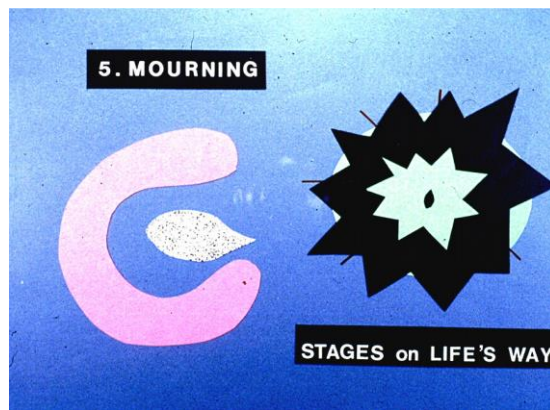
Anyway thankfully we eventually get under way



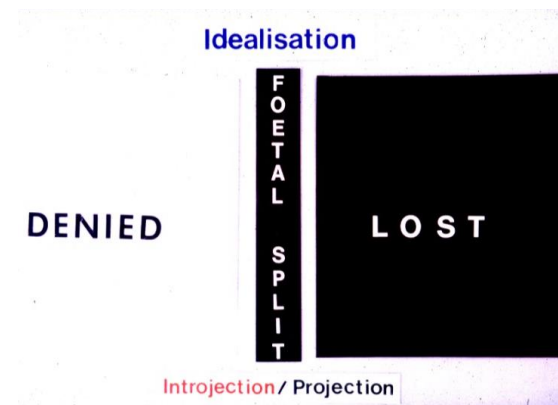
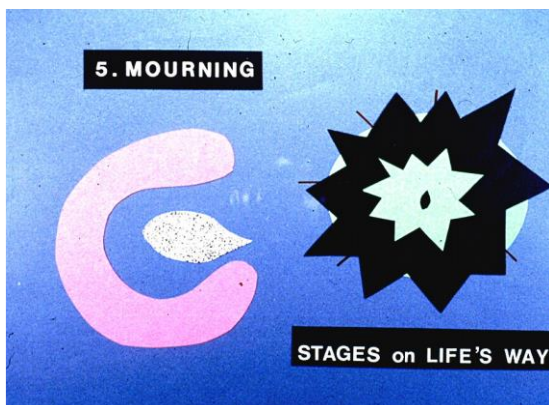
The head does eventually emerge for most of us. Those who are unable to get through either die or are subject to rescue by ventouse, forceps or a late caesarian section.



What happens next as emergence proceeds and pain subsides, is that the negativities of the experience are repressed and denied. They get taken out. And the idealisation/denial dynamics begin to build in very fast leaving memory dominated by longing for the idealised past.

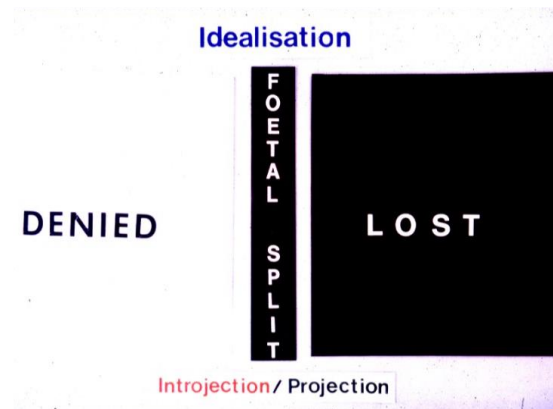
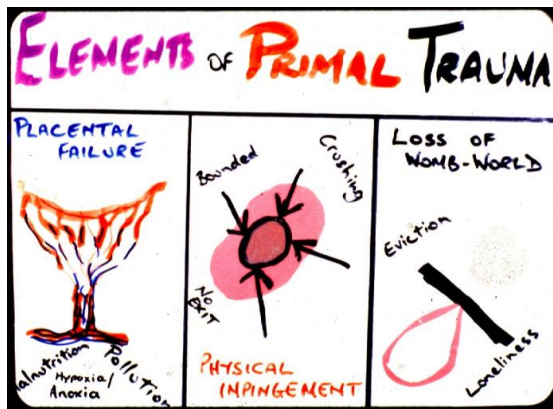


Birth is the archetype of bereavement, the first experience of detachment and loss.

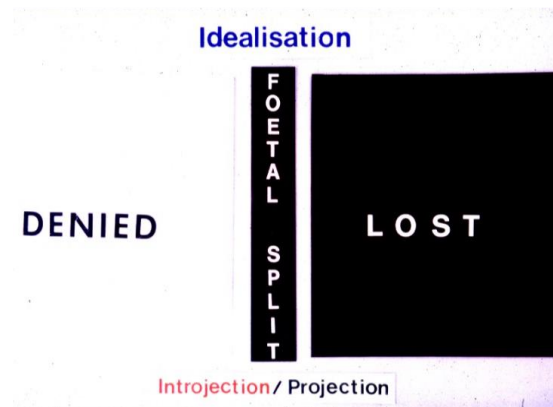


It is not, however, merely the loss of a good-enough holding environment through a bearable process of transition. Because of the intensity of the impingement already experienced and the splitting and idealisation processes in play, the loss is of the idealised holding environment, that than which nothing more

perfect can be imagined. The situation leads to the transmarginality of grieving and ultimately fixation and denial of separation

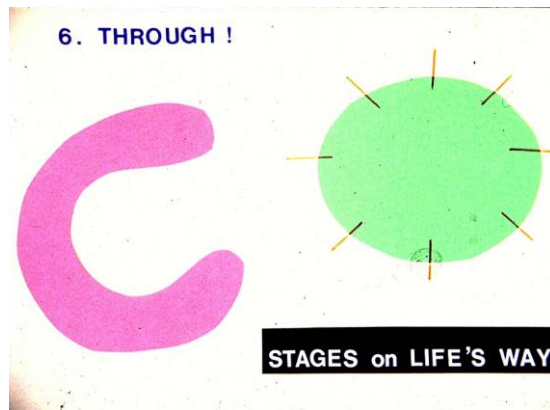


The loss is not only of the idealised womb-world with its comfortable warmth, cradling motion, tactile contact, darkness and familiar sounds

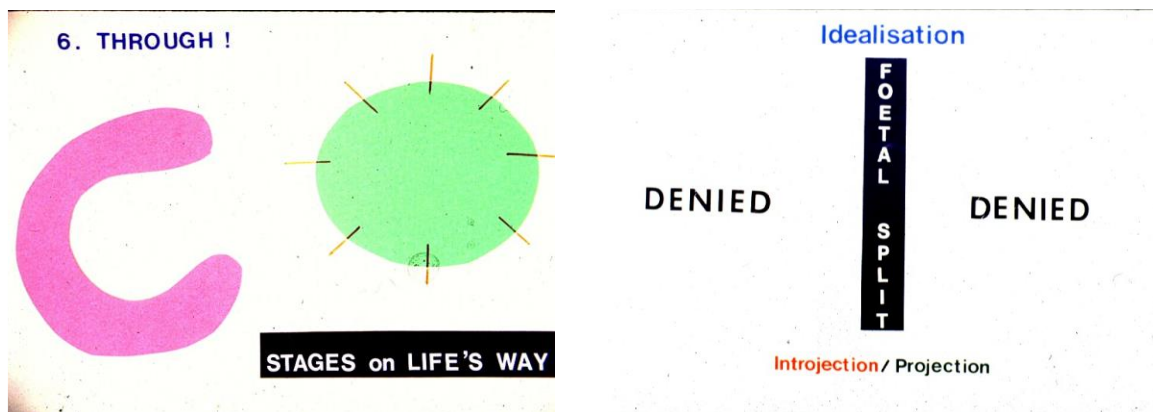


But also of the placenta and the umbilical connection. In addition, the cord is often cut too soon and the neonate is deprived of the residual blood-supply and its cocktail of maternal hormones and endorphins which are its birth-right.

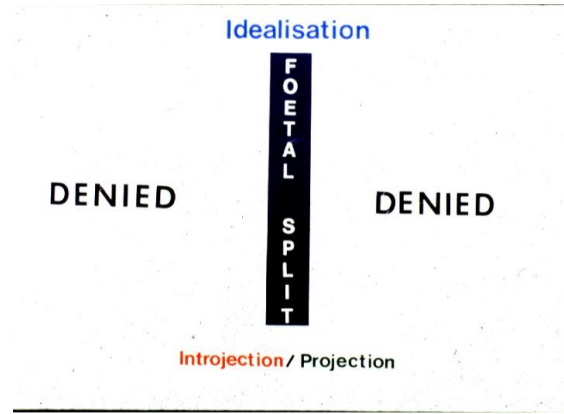
The process of idealisation transforms the reality of the uterine experience into a phantasy of Paradise Lost and drives a resulting lifelong regressive search for its recovery, reconnection and reconstitution in some kind of political or religious utopia. In reality the task is not to reconnect with the nurturant placenta within some everlasting womb, but to deconstruct the process of idealisation and recover from its loss



Emergence is into a new and unfamiliar environment, albeit in a transition that marks the end of extreme impingement as well as the disconnection from the symbiotic relation with the mother

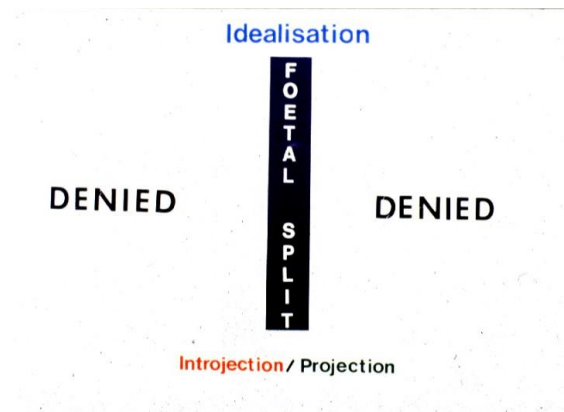


Birth is not only the loss of the idealised womb-world, but it is a loss under conditions of trauma or hyper-stress. The transition is accompanied by intense physical impingement and emotional overloading which are subject to repression and later denial and defence. The transition itself is therefore subject to the process of denial and repressed behind the same defences as the impingement. It is handled unconsciously. As a result the grieving process is fixated. It is as if the loss has not happened. The imprinting has profound effects on the management of transitions in later life. Not only is the appropriate emotion suppressed on the boundary but myths persevere that the boundary itself is never actually broken. From our unconscious position of foetal fixation, we project that boundary forward and see it as an encounter with death and therefore phantasise survival beyond death (ie life after birth!). If we had dealt with the archetype of bereavement in birth, we would be able to understand death and the termination of the life of the individual much more profoundly and competently. Myths of immortality owe their universal form and power to this stage of perinatal experience.



Recovery is the next task, facing the present and the future as a new beginning on the far side of a caesura in time. The event horizon has been passed. For the post-natal world this is seen as the beginning of life.

The first baby born in the new millennium was identified and a large financial reward was given to the parents. But from the shape of the head I think they may have dragged it out a little fast in order to win the competition!



The process, then, is one of classical fixation. Time stands still in the frame just before the trauma becomes intolerable. That is the boundary, the event-horizon, of our uterine unconsciousness



It is also subject to the dynamics of regression, the attempt to retreat into time before the trauma and into an environment seen through the process of idealisation as perfect.

If the peri-natal trauma is extreme, the regression is set up as a fugue state. Time is reversed and the goal of achievement is reversed to seek the arche of being, the drop returns to the ocean, the point that is fused into the all. Again and again as the matrix event approached closure one or more members would take the process right back to the beginning. A consultancy training group convened with a sub-group of the matrix membership immediately following the event would never continue as expected into the post-natal developmental field, but started again at the point of the zygote stage, and recycled from conception to birth-trauma.

The more normal state of regression is to a position in the foetal saga where there is plenty of room to grow, lots of resources, and no fear of impending trauma generated by development. New resources are taken in, there is a new growth cycle through the end of the first trimester into the second trimester, through that into the third trimester. Space becomes constricted, Lebensraum is inadequate. Placental failure follows with oxygen lack, nutrient deprivation, resource shortage and pollution, the poison in the underground. Then all hell breaks loose. The battle is with the cervix, the crushing of the birth-canal. This is the place of cranial pain, of schizoid defences, of the experienced onset of the mother of all battles. Here is the normal root of terror and rage, of guilt and retaliation, of hate and violence. It is the onset of a struggle for survival in the face of the threat of death and annihilation. Here is the matrix of war, the new reply to Einstein's unanswered question. In the aftermath we rebuild our defences and back off into a new cycle of regression only to move forward again and inevitably to the next engagement with the perinatal battle of Armageddon. The pattern is fractal in the dynamics of human civilisation.



“Where is lunch?”

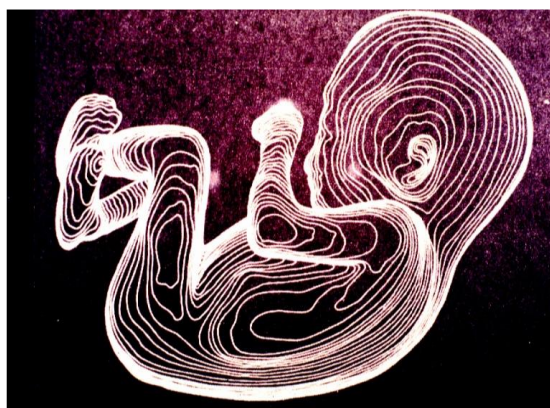
The sight of a well-recovered new-born is lovely, there is an “Aah factor” here that appeals directly to the heart. Sadly, the process of uncomplicated vaginal delivery which we have followed represents the lowest level of traumatisation. For many of us the perinatal experience is far more damaging and the resultant defences are even more profound following prolonged and difficult labour, the use of forceps, ventouse, induction, epidural, anaesthesia, rescue c-section, the horizontal posture, premature delivery and intensive (and invasive) neonatal care, and so on. Medical progress preserves the lives of more and more traumatised babies.

The increasingly common occurrence of elective c-section delivery is providing sub-group specific defences of an altogether different nature than any we have seen in the history of our species. The restimulation of the experience of unexpected shock-trauma at the core of social process may well have something to do with the intensity of the national response to the impact of 9.11 here in the USA.

Lloyd deMause spoke about the universality of traumatising in the birth process at the Toronto Congress of the Pre and Perinatal Psychology Association of North America back in 1983. After his presentation a lady stood up and attacked him quite violently for saying that trauma was normal. She asserted that normal vaginal delivery should be trauma free. I don't know what he said in reply because his response was deleted from the tape recording of the congress proceedings. That was an exercise in repression if ever I saw one. There is a myth of non-traumatisation in idealised birth stories, an attempt to idealise the life of the noble savage!

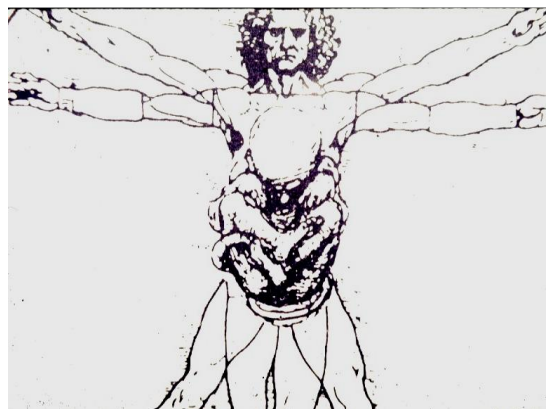
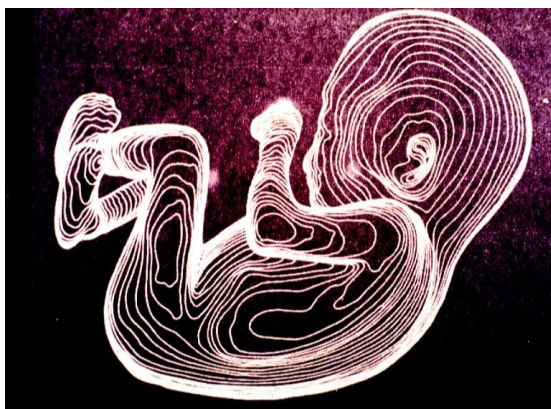
It reminds me of an account from a Zimbabwean situation. A few years ago we worked with a lady who had just come to England with her two children from a remote shamanic rural village in Zimbabwe. She said, "David we don't have problems with birth trauma in our village". "Well that is incredible, tell me about it", I replied. She continued, "Well when the mother is about to give birth she goes into a birthing hut. It is dark and warm and she is accompanied by the doula's, the wise women who have given birth many times themselves and they look after her. She will have some relaxing herbs that help with the softening of the musculature and so on, and the baby is born without trauma. It is kept in the dark for a time and then, a few days later, is gently brought out in the twilight and introduced to some of the people in the village. The transition is handled in a beautifully sensitive way". I asked her, "Do you have any surprising activities around birth in your village?" "Oh", she said, "we kill second born twins because they are so odd". Now think about it. Second born twins have much less compression because the cervix has already been opened. They tend to be far less defended in the paranoid schizoid process, so they don't match the culture of the first borns and the singletons. So they annihilate them. They have a final solution for second born twins. They are odd, they are different, so they are killed. This is described as a culture whose birth process is trauma-free!

"Oh, by the way", she continued, "I have an uncle who was a second born twin. He was allowed to live because the first-born twin died in the birth process, but he is weird". I will just leave that with you.



So the neonate at the breast does not present as a psychodynamic tabula-rasa with instinctive paranoid-schizoid characteristics. The new-born babe has already come on a long journey which climaxed in trans-marginal stress. Its defences are already learned and its armouring already in place ready to drive patterns of projection and re-stimulation in all kinds of triggering contexts.

Thomas Verny affirmed: ‘the legacy of this journey leaves a profound mark on all of us, our most enduring cultural and religious symbols reflect that influence. Both the distinctions between heaven and hell and the expulsion of Adam and Eve from the garden, can be read as birth parables, as can many of our most powerful myths’. I think he is spot on. Terence Dowling when he was the research fellow at the Gestalt institute in Germany spoke of the uterine ecology as “the Rosetta Stone of world religions”.



The adult psyche is effectively split into two fields, the post-natal for which birth was as the beginning of time. How often in the analytic literature and medical circles do people start talking about “the beginning of life” meaning ‘at the breast’, or ‘after birth’! The impingement is seen as non-existent since it happened before time began. “Babies don’t remember birth” is a collusional myth of wish-fulfilment.

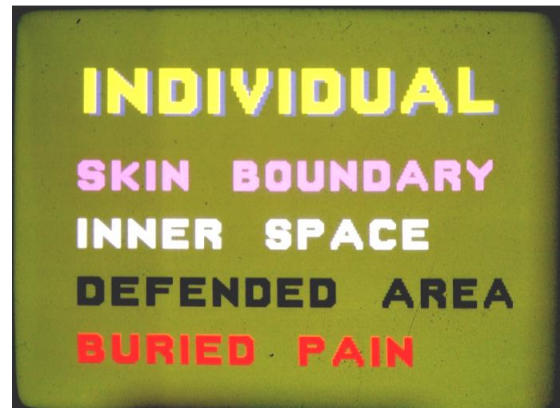
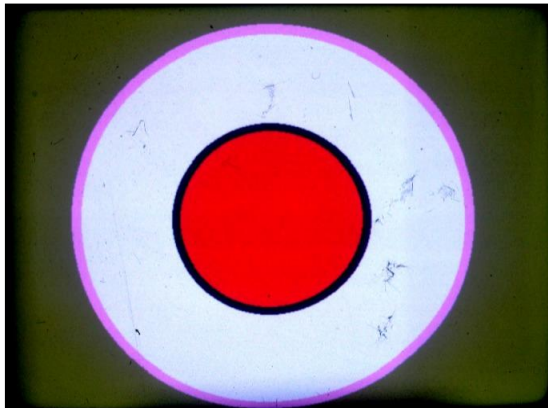
Meanwhile, repressed and contained behind the perinatal defences, the prenatal or foetal unconscious lives on in foetal space as if birth has not yet happened, yet tragically is about to be. The end thinking of Armageddon I suggest is not the end of time, but the end of womb time projected into current time. The fixation of the foetal unconscious leads to a life-long sequence of repetition psychodrama, oscillating between the recovery of safety and the movement towards development, encounter with the impassable boundary and bounce back off from the titanic struggle and intolerable anxieties of birth seen as death.

So we have a primal matrix of our individual but common unconscious process and its associated defences. I have spent a lot of time on this section because it lies at the heart of the paradigm shift. Once we take that on board we begin to be able to move forward much more quickly into the examination of its outworking in systems behaviour which is what the next section seeks to address.

Construction of **Social Defences Against Anxiety**

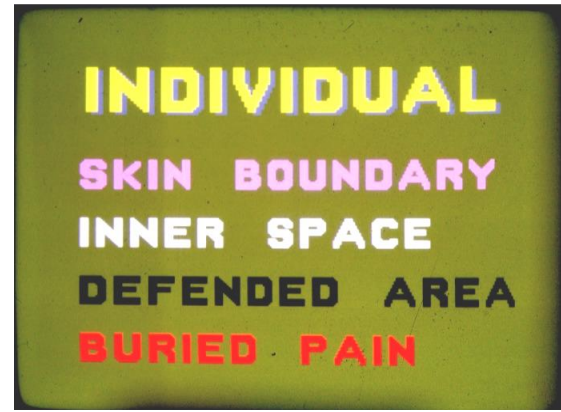
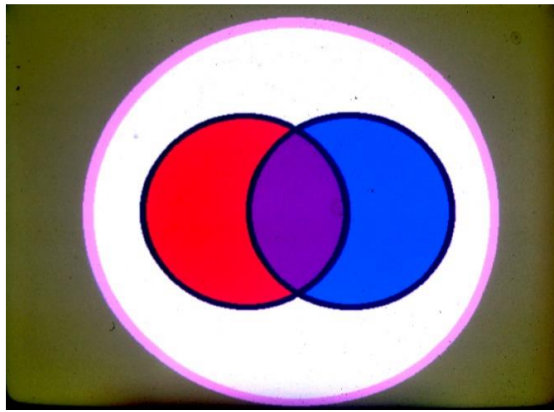
In the first section we have laid the foundation analysis of the normal origins of defences against anxiety which lies at the heart of the paradigm shift in psychoanalysis.

Now we turn our attention to the construction of Social Defences.

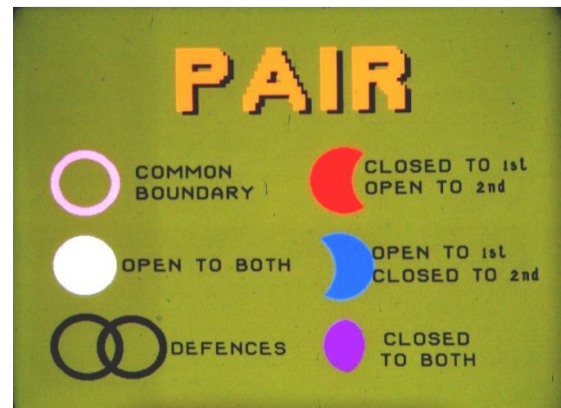
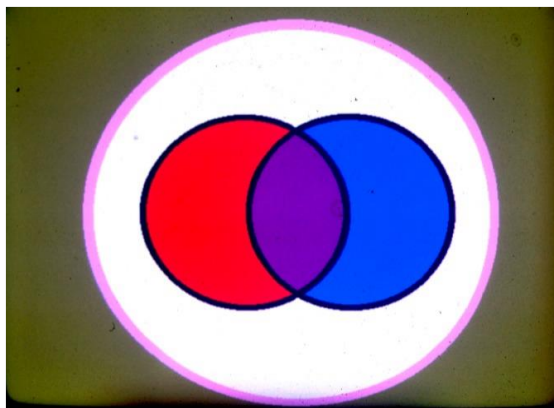


Let us start with a psychological model of an individual based on that analysis using Venn diagrams of personal space like this.

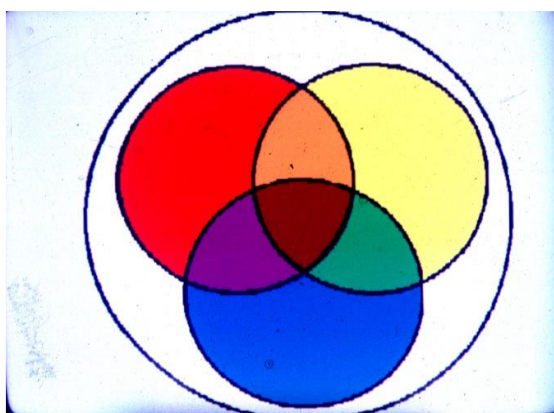
We can think of a skin boundary containing an inner space that is open to consciousness, a defended area and buried pain behind the defences.



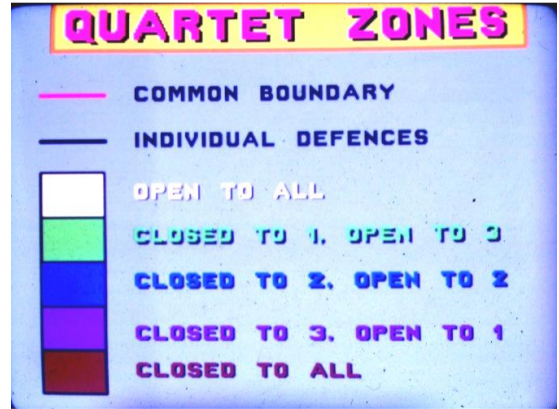
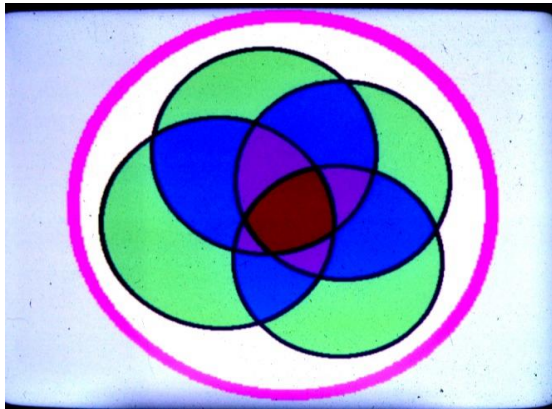
Next we introduce 2 people into the same psychological space. Here we will find the outer skin of the dyad, the area that is quite consciously open to both and no problem. Then there are the defended areas and the buried pain, some of which is similar and shared by both, some of which is deviant and specific to the particular individual.



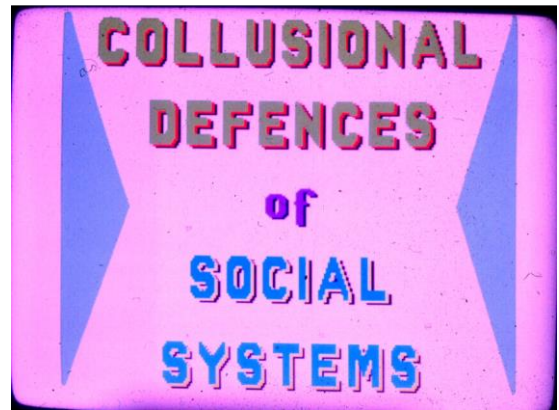
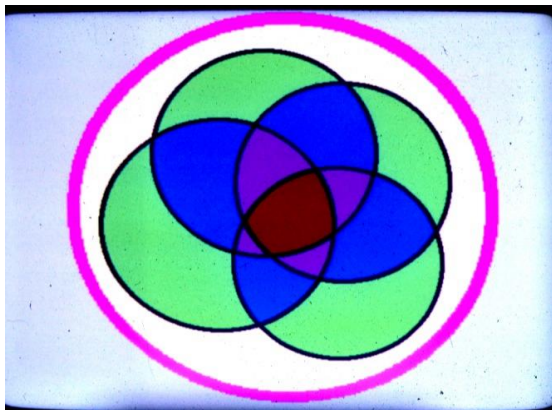
The titling enables us to name the various zones of dyad space.



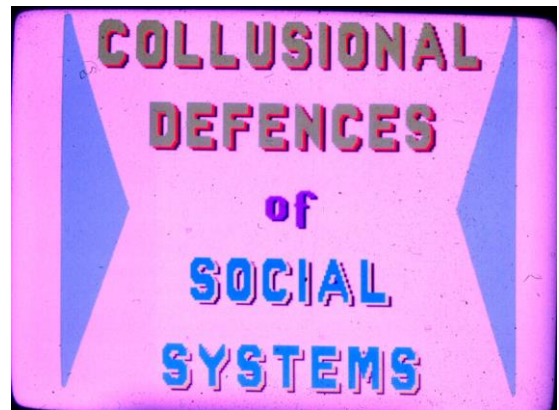
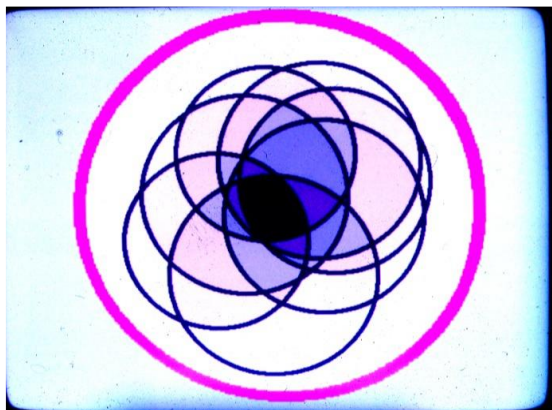
Let us go on and bring three people into the same space. This is very diagrammatic of course. The map is not the territory as we say. Again we have three areas of individual deviance, some shared material in pairs and core material that is common to the triad.



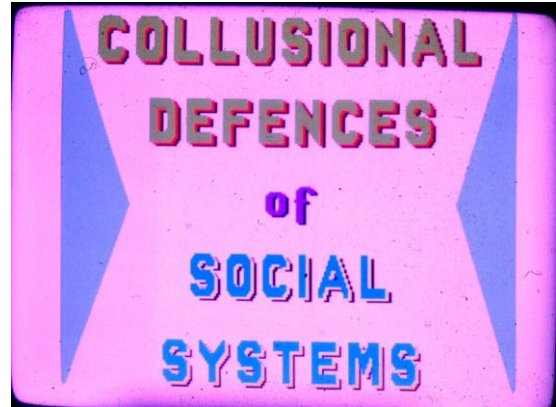
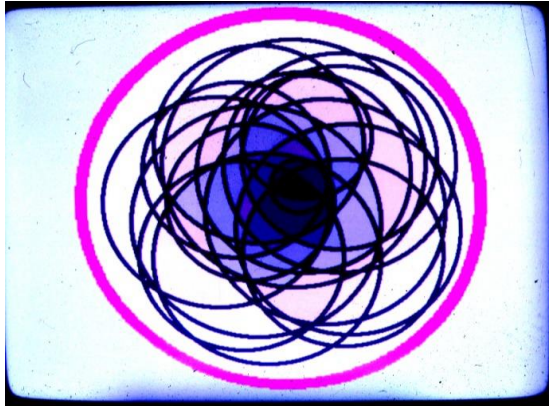
Increasing from a triad to a quartet, we see that the core material in which they are all sharing common collusional repression is becoming more dense. The area that is still open to all is also shrinking. You get a cocktail party you know, you can chatter about nothingness. You try going deeper in a crowd it is really quite tricky. You have to have some real trust to get to know people before you can go deeper.



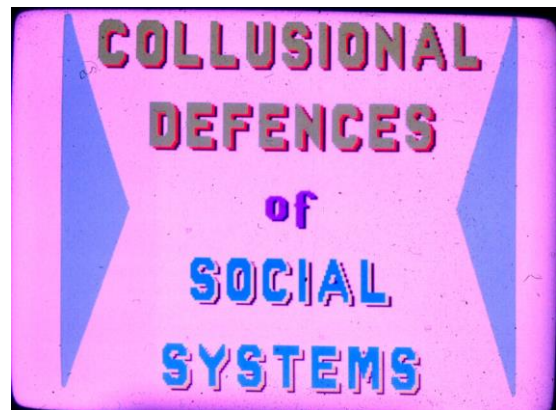
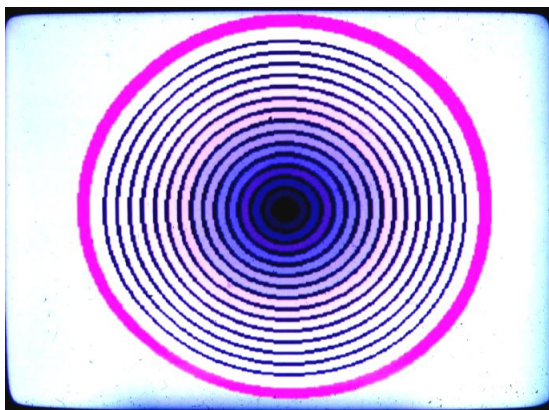
So we begin to see the building up of defences in collusional process



The higher the aggregation of the group, the more profound the repression at the centre and the more closely its dynamics, symbols and myths reflect the core of the pre and perinatal process.



In fact once you begin to see the common core processes of the group as holding the most common traumata and their defences, you find group analysis is the royal road into the collective unconscious. This is the key to the integration of our understanding of the dynamics of individuals and social systems and to the release and transformation of normal pathology.



If we add still more to our group until it becomes a crowd, we see that the collusional bonding of a group reaches its most powerful around the most common and intensely traumatised imprinting. So as a species the most overwhelming statistical significance is associated with the trauma of birth itself. Of course there is a distribution of other traumata from other points in development and for individuals and in individual analysis that is important. But it is the statistical occurrence of birth as the most common traumatising event which drives the unconscious behaviour of social systems. While there is clearly a distribution between less and more intense around some mean of parturition imprinting, it is the most common and the most intense experience of hyperstress encountered by homo sapiens and as such it is the common shared defences associated with perinatal trauma that constitute the most profoundly collusional dynamics of our civilisation. Here is the very core of our normal psychopathology. It is as if society exists at a very deep and resonant level in a fixated foetal trance state. That is the fundamental process of the large group, of the large social population, to disturb which is to precipitate the psychodrama of birth as war.

Perhaps this is as good a point as any to look at the emergence of leadership in groups and social systems. Leaders are vested with the unconscious task of leading social defence mechanisms over and above task of work leadership.

Leadership emerges in a group or system with a complex set of parameters. At an overt level the leader is selected for competence in performing certain task functions, but the selection and emergence procedures are never that simple. Indeed, competence may be sacrificed to quite a high degree provided the leader demonstrates dynamics which encapsulate the most intensive collusional core processes of the group unconscious. The system will reject as leader someone who is clearly deviant or odd but leadership will emerge around the most intensely defended and damaged person whose area of defence and damage corresponds most closely with the most powerful collusional core of the group unconscious. While such processes may be observed in small and large groups, organisations and institutions, they become most clear in the elevation of leadership in times of war, the emergence of leadership in religious movements and indeed in the founding fathers of religious constructs, as well as those who emerge as the most powerful political leaders on the national and international stage.

Primitive defences against anxiety protect our conscious minds from being flooded by buried pain. It is, however, at the cost of detaching us from the realities of the world around us, preventing the unfiltered incorporation of vital information and severely damaging our capacity for essential and effective problem solving in the real world of our adult existence.

Splitting and regression in the behaviour of human systems present universal and fractal patterns of manifestation. They are trans-cultural, they occur across time and across space. Where Freud (and in his footsteps, Klein and Bion) saw these as instinctive conditions, we now know them to be learned responses and if learned then open for transformation. This is the insight that shifts us from the despair of Freudian fatalism to the realistic hope of the possibility of collective recovery from our species' common post-traumatic stress syndrome.

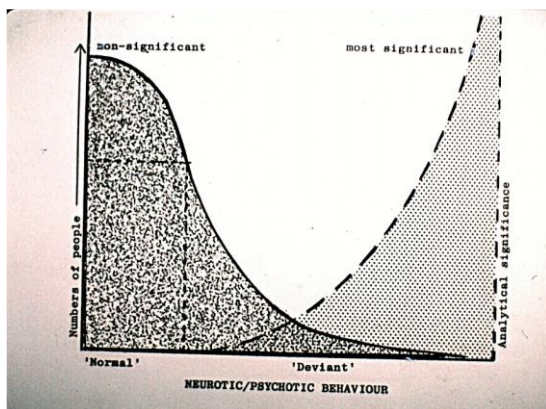
Once it is recognised that the common defences used to manage perinatal impingement dominate the collusional processes of social systems, then the dynamics of social behaviour can be seen in a new light.

To summarise:

Groups behave as if all members are bound up in a shared intrauterine environment. The dynamics of this “Mega-humanoid foetus” resonate in a foetal trance state which is fundamental to the pathology of our civilisation. The process moves through a predictable sequence from conception, through gestation to placental failure and the onset of perinatal trauma, before erupting in conflict, freezing in fixation, reversing in regression, and starting all over again. The behaviour is not instinctive but a learned response to the compromise of evolution in the process of birth.

The Paradigm Shift In Psychoanalysis

The concluding section reviews three facets of the emergent paradigm shift in psychoanalysis which opens the way towards a new paradigm of psycho-social analysis

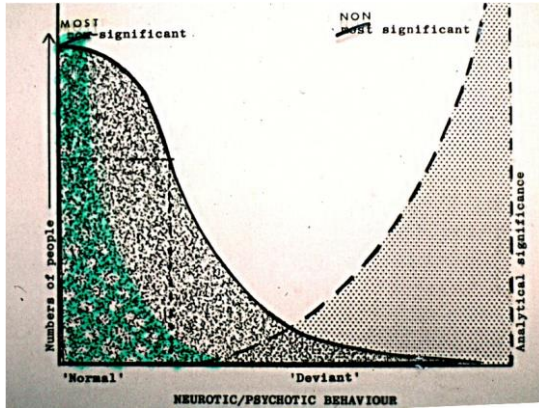


Criteria of Significance

The first element is the shift in the criteria of significance.

One of the difficulties that early analysis faced in attempting to work with social systems, was that it came out of the medical model, it was about restoring to health or normality people who deviated from it. That was the sanction for it. It is a sickness paradigm. On the graph of the normal distribution curve I have plotted numbers of people up the vertical axis and increase in neurotic/psychotic/bizarre behaviour along the horizontal axis. Analytic significance accretes to the most disturbed. In fact you can probably get a PhD by working on the extreme and you certainly wouldn't get a PhD by working on the most normal. So the norm is treated as normal and healthy and the task is to contain the deviant or sick behaviour in some way, separate them from society so they don't disturb, or "therap" them in some other way in order return them from the abnormal misery of the neurotic to the normal misery of every day life, Freud's definition of the goal of psychoanalysis.

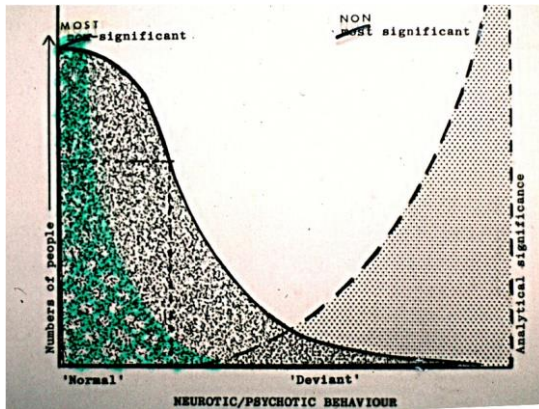
Now with that model there is no way you can develop an understanding of the pathology of the norm which is what dominates social systems behaviour. This was the bankruptcy of the Freudian approach carried forward into the construct of Melanie Klein, W.R. Bion and the Tavistock tradition.



**Criteria of
Significance**

**From the dominance
of deviance**

If we change the criteria of significance and say “deviant behaviour is not really significant for this exploration,



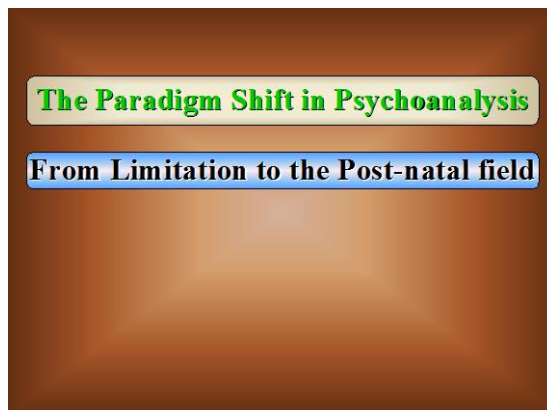
**Criteria of
Significance**

**To the Significance of
the Norm**

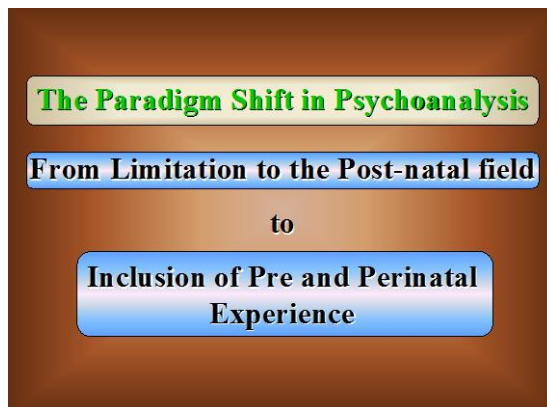
normal pathology of the common unconscious is what we have to study in systems analysis,” then we begin to build a bridge between the psychopathology of individuals and the psychopathology of systems behaviour. The sickness model remains the domain of therapy and of psychoanalysis within but not of society. In psycho-social analysis we must attribute the highest significance to the most common material.

**T h e P a r a d i g m S h i f t
I n
P s y c h o a n a l y s i s**

The second fundamental shift in psychoanalysis



moves from limitation in the post-natal field



to the inclusion of pre-and perinatal experience within the realm of analysis.

Over the last twenty five years, new insights from the emergent paradigm of pre and perinatal psychology have been applied to the study of the dynamics of human groups with dramatic impact on our understanding of the field. Conversely, during the same period, phenomenological evidence from research in group dynamics has cast new light on some of the most commonly and powerfully repressed areas of our pre and perinatal experience. These iterative outcomes confirm the prophetic indication of research direction brilliantly suggested in the 1950s by Elliot Jaques

Recognition that these primitive defences are laid down in response to traumatic impingement in the prenatal and perinatal domains of human experience, are therefore learned rather than instinctive, and are open to analysis, integration and deconstruction, opens the possibility and necessity for a paradigm shift in classical psychoanalytic understanding of group and social process.

The Paradigm Shift In Psychoanalysis

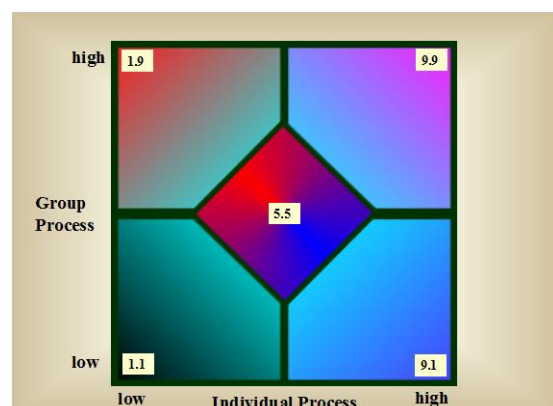
The third fundamental shift in psychoanalysis stems from the recognition the most common sources of anxiety and their associated defences constitute the connection between the individual and the group, the personal and the collective.

It is that insight that enables

**Integrating
Individual
and
Social Process**

the integration of individual and social process in a seamless field, the “Unified Field of Human Behaviour” to which I alluded in the seminal paper of 1979

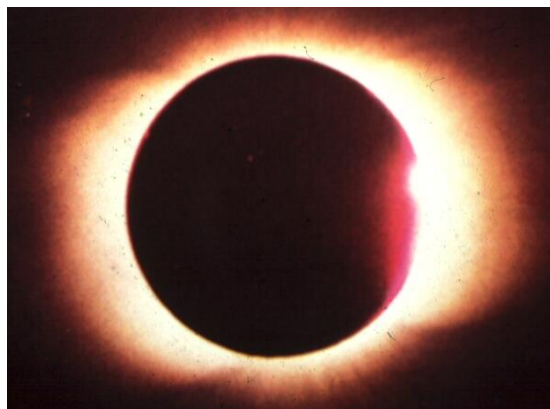
**Integrating
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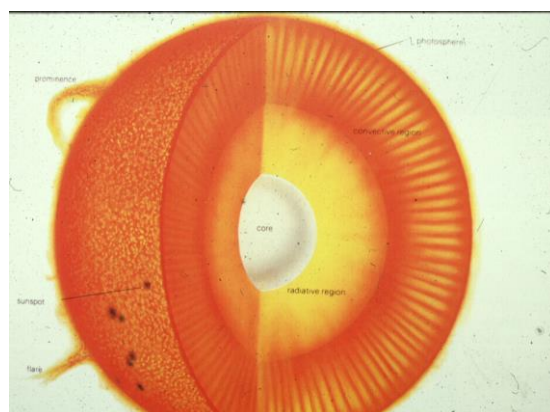
It opens the possibility of working with uniformly high levels of awareness of the previously unconscious process in both group and individual presentation.

The Paradigm Shift In Psychoanalysis

In concluding summary, then, the paradigm shift in psychoanalysis opens the way to a fundamental development in the domain of psycho-social analysis which is like the



change from studying the corona of the sun in the belief that all solar phenomena emanate from this surface,



to the elucidation of the dynamics of the very causal core itself.

Implications and Applications of the Paradigm Shift in Psycho-Social Analysis

As a postscript to this presentation, but a prologue to the future agenda, we face the task of exploring the implications and applications of the new paradigm-shift in psycho-social analysis and coping with the turbulent dynamics of transference, as the collusional anxiety defences of our world are called in question to the very core. The new paradigm of psycho-social analysis:

- 1. Offers the opportunity to press beyond the limitations of analysis of deviance (the medical model which still underlies the discipline of psychoanalysis) to focus our understanding on the normal pathology of human experience**
- 2. Opens areas of individual development, integration and transformation previously considered instinctive and inaccessible to analysis**
- 3. Enables application of the new analytic paradigm to the collective dynamics of groups, organizations and social systems linking them to their roots in common individual experience**
- 4. Affords deeper understanding of the non-rational behaviour of large systems with particular reference to the dynamics of politics, economics, conflict and religion**
- 5. Indicates placental failure – the archetypal “failed dependency” - and its fixation in the trauma of birth, as driving the dynamics of capitalism**
- 6. Highlights the bi-directional interplay between the collective and the personal as an iterative collusional dance of transference and counter-transference**
- 7. Lays the ground for an understanding of environmental relations (prior to the emergence of part-object and object relations in the post-natal field) which opens up issues of global ecology and the re-stimulation of perinatal impingement in conditions of high stress, low resource and rapid transition**
- 8. Links the process of globalisation and the re-stimulation of perinatal psychodrama with the reinforcement of defences against (and the exercise of) terror**

9. Exposes the seduction of the task of leadership as the reinforcement of the social defences against anxiety and the optimisation of sub-group security, in dysfunctional opposition to the trans-boundary task of work-group leadership within the system as a whole
10. Raises the possibility of dynamic intervention in systems behaviour with potential to generate metamorphic levels of social transformation
11. Widens the intentional outcome of the Tavistock Institute, its associated centres and group relations conferences to include integrative transformation and dynamic development as well as cognitive understanding and analysis of the non-rational phenomena of social behaviour
12. Requires appropriate innovations in the design of the next generation of group relations conferences and in the structures and dynamics of their hosting institutions as we move beyond the dynamics of complex systems into a world dominated by the dynamics of systems of complexity.
13. Requires the innovation of new developmental and integrative institutions for tomorrow's world.
14. Leads to the existential imperative. The personal journey of integration is a prerequisite for any development in the understanding and transformation of society.
15. It also requires the reflexive analysis of the dynamics of the social systems of the psychoanalytic institutions themselves, and the deconstruction of the collusional second-order (paradigm protection and reinforcement) defence-maintenance systems at their core.

Footnote 1:

“**Eric J. Miller**, PhD, until his death on 5 April 2002, was on the staff of The Tavistock Institute, where he was a consultant to the Group Relations Training Programme (of which he was Director from 1969 to 1997), and a core faculty member of the Institute's Advanced Organizational Consultation Programme. He was also Policy Adviser to OPUS (an Organization for Promoting Understanding in Society), of which he was a founder-member in 1975, and an Honorary Fellow of the A.K. Rice Institute in the United States.”
[Experiential Learning in Organizations, Ed. Gould, Stapley and Stein, Karnac, 2004, p. xi]

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