

Bridging The Gap

*Connecting Individual Psychology
and the
Behaviour of Social Systems*

The 1989 Frank Lake Memorial Lecture

by

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BRIDGING THE GAP: CONNECTING INDIVIDUAL PSYCHOLOGY AND THE BEHAVIOUR OF SOCIAL SYSTEMS

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PREFACE

The possibility of profound linkages between individual psychoanalysis and the analysis of unconscious processes in human groups and systems was signalled prophetically by Elliott Jaques in 1953:

"Many observers have noted that 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 the members of groups unconsciously place part of the contents of their deep inner lives outside themselves and pool these parts in the emotional life of the group. May not sufficiently detailed observation of social behaviour, then, take us inside the individual? And may not sufficiently deep analysis of the individual take us into the group?"¹

Significant progress in this important area of convergence was achieved during the 1970s, the importance of which is only now beginning to be realised. Dr. Frank Lake had pressed the examination of the origins of the primitive mechanisms which Melanie Klein had described back through the neonatal into the very early stages of foetal development, demonstrating clearly that the defences were not instinctive mechanisms but learned responses under conditions of extremely primitive transmarginal stress. By the end of the decade he had begun to realise that these findings had significant applications to social systems as well as to individuals.

Meanwhile David Wasdell had been researching the psychodynamics of organisations under high stress, low resource and rapid transition, in which the same paranoid and schizoid mechanisms emerge in group life with acute intensity. Quite independently he had come to the same conclusions that the mechanisms were not instinctive but learned in areas of common trauma from extremely early periods of human imprinting. Study of group life appeared to be yielding important new insights into the common individual unconscious.

There was an intense flurry of activity in 1979 with correspondence, paper exchange, telephone conversations and meetings culminating in the Clinical Theology Association's Annual Conference at Warwick University in the Summer of 1980. The tentative synthesis

first presented at that event has subsequently been refined and published⁴. Tragically the onset of Frank Lake's terminal illness prevented further collaboration.

This paper attempts to pick up the threads where they were dropped a decade ago. Firstly in dialogue with some of Frank Lake's written outputs from the final years of his life⁵ with secondly an attempt to generate some new areas of synthesis and critical application of the material in the fields of therapeutic practice, human potential development, group and systems analysis, and the roots of theology.

CONTENTS

	<u>Page</u>
INTRODUCTION	1
1. MAKING CONNECTIONS: INDIVIDUAL, PRIMITIVE, DEVIANT AND COMMON	2
2. APPLICATION TO GROUPS, SOCIAL SYSTEMS AND GLOBAL BEHAVIOUR	3
3. CHANGE, METACHANGE, LOSS AND RELIGION	4
4. DEPENDENCY, COLLUSION AND ANXIETY DEFENCE	6
5. PROJECTION, DISPLACEMENT, SCAPEGOATING AND DENIAL	7
6. INTERLOGUE: THE GROUNDING OF CHRISTOLOGY	9
NOTES	18

INTRODUCTION

1979 was an excitingly developmental year for Frank Lake in which he had wrestled with a series of inputs from a diverse range of backgrounds⁶. Their cumulative effect forced him to recognise the relevance of his work on pre and perinatal stages of human development to the behaviour patterns of groups and wider social systems. In mid-December he introduced his collection of papers entitled 'Studies in Constricted Confusion' with a review of the previous 20 years. He described how his life's work had been deflected into individual therapy in ways which he now saw as a fundamental collusion with structures of social defence.

In the sixties we began to work on a pamphlet which would describe how the psychopathological styles we were observing, analysing and treating in individuals could be recognised, understood and helped as they occurred in groups of people, families, neighbourhoods, communities and nations. We proposed a study of paranoid families and paranoid churches. We did not question the accuracy and appropriateness of those diagnostic terms applied to larger structures. This attempt was met with strong disapproval from Dr. Bob Lambourne and other pastoral trainers who had accepted the right of professional theoreticians and practitioners, at each level of group integration, to evolve their own concepts and be left to their particular academic field without the inconvenience of overlapping or interloping from such scientifically doubtful speculations as those of psychoanalysis. We were treading where we should not. So intense was the opposition that we retreated behind our old lines and focussed on group life, not so much in itself as in the influence it had, as sick or healthy, on the individuals who remained our prime concern⁷.

Consequently, even where Frank Lake described group behaviour it was always from the point of view of the individual. The key that enabled him to bridge the gap and to make connections between the depth of the individual unconscious and the group and social phenomena was the recognition of the congruence between the common elements of pre and perinatal abreaction in individuals and the richly resonant concerted patterns of group life under conditions of high stress, low resources and rapid transition. The emergence of parallel congruent behaviour patterns at different levels of social aggregation led him to use the 'pastry cutter' metaphor, indicating the isomorphism of behaviour from the depths of the individual right out to the emerging dynamics of the shrinking world. So he wrote at the end of the introduction:

The global village, the expendable but now barely expandable world, its boundaries closing in hard, its resources diminishing and its waters and rivers polluted, is a strong candidate for a severe attack of mass paranoia. ... This dynamic distortion of global reality is already upon us. ... The outworking of this remarkable linkage, with all its implications, on every level of social organisation and therapy and on interaction between levels⁸ gives us enough important research themes to last a lifetime. But the time is short.

Tragically the time for him was even shorter than he had realised. It was an agenda he was destined to leave unaddressed. At the end of his life he held out the baton, recognising that he could run no further. I can imagine a no more fitting memorial to the man than that we should

pick up the baton where it fell and resume the race in the spirit of creative research, academic integrity and courageous innovation which epitomised his life. If this lecture serves as a small stimulus to that end, then it will have served its purpose.

1. MAKING CONNECTIONS: INDIVIDUAL, PRIMITIVE, DEVIANT AND COMMON

Transmarginal stress can occur at any point in a person's life, triggered by external events, or internal processes. It may be occasioned by accidents, bereavements, illness, separation or the collapse of vital resources, whether physical or emotional. For the individuals concerned of course, the events are life-transforming. The recovery of health and stability depends on the resources available, both personal and environmental and on the social norms of the person's own setting. If these encourage repression and block cathartic discharge of emotion, the trauma is likely to become fixated and exercise a disturbing influence on behaviour patterns for the rest of the person's life. When we examine large populations we find such events distributed fairly evenly, providing a kind of background noise of individually unique and variant life histories.

Against this 'background noise' certain statistically significant peaks stand out clearly. They represent points of trauma which are shared in common at certain stages of development of the human organism. For instance Jewish males tend to show an ethnic-specific trauma of post-natal circumcision. More universal, however, are the 'phase change' points in human development. The most obvious example is the transition of birth, from the stable intrauterine containment and umbilical dependency across the turbulent 'phase boundary' of parturition, into the stable period of post-natal separation and oral dependence. Two other 'phase boundaries' occur at a much more primitive stage of development, namely fertilisation and implantation. At conception the change is between the separate, independent and non-developmental existence of the gametes, through the con-fusion of fertilisation, to the stage of continual cellular multiplication as the new being develops from the fertilised ovum. At implantation the phase change is between the free floating blastula with its life-form sustained by attenuating inner resources, through the life-or-death struggle of attachment to the womb-lining, to the period of stable umbilical symbiosis of the embryonic and foetal period.

In so far as these points of 'phase change' are experienced as life-threatening by the organism, just so far do they become points of traumatic fixation with typical and distinct patterns of organic response. Because of their high statistical significance across the population as a whole, these show up in later life as common patterns of abreactive response under certain triggering circumstances within the dynamics of groups and larger systems. It is these common points of hyper-stress that lead to common or resonant patterns of unconscious social behaviour¹⁰. They also lead to the common construction of collusional social defences. The greater the level of transmarginal stress and the more statistically significant the phase change is, the more intense is the social resistance to its analysis. Any penetration of the dark secrets of the social unconscious is treated to a process of social retaliation and homeostatic defence restoration. The transgressor is deemed to have broken social taboos and comes under immense pressure from the wider system to break off his investigations, to re-repress the material and to collude with the psychotic defences of the system of which he too is a part¹¹.

Frank Lake's experience was no exception. It is the field in which he received most consistent resistance and repudiation and it is the area of his work which has tended to be exorcised and treated as some kind of esoteric, non-significant hobby-horse, if not evidence of a journey into personal psychosis. Since then cumulative therapeutic and analytic evidence generated from case studies around the world has been amassed leading to an increasingly well established field of therapeutic theory and practice. It is now commonplace for clients to rework their preconceptions, on through fertilisation, the blastocystic journey, the perils of attachment and implantation¹², and the subsequent embryonic and foetal developmental phases, up to and including birth

We can now endorse Frank's understanding that such primitive imprinting from at and before the time of conception is possible and that its subsequent remembering in symbolic, somatic and sentient detail are all well established. There is much work still to be done on elucidating the precise mechanisms by which such imprints are made and subsequently recalled¹³. At least we can be confident that the process is within the realm of the possible, and that we already have a pretty shrewd idea of the kinds of 'remembering' involved. For the practising therapist that it works is all important, how it works tends to be of more academic interest.

2. APPLICATION TO GROUPS, SOCIAL SYSTEMS AND GLOBAL BEHAVIOUR

The implications of these findings about the early uterine origin of personality difficulties and the distorted perceptions of relationships which perpetuate them, are not limited to intrapersonal effects or even their effects in families. The metaphor persists whatever the size of the organisational unit. Like a pastry cutter, you can imagine the same shape coming in all sizes. Pre-natal and peri-natal events are so deeply imprinted upon the human organism that the uterine life-style imposes itself on all subsequent groups of which the person is a member. The boundaries of his place of work or worship, of his community or nation, or even the earth itself (now more aware of its boundaries than ever before)¹⁴ can be experienced precisely as he or she experienced the boundaries of the womb .

Brilliantly Frank draws attention to the same dynamic pattern occurring in groups of different sizes. The perspective requires a paradigm shift along two parameters. Firstly the awareness of group phenomena at this level of system integration requires recognition of the common patterns of imprinted unconscious, while individual therapy depends upon awareness of the deviant material. Once that perspective is established it is possible to bring in the next platform of the paradigm shift, which moves the focus from that of the individual to that of the group as a whole. It allows other system levels to be treated as phenomenal subjects in their own right, rather than as providing environmental objects onto which individuals transfer their own specific imprinting. The effects of individual deviance are most marked when the numbers of persons involved are lowest (as in one-to-one therapy) and least significant when the numbers of persons are highest (as in social systems analysis). Therefore if we wish to examine the dynamics of the common foetal unconscious we should look to the processes in very large systems in whose dynamics we will find that brilliantly faceted holographic mirror of the depth of the common unconscious which lies collusionally buried in the heart of every person.

Not only do individuals within the group behave in dysfunctional ways, because of the transference and projection of their own specific intrauterine psychodrama onto the group's life, but the group as a whole behaves as a mega-foetus caught up in primitive regression. It uses dysfunctional, energy draining defence behaviours and detaches itself from reality. A high proportion of its energy is used in internal management of psychotic terror and anxiety, so reducing the resources available for functional problem-solving in a turbulent environment. Such behaviour patterns tend to threaten the life of the group, organisation, institution or social system involved.

The defences and structures which have been evolved over millennia to handle the psychotic anxieties stemming from these repressed areas have become reified and accepted as the normal way to run a society. The socio-political and religious structures, myths, symbols and rituals, and the institutional use of scapegoating, victimisation, denial, repression and regression, are all part of the fabric of what we in our collusional naivety choose to call 'civilisation', with all its concomitant discontents! If we are to survive the psychodynamic onslaught of global regression¹⁵ by understanding it, working it through, annealing the defences and liberating energy for functional problem-solving, then we have to come to terms with and understand those fundamental and common psychotic processes and defences which generate the norm behaviours of the undisturbed status of the system.

Today we stand at a turning point in human history when sanction for the analysis of human behaviour expands from deviance to commonality, from sickness to normality, from the study of transient variation of the system to the study of the system itself. Such a paradigm shift is essential for the survival of the species and the enhancement of its quality of life within the limited holding capacity of Island Earth. We should not, however, underestimate the radical implications of any such examination, nor its cost in coming to terms with those apparently unacceptable parts of our humanity which have previously been handled by paranoid-schizoid defences.

3. CHANGE, METACHANGE, LOSS AND RELIGION

After a vivid factual delineation of the range of potential traumata involved in the birth process and immediate post-natal care, Frank Lake writes:

These peri-natal experiences are powerfully determinative of the whole of a person's background of feeling and attitude to transition or change. It is from these experiences that our perception of the cosmos derives¹⁶.

Experience as 'a transition counsellor' with social workers, teachers, clergy, business executives and so forth leads me to endorse Frank's comments at this point. People facing significant change and stressful transition, whether in a personal or organisational field, utilise previous experiences of transition as a psychodynamic model. One of the most primitive and certainly most painful experiences of transition is indeed the perinatal saga, moving from the safety of the known womb-world through some convulsive process into the alienation of after birth. The defences developed to handle the trauma of the first event are then used as a response-shaping matrix for all subsequent transitions. In so far as the person is fixated at some stage in trauma during the first event, just so far does that act as a script

and the life-span of the person will quite characteristically show a cyclic pattern of acting out the primal script in one context after another.

If these persecutory intra-uterine intrusions can be brought within the purview of pastoral care, and made the focus of active psychotherapeutic intervention, we have an 'action handle' on the most gross mass of resistance to change that exists in the human organism¹⁷

Meta-change, improvement in the capacity to handle change effectively, functionally and without engaging the destructive psychotic processes can be brought about by deconstructing the individual and social perinatal psychodrama. It is essential to anneal the underlying traumata, integrate the subsequent defences and withdraw from the realities of the here-and-now the phantasies and projections emanating from the perinatal there-and-then.

Defences are always in place for some purpose, like the towering concrete curve of a dam wall, holding back the potentially destructive forces pent up in millions of gallons of water stored behind it. Frontal attack on the defences can lead to an unleashing of a destructive surge of psychotic energy, causing overwhelming flooding of psychic processes. It is essential to recognise the pain stored behind the defences and to reach back into that area to anneal the underlying trauma and to bleed out the stored up pain. The dam defences are then no longer necessary and can be removed as redundant structures.

In asserting that: 'It is from these [pre and perinatal] experiences, that our perception of the cosmos derives' Frank Lake indicates his awareness that theology is itself a construct of the normality of pre and perinatal experience. The existential imprinting of the tiny symbiotic element within an apparently infinite and proactive womb-world lays the foundations in environmental relationships which in adult life become the ground of Weltanschauung. In so far as birth provides a common point of trauma and fixation, in regression from which the adult seeks to sustain an everlasting habitation of the idealised womb, just so far is paradise both the lost arche and the sought for telos of being. Alpha and Omega can only mark the same point when there is a mirror in the middle of the alphabet.

With the defences of idealisation in place the womb is that than which no⁸ more perfect environment can be imagined, whose loss is therefore infinitely unbearable. There is no appropriate grieving reaction for an idealised lost world. Fixation and reversal of the leaving process and denial of grief are therefore inevitable concomitants of the defence of idealisation itself. Only as the splitting of good and evil associated with the birth trauma is annealed can the appropriate levels of grieving be discharged. The eyes that have not wept with the tears of yesterday cannot see clearly the dawn of tomorrow.

4. DEPENDENCY, COLLUSION AND ANXIETY DEFENCE

In spite of his brilliance as a therapeutic innovator and his competence as a healing counsellor, Frank Lake repeatedly described the areas of pre and perinatal trauma as 'humanly intolerable'. Distress raised such levels of terror that it was quite impossible for any therapist to withstand them or even to approach them in the client context without engaging the defences of dependency, displacement, projection, scapegoating, idealisation, denial and regression. I have no doubt that his approach was necessitated by the unresolved distress of

his own pre and perinatal imprint, what he used to describe as the unresolved core of his own schizoid dread. I am also quite certain that Frank worked with a level of conscious integrity and commitment to the therapeutic task which puts many other practitioners to shame. It is however very clear that this unconscious perseveration of primitive defence and un-annealed personal pain constituted a very serious flaw in both theory and practice, right at the heart of Frank's work.

Frank Lake described the theology of pastoral counselling under the subtitle 'Bi-focal counselling: the afflicted and the mediator':

Our approach in Clinical Theology has been an act of faith in wearing bifocal lenses as we counsel. Our experience is that, looking penetratingly, and listening intently to the affliction in the heart of the human being, there opens up a situation that is, in the end, and for all the more injured persons, a quite intolerable affliction. The pain of it is such that our humanity cannot bear the suffering. Splitting off and all the other defence mechanisms then take over. At that moment, if we lift our eyes a fraction and look through the longer-focus lens, we see Christ Jesus, the Proper Man, in the central action of his life which was a Passion. We see him, being the mediator who enables us not to turn away in dread or disgust from what we first saw of soul-shattering weakness and tribulation. The sight of him, in the same extremity, enables us to move, from the spectacle of the one to the sight of the other, annealing the images, until the Holy Spirit¹⁹ has effected a transformation, a reconciliation, a peace, and the beginnings of praise

It is often the complaint of those who wear bifocal lenses that there is a point of discontinuity within their field of vision. Defence mechanisms are essential for the management of any element of human experience which is defined as intolerable. Only in so far as experience can be tolerated by the counsellor or analyst, can the client discharge the pain and deconstruct the defences. It is at the point at which pain is defined to be intolerable that defence maintenance must inevitably take precedence over pastoral care. From then on the task shifts from the healing of the client to the survival of the therapist. It is at that precise point that Frank speaks of changing his field of vision from the near focus of humanity across the divide of the bifocal lens to the distanced displacement of theology.

It is only as pastors themselves gain the courage to live with and to discover the ultimate tolerability of those deepest areas of schizoid dread, paranoid affliction, and primal pain, that they will find as Pilgrim found, that there is a way between the lions and only fear defines the path as impassable²⁰. When we learn to live with those areas of our being, previously deemed 'intolerable', accepting the unacceptable parts of ourselves, then we no longer need the primitive defences which have until now caught us up in collusional obsessive ritual, rationalising, reifying and theologising our unwholeness.

5. PROJECTION, DISPLACEMENT, SCAPEGOATING AND DENIAL

Intensely negative emotional reactions are laid down in the experience of transmarginal stress whether it occurs before, during or after birth. Often the primary rage is countermanded by an equal and opposite terror and contained by survival needs which require the preservation of the environment or person against which the destructive rage is so acutely felt. As a result,

the negativities are profoundly repressed, split off from consciousness and subject to those well-charted defence mechanisms of denial, projection, displacement, scapegoating and regression, whether in the adult individual or the social and group process.

Effective therapy and the journey into human wholeness requires the acceptance of previously unacceptable parts of the self and the subsequent deconstruction of the dysfunctional defences. So Frank Lake poses and answers his own rhetorical question:

Is it the task of pastoral care to see to the removal of this inner anger without ever allowing the person to become conscious of it, or of the persons towards whom it is keenly but surreptitiously felt? My answer to this is No! ... Hurting oneself leads to depression, self-castigation, obsessional rituals and masochistic practices, none of which is a frank or honest expression of anger. Hurting others, off-loading anger on to the weak, is not the way out. ... So we help depressed people and others like them to become aware of the cauldron within and to get in touch with its primary causes and early connections. We give them opportunities to offload anger in safe and acceptable ways

In so far as the therapist colludes with the client's primitive defence processes as a means of self-defence against the distress encountered, just so far does the therapist fail the client and foster the preservation of the neurotic process.

The use of a scapegoat as carrier for displaced and projected negativities is universal. The process is brilliantly described by Frank Lake with reference to the persecution of a homosexual but the phenomenon could have been illustrated from any number of fields.

In fiercely persecuting the sexual deviant, and in working to have him put away out of sight and out of mind, they have been scapegoating him. They have been attributing to him their own secret and un-admitted desires. With a strange hectic excitement, they have labelled him as the evil one they cannot admit themselves to being. Having this deviant ceremonially driven away into the wilderness felt cathartic, as if the scapegoater was himself purged. He felt wonderfully cleansed from defilement. But this was a mistaken projection from within himself to outside himself. He has displaced, from his own guilty self, his fear of exposure, loss of face and loss self-esteem. They have been put on to the scapegoat. The disgrace of the scapegoat was precisely the disgrace the persecutor unconsciously feared would be his own hard lot. Insightful recollection enables former scapegoaters to own their own deviance .

Scapegoating is a two-way exercise. It requires a receptor as well as a projector. Both often are superbly matched, the one fixated in extraverted displacement, seeking a victim as carrier for the denied internal pain. The other introverted victim, seeking a persecutor to justify the intense negative self-directed emotional field.

The fundamental paradox presented by Frank Lake lies in the fact that as therapist these primitive defence mechanisms are castigated as utterly unacceptable ways of handling neurotic material and imprinted trauma while as a theologian the process is endorsed, sanctioned and indeed elevated as a paradigm.

This theme, of Christ as the innocent, just man, as the Lamb taken from the flock to have the sins of others laid on his head, sharing the lot of all the innocent afflicted, this is the deepest and earliest level of meaning in the suffering of the Son of God²³.

He 'took vengeance', doing what God the Father does, by being both so good and so non-violent, even by being so weak, that he invited trespass. His vulnerability invited projection and drew upon himself a hatred displaced from elsewhere. He got himself 'crucified through weakness'. By heaping our hate obediently onto him, we angry men also find justification, right-standing and sonship²⁴.

The incompatible paradoxical contradiction between the way of the therapist and the way of the cross is left unaddressed and unresolved. The use of the person of Jesus as a scapegoat, carrying by projection the displaced, disowned and denied negativities constitutes a process precisely as neurotic, psychotic and sick as the use of the same mechanisms in any other context, toward any other innocent victim. There is no discontinuity in the field. That which is rejected, clinically as the maintenance of sickness, cannot be endorsed and celebrated religiously as the way of health.

The psychotic processes enshrined within the myth and ritual of the Christian tradition and undergirded by its theology exercise immense collusional power over individuals, institutions, social systems, and national and international dynamics within our modern world. While such processes are celebrated as normative, it is taboo to examine the origins of religion. It is also unacceptable to analyse the congruent processes in social dynamics which lead to such intense suffering, scapegoating, persecution, and dysfunctional engagement across boundaries, let alone environmental destruction within the global village. For the first time in human history there is now growing social sanction for the examination and transformation of these normative patterns of sickness, what Freud called 'the pathology of civilised communities'²⁵. With immense courage and perseverance, Frank Lake was among the world's pioneers in breaking through to a causal understanding of the common human psychotic process. Tragically he did not live to be able to make the vital connections and application of his insights. Perhaps at one level he knew what was involved and it was more than his life could bear. Terminal somatic collapse may after all, represent the ultimate defence against intolerable levels of psychotic anxiety. Certainly his death has been used institutionally and socially to re-repress the agenda, to deny its significance and to abort any further progress.

Taking up the agenda moves us way beyond the field of therapy, into the arena of human development. There is no class of people called 'analysts' or 'therapists' who are immune and unaffected by the pre and perinatal imprinting. There is not a subgroup of society called the 'sick', who are in need of 'therapy' from the 'whole'. This is an existential condition of humanity. It infects us all and its effects permeate the very warp and weft of our social fabric. The resolution of personal pain and the deconstruction of social defences require immense courage and collaborative supportive commitment. They demand the highest possible levels of professional integrity, within the context of a global engagement in problem-solving. The over-arching motivation for the task stems from threats to the survival of the species posed by the common psychosis. The unsupported lone pioneer in this field is doomed to become yet another victim of social transference, as the common defences are deconstructed and repressed levels of psychotic talion are discharged. As Frank put it so poignantly in the final paragraph of 'Tight Corners':

So much of the horror of primal affliction lies in the solitariness of the suffering. ... It can be repaired only by the suffering's happening again, in full recall²⁶ of its pain, but within a shared relationship which is determined not to be disrupted

That commitment to a non-collusional process of mutual development is critical if further progress is to be made. The process of denial, projection, and displacement onto a scapegoat may be profoundly Christian. It certainly dominates the interactions of our so-called civilisation. But it is intolerable as a formative paradigm for the humanity of tomorrow's world.

6. INTERLOGUE: THE GROUNDING OF CHRISTOLOGY

What was it that fitted Jesus for the role of 'The Lamb taken from the flock to have the sins of others laid on his head'²⁷? In what way did he share 'the lot of all the innocent afflicted'²⁸? What constituted his 'being so weak that he invited trespass'²⁹? Why did 'his vulnerability invite projections and draw upon himself the hatred displaced from elsewhere'³⁰? Why does the passion and crucifixion act like a kite flown into a thunder cloud, attracting the discharge of negativity, as if earthing the hatred of humanity, drawing 'upon himself the righteous anger of the innocent afflicted'³¹?

If there is no split between the close field of the reading lens and the distance field of the metaphysic, then we may be able to make the connections between the life psychodrama of Jesus and similar patterns in other people's behaviour. At this point Frank Lake's clarity of clinical diagnosis is matched only by the dominance of his dogmatic denial of the most natural connectedness.

The Crucified was no stranger to affliction. When he came to his own people, like the foetus into its own womb, so far from recognising and receiving him, they soon planned to murder him and once to stone him. His power to deliver men from demonic powers they attributed to the Prince of Devils. He was hounded from place to place, persecuted particularly by the religious who wanted to abort both him and his ministry. His powerful goodness attracted a bitter envy that did not leave off attacking him until it had nailed his hands and feet to a dead tree and left him to die. A soldier thrust a spear into his battered body still bleeding from the lash and the buffeting. The crushing weight of the cross-beam lay on his back and the crown of thorns was crushed on his head.

The appropriateness of this remedy, for the primeval violence that fights back from a violent womb, is staggering in its matching provisions. Yet it was planned, in the purposes of God, from the foundation of the world. The remedy pre-dates man's sickness. The Lamb was, as God's costly gift to mankind, 'slain' before the world began. It was carried through, in recorded time and in human history, by the One who was crucified for claiming he was God's Son³².

The match between environmental retaliation and the primeval violence done to the innocent victim at the roots of intrauterine existence is indeed staggering. Staggering yes, but perfectly

understandable if we allow into the field of examination the imprinting which Jesus received at that point of his development. It is as if Frank Lake could see but not recognise the information, to accept which is to encounter what appears to be a sentence of death for Christian civilisation, yet which in reality can open the door of hope for human wholeness.

Consider the context. The sovereignty of Israel had imploded in the face of the invading Greeks, against which even the Maccabean revolt was comparatively impotent. Now a power even mightier than the Greeks was master, threatening not simply national sovereignty but the very core of the faith of Israel. The social construct was under hyper-stress with ferment, fraction, fragmentation the witch-hunt, repression, scapegoating and idealisation across group boundaries. The in-group was holy, the out-group unclean, the domain of the demonic power of the Satan. With the enemy clearly identified, all internal negativities were being repressed and externalised. Those who clung to power trod a collusional knife-edge in acutely paranoid hyper-sensitivity. If they leant too close to the masters they would be rejected by their own people. If they took the side of their own flesh and blood they were liable to be toppled from power and replaced by some more pliable puppet.

In this context of insecurity, consider a small village community and a teenage girl who has grown up all her life in this milieu of violence, anxiety and instability. Promised in marriage to an older man, she acts out promiscuously and finds herself pregnant, shattering the cultural taboos. It is an offence whose punishment is death by stoning, to be cast out as the unclean one, the transgressor, the scapegoat carrying the displaced sexual desire and guilt of the community. She knows that the first rocks to smash into her and pulp her towards death will be hurled not by some anonymous execution squad but by her own family, the local rabbi, her hoped-for husband-to-be and the villagers she has known all her life. In that context, reconstruct the moment of intercourse, the depth of love and terror in the event. Reconstitute the trauma of fertilisation in which the implosion of sperm-head into ovum nucleus pronounces the death-sentence on both mother and child.

Referring to case histories of abreaction, Frank Lake writes:

Our subjects at this moment differentiate and polarise between those who accept the moment of conception with some pleasurable excitement that life has started, and those few who protest most vehemently that their conception, at which they now feel unwillingly present, is a disaster which should never have happened. ... Adults who wrestle in themselves with perplexing, contrary urges, with simultaneous desires to live fully - and not at all, not uncommonly discover, when 'recalling' this preconception 'duality', that these contrary urges were present, the one in the sperm and the other in the ovum .

Fertilisation events with much lower levels of trauma than those stemming from the conception of Jesus can lead to the idealisation of one gamete and the denial of the other and the subsequent organic identification with the ovum but not the sperm, or conversely with the sperm but not the ovum.

Frank Lake describes the intensity of the subsequent acting out of the imprinting received by the cellular organism during the process of conception.

A woman in the middle of an exciting affair may be plunged into hysterical desperation at becoming pregnant and the mess it has landed her in. Neither she nor the gallant fellow she has been entertaining want the responsibility of that burdensome catastrophe. The foetus within her is totally aware of being 'that-abysmally-unfortunate-accident, that-never-ought-to-have-been-thing'. If it survives the adult will retain³⁴ that 'script' as one of his or her most persistent and self-devaluing identities

Move on down the fallopian tube into the infinite living cosmic cavern of the womb-world. There is still a chance that the mother's life might be spared. If that rolling blastosphere fails, as do 60% of its companions, to implant in the womb lining, and rolls on and out into nothingness, then and only then is the crisis averted. Yet, conversely, the life-drive of that tiny pinhead of human potential, that wave front of the energy of human survival, driven by the will to live, fired by solar energy across the millions of years of evolving complexity, is programmed to implant or die in the attempt. Reconstruct if you will the implantation trauma, the splitting between the idealised good womb and the life-threatening parasitic form, carrying within it the seeds of death. Or from the other side of the divide, consider the idealised good blastosphere engaging in a persecutory hell of psychotic terror, rejection and retaliation.

The phase change between the detachment of blastocystic existence and the attachment of embryonic development, provides a second point of fundamental splitting in parallel to that of the conception. The cosmos divides into good and bad, light and darkness, life and death, heaven and hell. Imprinting from this period informs the subsequent symbolisation of the cosmic environment of the adult as the fixated boundary transactions of the pinhead of protoplasm within the relatively infinite holding environment of the mother's uterus, are replicated in the cosmic Weltanschauung of later life. The effects of the pre-cortical environmental scripting are illustrated by Frank Lake's comment.

These early injuries to trust require the adoption of habitual defensive measures. These, in turn, give rise to the basic modes in which this person will tend to perceive life, especially when, as in a close relationship or group, it has the same configuration of an enclosed life³⁵.

Returning to the process of implantation, the biological life-drive overcomes the constraints of psycho-social terror. The hormone signals are transmitted across the cell walls of the womb, the probing villi digest their way into its lining, the evicting attack subsides, the menstrual cycle is interrupted. Mary is pregnant.

At one level she knows even before she misses her first period. By the time 6 or 7 weeks have elapsed and the second cycle passes she loses all hope of remaining undiscovered and moves into an hysteric world of psychotic surrealism, in which phantasy and reality interchange and are woven into a complex construct of dream imagery and religious symbolism. Now it is the life drive of the mother that takes over, grasping at any straw, any thread of explanation, any construct of defence which might avert the catastrophe and preserve her life and that of the child within. So emerges the dogmatic denial of sexual intercourse. She has never known a man. That which is born within her is of God. Only in that designation of paternity can sufficient ambivalence and ambiguity be generated to halt the talion retribution of the theocracy. So in Mary's mind the Son of God was born.

In fugue and suffused with psychotic terror, she retreats to the home of her cousin, in an attempt to escape further the risk of social retribution. Elizabeth picked up Mary's panic at gut level and a shock wave of adrenaline went pulsing through her body. It is hardly surprising that her own baby jolted into activity and kicked out violently in distress. In future adulthood for John, the only way to peace and deliverance from the anxieties and terrors and the potential punishment of an angry God was a regressed submersion into the waters of baptism. Secure in the undisturbed amnion, the sacred space could be sustained. Beyond that point he was condemned to be evicted to live in the wilderness, to struggle for his survival, always sensing that at any moment his cosmos could convulse, flooding him with an unsustainable and irrational life-threatening shock wave. Eventually the signals he projected into his environment stimulated the appropriate psychodrama and Herod had his head on a plate. Perhaps the last thing John knew in the constricted confines of his darkened cell, was a flood of adrenaline, pumping through his body, convulsing him and making him kick out in retaliatory rage, uncomprehending at a cosmos whose congruent mirror mapped precisely his intrauterine experience.

The acting out of imprinted intrauterine script in subsequent adult psychodrama is now well documented³⁶. The expansion of our understanding of that scripting to include the phase change boundaries of fertilisation and implantation is also clear. But Frank Lake's ability to apply the insights to the characterology developed in Jesus of Nazareth undergoes a collusion collapse in a crescendo of denial. He notes:

The crux of our research findings is to emphasise that the foetus shares fully in the experience of the mother. ... The mother's trials, and her response to them, whether of stubborn resignation, clamour for relief, insistence on being protected, bitterness and rebellious questioning, 'Why me?' or withdrawal into despair, to all of these the foetus within becomes habituated, or is driven into splitting and opposition³⁷.

What we now know of the foetal awareness of what is going on in the emotional and spiritual life of the mother, well within the first trimester, indicates that Christ, as the foetal person within her, would be an intimate sharer of the extraordinary vicissitudes taking place in the life of his mother³⁸.

Within the maternal/foetal symbiosis there is no way that the pre-natal Jesus can be protected and defended against the surging waves of anxiety and terror, and the paranoid convictions of immediate life-threat posed by the environment. The material, originating in the social context of the mother is fed in to constitute the maternal matrix of the child. At this point however, Frank Lake balks at the profound implications of his research for the foundations of Christology. Mary must have had some profound quality that enabled her to protect the child within, to create a unique context in which Jesus did not suffer the otherwise inevitable levels of intolerable angst and the consequent deepening development of the primitive paranoid schizoid responses. So he affirms:

To be kept, in spite of surrounding anxiety, in peace of heart, is possible for the mother whose mind is stayed on God's unfailing fathering, but hardly otherwise. The Virgin Mother of Jesus, whose husband at this time of shocked discovery of her pregnant state was minded to put her away privily to mitigate the terrible disgrace, had this to cope with and a foetus within her to protect. That Jesus was kept without

splitting here, with its entail of sin, we owe to the total faithfulness and undeflected assent of the Blessed Virgin to the road of her Son's Cross, as his Father asked it of her³⁹.

Frank Lake attempts to justify the character of Jesus as a special case at this level. He sustains his humanity and yet denies the possibility of normal human defence reaction formation, on the grounds of the special nature not of his own, but of his mother's character.

In spite of most distressing circumstances, the Blessed Virgin could remain at peace, and the foetal Son of God within her be sustained in undisturbed faith in God's good ordering of all things⁴⁰.

... there would be a period of some days or weeks in that fourth month when only her supreme faith would protect the divine foetus within her from being deluged by her distress, her very realistic anxiety and anguish⁴¹

There is no need for this continual denial. The subsequent psychodrama of Jesus bears all the marks of intense early intrauterine imprinting with intolerable levels of anxiety. The stage is set for the acting out of the script of the innocent afflicted. If we follow Frank Lake's reconstruction of the history then some 3 or 4 months into the pregnancy, Mary had to return to Nazareth.

Outwardly, her situation could hardly have looked worse. What man could be expected to believe, at the first telling, that he was the first man in the universe to face a betrothed or a wife pregnant with a child not his, who had not been with any other man, but was 'with child by the Holy Spirit'. We know that at first he could not believe it and was contemplating divorce⁴².

Is it too much to suggest that for a sensitive woman, unmarried yet with child, that journey would not be unlike the journey which her Son undertook, when 'his time' came, and 'he set his face steadfastly to go to Jerusalem' to risk desertion by 'friends', scorn, mocking, shame and humiliation. Mary set her face steadfastly to go to Nazareth, to face all that the discovery of her pregnancy would mean⁴³.

Jesus' journey to Jerusalem had two prenatal counterparts: Mary's journey to Nazareth to face possible annihilation or rejection and isolation was matched by the perinatal journey to Bethlehem. The full-term foetus was exposed to the rough jolting of a donkey ride, the mother's anxiety of a delivery in strange surroundings, climaxed by the normal birth trauma of resource deprivation, crushing pain and the hair-tearing ring of fire of the crowning cervix. By the time Jesus was born the passion was already a prescription.

Imprinting not only leads to psychodrama, it also informs the metaphysical symbol structure and the construct of meaning. Intense impingement at different stages within the development of the foetus shows up in characteristic patterns in later life. Gametal splitting may lead to an identification with one parent and a rejection of the other. So for instance Jesus distances himself from his mother ['Who is my mother?'] while affirming a complete unity with his father ['I and my Father are One']. The phase transition from free-floating blastosphere to implanted embryo leads to fixated detachment and the polarisation of the cosmic environment into good and bad, life and death, light and darkness. The umbilically

transmitted crisis of acute anxiety at the end of the third or fourth month of pregnancy, often leads to polarisation into a left/right split.

Invariably, when the foetus, in recoiling from maternal distress, splits, vertically down the body, the bad side, into which the sinister input is being displaced, is the left side. The good side, separated from the bad, at times hidden and kept safe, is felt to be strong and potentially dextrous in combat; this is 'in the right' and is always placed on the right. So this right-left, good-bad, dextrous-sinister division is a basic one⁴⁴

In the adult imagery of Jesus the judgement scene is polarised into left and right - on the left are the rejects, destined for eternal alienation from the father, while on the right are the beloved, assured of a place in paradise. Even in his death, Jesus separated judgement and acceptance, paradise and alienation between the two robbers, one on his left, and one on his right.

Foetal imprinting and subsequent psychodrama match in the most uncanny way. Yet it is perhaps the delusional life-preserving construct of Mary, displaced into the self-understanding of the child she bore, which held the most profound implications for his life and death, for the friends and relatives, crowds and contacts who were caught up with him during his lifetime, as well as for the countless millions, seduced into the collusional psychotic vortex across 2,000 years of human history.

Mary faced execution. She⁴⁵ was guilty of breaking one of the most obsessively enforced taboos of her whole cultus⁴⁶. Under the impact of that terminal terror she dreamed dreams, heard voices, saw visions, and created psalm-like poetry, in a search for the remotest possibility of survival. By the beginning of the second trimester the construct was complete. Given the context and in the emotional instability of the first few months of pregnancy, Mary probably believed it herself. She was prepared to risk her life on it because life itself was at risk.

Powers of persuasion under those circumstances are not inconsiderable. Certainly Elizabeth was caught up in it, and it probably cost the life of her own son. Rumours began to spread like wildfire through the volatile community. Joseph, for all his more mature rationality, was overwhelmed. In a fundamentalist charismatic community, the power of the interpreted dream was then, as now, independent of its relation to reality. Within another 6 or 7 months, the myths about Mary's baby had spread and gained enough momentum to generate the confirmatory interpretation of coincidental omens, to attract the attention of journeying Magi, and to stimulate prophetic utterances from an old man in the Temple. Herod picked up the rumours and in paranoid overreaction tried to search out and destroy any possible threat to his power. Joseph and Mary were forced to flee the country. Behind them the whole neighbourhood suffered the loss of a generation of children. For the first, but not the last, time in human history Mary's guilt was displaced and her death avoided at the cost of the life of untold numbers of innocent sufferers.

So Mary's myth, the construct of the Christ, served as her defence. It offered just that chink of a possible acquittal and it was good enough for her. The in utero imprinting laid the foundations for the acceptance of the maternal mythology, for they were congruently matching constructs. As Frank Lake affirms:

. . . on the basis of extensive experience of the direct effect of all kinds of imprinting, of significance, valuation and destiny, by mothers on their in utero sons and daughters, ... that Christ would know, during each month of his foetal life, what significance, valuation and destiny his mother was, by her own sense of these matters, placing upon him. Even the paradoxes would not be lost on him. The words to express these quite definitive and immensely potent imprintings are, of course, of later origin. But the roots of language, its syntax and its descriptive power, are now recognised to be pre-natal in origin and development

Jesus experienced transmarginal stress at the points of fertilisation, implantation, end of first trimester, birth and circumcision. The appropriate structures of paranoid schizoid defence, fixation and regression were in place well before his birth, only to be reinforced in parturition and the upheavals of his post-natal world. He was the perfect receptor for Mary's projection. Nationally the enemy was identified with the desecrating Roman overlords. For Mary, as for her unborn child, the life-threatening enemy was the hierarchy of the righteous, law-enforcing priesthood of the Jewish faith. Jesus had no quarrel with Caesar. His war unto death was with the scribes and Pharisees.

Mary had broken the most fundamental sexual taboos. Her life-saving construct transformed the offence into blasphemy. It also displaced it from her own person to that of her son. The myth of the incarnation may have saved the life of the mother. It led to the inevitable sentence of death for her illegitimate child.

The myth grew, taking on a life of its own, with a continuous process of projection and introjection, reinforcement and matching between mother and son. His mission was to save his world, to deliver it from the consequences of sin, to take on himself the punishment that allowed his environment to live. It was after all the only way he could survive, and became the very purpose of his existence.

The maternal environment, which in its most primitive moments had been so antagonistic to his bonding, set the matrix of his ministry. He came into the world and though it would not receive him, the darkness did not put him out. He survived. But that profound rejection and horror of the internal parts of the female dominated his sexuality. He chose an all-male group for his most intimate companions. Women could be close to him but there was no element of normal heterosexual response.

From early in his prenatal development he had been responsible for his mother's life. A paternally bereaved 12-year old may become responsible for his mother, and behave a generation out of kilter with his peers for the rest of his life. The transaction between Jesus and his peers was profoundly more unbalanced than the parent/child distortion. It was more like the transaction between primitive embryo and infinite holding womb. His containment was godlike, and in the intimacy of that close-knit, face-to-face group of followers, his womb-world in displacement, he was also embryonically regressed.

So the defensive construct is reified into theological blasphemy. The fundamental splitting and polarisation generates absolute ambivalence, total life surrender and love, utter repudiation and hatred. He is messiah, he is the demon. He is the saviour, he is the destroyer. The violently divisive imprint received in utero becomes explicate in the social psychodrama

of the adult. Eventually and inevitably, though this time nationally rather than locally, there is recognition that the taboos of Judaism have been transgressed. The existence of this man is an offence and a threat to the whole established social structure of his cultus, already under intolerable threat from outside and caught up in paranoid psychodynamics.

His script is played out on several stages, on the way to the final act in Jerusalem. Previously, however intense the polarisation, Jesus was able to tread that knife-edge of ambivalence between elevation into the king and execution as a blasphemer. Now, however, he faced the Sanhedrin. At that level of the national construct, while the mobs might be polarised outside, the Sanhedrin was unified within. Its internal splits were repressed, denied, displaced, projected, transferred onto the offending, threatening, invading and imploding Roman blackness. Even their power of execution by stoning had been suspended. Here before them was this offence, this transgression, this blasphemer, this little and yet potent internal threat to their power, this innate victim, this scapegoat conditioned to his role from the very foundations of his being. The outcome was a foregone conclusion.

Mary and her children had tried to halt his headlong rush towards destruction. Perhaps in some deep recess of her repressed unconscious mind, Mary knew the guilty secret, the truth whose denial her son was enacting on her behalf. She tried to stop him, called him mad, but his conviction was absolute. The commitment and the collusion of the crowd had created a momentum that was irresistible. For Jesus the truth of Mary was a blasphemy. He simply distanced himself from her, disowned her and continued his career toward the cross.

To be sure he bore the sin of the world - his world, his womb-world. He died that she might live. He died vicariously in her place, bearing in his own body on the tree the sin which had been laid on him from the foundation of his being.

This is not metaphysic. Here is no ground for theology. This is no unique appearance of perfection in human flesh and blood. Here, rather is human tragedy. We see an innocent victim, colluding with the most profoundly common deep and psychotic defences of the species, because he was one of the most profoundly, deeply and psychotically damaged people ever to survive the violent depths of primitive terror transferred in the matrix of a mother's womb.

Perhaps if we can understand the psychotic mechanisms at the core of the world religions, then we may be able to step free of their collusional power. If we refuse to be caught up in the processes of splitting, denial, projection, displacement, scapegoating, persecution and regression institutionalised in the heart of Christianity, then through the pain of that period of deconstruction we may catch sight of a pattern of human wholeness. That is a pre-requisite for the survival of the species and the quality of its humanity, within an environment for which it has to take responsibility.

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