MARY

A Study in Primal Integration Therapy

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By
David Wasdell

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INTRODUCTION

So far as her parents were concerned, Mary's conception was a catastrophe. Two attempts at abortion failed to dislodge the embryo but succeeded in establishing profound ambivalence and guilt in a devout Catholic family. The traumatic early foetal imprinting left the child with severe psychological damage which had pervasive effects on the rest of her life. This case study is an account of some of the processes of abreaction and integration which Mary underwent during part of her therapeutic journey of recovery. Embedded in the text are sections which describe the conduct of the primal integration group or “matrix” as a context in which the recent insights of pre and peri-natal psychology enable therapy to reach and resolve extremely early layers of experience.

I am deeply grateful to Mary for her permission to use this material. She has been closely involved in the editing process and particular attention has been given to ensure that confidentiality has been preserved. Personal and place names, together with some clinically non-significant details are fictitious.

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When I first met her, Mary was dressed from head to foot in black with a long loosely woven black shawl about her neck and shoulders. Her petite body and finely featured face with its dark eye-shadow reflected a deep sense of sadness as if part of her was frozen at a point of some dimly remembered bereavement. After qualifying as a doctor in her native Ireland, Mary had trained as a psychotherapist within a psychoanalytic discipline. She now worked as a consultant in a large mental hospital in the west of England.

In spite of her analytic training Mary experienced debilitating feelings of panic and impending catastrophe. They were particularly intense in staff meetings or large groups in which she faced issues of authority. Fearing rejection and attack she

became nauseous with terror. Bent over double with her head between her knees, she would rock backwards and forwards in autistic anguish.

Prolonged verbal psychoanalytic therapy had helped her to come to terms with the symptoms, but had done little to reach their origin or to change their presentation. Recognising the strength of bodily sensation in her condition, Mary explored body-oriented psychotherapy which enabled her to access some of the more vegetative somatic memories from early infancy. As the work pushed back towards her birth she connected with powerful feelings of grief. Mary was named after her maternal grandmother who had died of cancer on the very day that Mary was born. Her mother had spent the last months of the pregnancy nursing her own dying mother to whom she was very close indeed.

After the birth the new baby took the place of the grandmother. Nursing continued but with a new object. The traumatic bereavement, confused with the powerful emotions and physiological changes of birth, was never worked through and the mother used the relationship with her new-born child to repress her own intense feelings of grief. It was a displacement which froze the interaction between mother and child. From birth Mary looked after her grieving mother and became, even in infancy, a therapist. Her very existence was a defence against her mother's tears. The relationship was fraught with anxiety since any illness or accident to the child would threaten to stimulate the mother's unresolved grieving. The two-generation confusion between the living and the dead was the foundation of Mary's ambivalent self-image. Black was her favourite colour. Always in mourning, she resembled a little old lady wrapped in her shawl. Physically inhibited, unmarried and virtually unable to cry, she was nevertheless a deeply caring person able to establish profoundly empathetic relationships. Her therapeutic career was a direct outworking of her innate role in the family.

Bioenergetics and Gestalt therapy gave Mary the resources to release some of the fixated grief. She became less physically inhibited, more in touch with her own feelings, more bodily aware and sexually active but the basic experiences of panic and the fear of impending attack remained as strong as ever. She began to wonder whether the symptoms stemmed from even earlier in her development. Over the last decade and a half pre and perinatal psychology has begun to cast new light on the long-term psychological effects of events which occur during pregnancy and at the time of birth. The implications for psychotherapy are profound although training in this area is still very limited and there are as yet very few competent practitioners. After a long search Mary identified a therapist who could work with her in pre-natal regression and integration. She contracted to work with him in two

intensive series of engagements separated by a resting period of four months. Each series consisted of seven periods of groupwork alternating with seven sessions of individual therapy in which she had the additional support of a co-facilitator.

Mary made something of a breakthrough. She identified the core traumatic events long buried deep in the watery grave of her early foetal experience. Once located she repeatedly visited them and slowly and painfully brought them back up to the surface of consciousness. Much integrational work still has to be done over the coming months and years. She has not reached the end of her journey, but she has completed the journey to her beginning.

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Mary was an unwanted child. Not only did her mother not want her, she actually tried to abort her on two separate occasions. She failed. Mary survived, but the imprint of those two near-death experiences was etched deeply into her whole being for the rest of her life. She was the last of eight children born to devout Roman Catholic parents. They felt they could only cope with a family of three and the mother had desperately tried to avoid getting pregnant again. The father was irresponsible. The dogma of the Church was adamant. The mother found herself a victim caught between opposing forces. The fourth, fifth, sixth and seventh pregnancies were borne with a rising tide of despair. Love-making was fraught with dread. After the birth of the seventh child, the parents had separated for two years but had reunited on the understanding they would have no more children. The eighth conception was a catastrophe.

Riven with guilt and fear the mother-to-be sought help with an illegal abortion. The attempt was made with a long needle in the seventh week of the pregnancy. When she realised to her dismay that the attempt had failed she tried again in the eleventh week with a heavy overdose of quinine. When the second attempt also failed she gradually resigned herself to carrying the child to full term. Then two months later her own mother was diagnosed with terminal cancer. In a way she saw this as a judgement on her for her wickedness and took on the terrible task of terminal nursing of her own mother at home as a kind of penance. The death and birth of Mary coincided.

Such was the history which gradually emerged in the first few sessions of therapy. In the group-work Mary entered quietly and took a seat at the back of the room, just to the left of the axis of symmetry. She moved her chair back as if to withdraw

slightly, tucked her left leg up underneath her, wrapped her black shawl carefully around her shoulders ad sat silently observing all that was going on. Safety lay in not being noticed.

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There we shall leave Mary for the time being while we explore the kind of group in which she found herself. There are many layers to life in a group. A management training group might focus on issues of power and powerlessness, boundary control, authority, leadership and followership, team-building and individuation, competition and collaboration. A different training group might pay attention to the gender differences and bonding, the racial, credal, educational or social contrasts and their associated attitudes. In another context group process may be seen as a social simulator, a microcosm of world dynamics, a human holograph of the nation-state or a reflection of an extended family. A therapeutic group may provide a forum in which individuals in turn find resources to work on their own intra-personal healing.

In a primal integration group use is made of the regressive level of experience, common to all group life but usually repressed and ignored. Group dynamics research over the last fourteen years indicates that the members of a group pool their common unconscious memories into the group process. At a very primitive level the group acts as a container for the common uterine experience. The "life-cycle" of the group begins with people's preconceptions, their ideas, phantasies, hopes and fears about what will happen. Joining raises issues of intercourse, risks of intimacy and gametal journey.

Then follows the moment of conception, the confusion of DNA, leading on to a process of cell multiplication. The ball tends to be passed around the group before the fraught process of implantation with its struggle for survival and its fears of “going down the tubes”. Images of creation mythology and cosmic spirituality tend to characterise this period of the group before moving on to the more shamanic phase of embryonic development in the first three months of pregnancy. Here imagery is about making connections in a watery world, rapid brain growth, gut feelings, early sexual differentiation. 'Fishy stories' are told with size of fish growing almost by the minute until the image moves across to dolphins and whales. The developing placenta and its umbilical attachment stimulate evolving images of tree forms.

The next stage of the group process corresponds to the second trimester, the middle three months of pregnancy. It is usually a period of stable growth and increasing differentiation. Group images oscillate between the womb-like container and its foetal content. As time passes, third trimester experience begins to dominate. There is a growing sense of overcrowding, of inadequate resources, being under increasing pressure but having no way out. There are feelings of increasing inability to deal with pollution whether of the self or its environment. However good the ventilation of the room, members will comment on the "lack of air" as oxygen deprivation is remembered. Towards the end of the group there is often a one-hundred-and-eighty degree shift in the axis of power as the ‘head’ of the group moves from the back of the room and engages near to the door. Anxiety mounts, the tree imagery becomes ambivalent or even death-dealing, snake symbols are seen as threatening and evil. Gradually waves of constriction grip the group process with emotions of terror or rage followed by a deep sense of grieving as the known world disintegrates. Eventually the group boundary breaks and what was feared as "the end" is encountered as birth. Images of sacrifice and scapegoating abound. Tunnel, funnel, vortex, fall and breakdown, fire, eruption, explosion, strangulation, death and eviction... all are common symbol carriers of the experience of birth. After a brief period of resting and recovery attention shifts inevitably to the need for something to drink and the group moves into the more familiar Kleinian territory of the nursing relationship.

Words alone are quite inadequate as a means of expression of the intensity of the group process. The body language of individuals and of the group as a whole with its free-associational movement and spontaneous psychodrama provides another rich channel of communication. Images, symbols, myths and stories introduce the visual component which can be given powerful expression through spontaneous creative art-work. Underlying all is the emotional life of the group and the feelings of its individual members, held in check by defences and resistance built up over the life-time of each person and coded into the social norms and controls through millennia of history. The recovery of emotional integrity is essential for the re-integration of previously repressed feelings and the consequent deconstruction of defences that are no longer needed.

The primal integration group is a powerful diagnostic tool. While the group process as a whole moves steadily and precisely through the developmental saga, individuals are re-stimulated into abreaction of their own specific experience appropriate to each developmental moment. Where a pregnancy has resulted from marital rape or is otherwise unwanted, there may be a violent outburst from the person concerned right at the start as the group convenes. A rare survivor of an

ectopic pregnancy shows acute distress immediately after implantation, knows they are in the wrong place and for a little while feels the group will reject them before regaining a "foothold" nearer the door. One person whose father died in the sixth month of the pregnancy is suddenly overwhelmed by grief as the group matures towards the end of the second trimester. The member whose birth was premature leaves early then comes back in amazement and exclaims "But I always leave meetings early!". The caesarean section demands to be lifted over people's heads and placed in the recovery position at the side of the group while the birth proceeds. The breech-born gets across the doorway, blocks the progress of the group and will not allow anyone else through, while the forcepted member will suddenly go into reverse and fantasise that they are being attacked after getting stuck on the way out.

It was in this context that Mary encountered her fixated foetal trauma and identified the source of the acute feelings of panic, attack and nausea which had been repeatedly restimulated in similar circumstances throughout her life.

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Mary felt an outsider from the start as if group members did not want her to be present. She had fantasies of being an alien, of not speaking the same language. It did not feel a welcoming environment, in fact quite the reverse. She made herself as small as she could and kept very quiet, hoping that people would not notice her presence or at least that they would ignore her. The feelings were very familiar. Entering new situations had always been like this.

In the second session she sat in the same seat, silent and withdrawn, out of touch with her feelings. At one point her presence became a focus of group attention. Her anxiety surfaced and she felt under acute attack. Bending forward with her arms hugging her vulnerable belly, she drew her feet up under her chair. Flooded with fear she responded angrily and then fell silent again. She was overwhelmed by inner emotion and cut off from what was happening around her in the group.

In the individual therapy session immediately after the group, Mary arrived in some distress. She sat on a cushion in the middle of the floor, put her head between her knees, drew her feet up under her and rocked gently. An intervention by the therapist and co-facilitator triggered an intense reaction. She experienced it as an attack, crawled violently to the side of the room and curled up in a ball with

her back to the wall underneath a table. She was trembling with terror, crying and shouting at us to go away. We withdrew, one to each end of the room and sat quietly in accepting stillness. Gradually the panic subsided. She began to uncurl and slowly came out from beneath the table. Still trembling and frightened she began to recount the story of the first attempted abortion, connecting the violent onset of panic and fear of being attacked as restimulation of foetal trauma.

Her physical movements repeated the tiny baby's convulsive attempts to avoid the probing needle. Her little legs drew up into her as she curled in a tight ball and tried to bury herself in the safest corner of the womb. Physically she survived but her whole body was overwhelmed with adrenaline. Some of it was her own in response to the invasion but some of it was transmitted across the placental membranes and up the umbilical arteries straight to the foetal heart which raced in reaction. The mother's violently conflicted feelings of terror, love and guilt were carried straight into the baby's bloodstream in a complex chemical cocktail of hormones. Physiologically the foetus was traumatised in shock. The painful memory was stored as a somatic-affective imprint any subsequent restimulation of which flooded her whole being with traumatic emotion and physical convulsion. It was the fixated ground of the responses which had had such a debilitating effect on her whole life.

I had taken off my tie as she talked and started to play with it in an absentminded kind of way. At one point I flicked it across the floor towards Mary. She was instantly thrown into another intense episode of abreaction. "Never, ever do that again" she screamed, clutching at her stomach. For her the tie had become a rattle-snake, its poison life-threatening as it sank its fangs into her navel. There was no movement away from the attack, just a stomach-centred convulsion accompanied by overwhelming feelings of terror. It was as if her whole body was being flooded by bitter, black poison. The emotion was accompanied by intense waves of nausea. As the reaction subsided she began to link the phobic response to her mother's second attempt to abort her with an overdose of quinine. It had not been fatal. Perhaps the mother’s ambivalence meant that she had to fail. The poison reached the baby down the umbilical arteries. It was mixed with the hormonal trace of the mother's conflicted emotions, restimulating the imprinted trauma of the previous attack. Against this she had no defence, she could not escape. The concentration of the poison decreased slowly as the mother's body broke it down and excreted it but the foetus had been traumatised for a second time. The fixated imprint was overlaid on the first episode to lay down life-long patterns of response to the environment. Mary had learned that her world (the only known world) was malign and unpredictable. At any moment it could launch another life-threatening

onslaught. In the future any physical, emotional or symbolic event which had associations with the traumata could re-stimulate Mary. She would act as if she were once again a foetus in distress facing her world's attempt to destroy her. Here then was the ground of the repetitive and debilitating reactions and inappropriate responses which had had such a profound and long-lasting effect and which up till now had resisted all therapeutic intervention.

The next two sessions saw the first steps in a long process of integration. Not only did Mary make connections between her fixated foetal traumata and the series of restimulation experiences in her adult life, but she was also able to recognise the precise points within group process at which the stimulation was liable to occur. In addition she began to see how the repressive defences against re-emergence into consciousness of the primitive material had affected her emotional life, body language, posture, clothing and relationships. As the foetal experience was re-engaged and its associated emotion discharged, so the archaic imprinting began to lose its grip. The need to protect her navel area by tightly folded arms and bent posture began to go. In the next group session she sat in a different chair, entered more freely and interactively in the proceedings, and then at one point began to explore movements which seemed to be quite uncharacteristic. Pushing her feet out in front of her she began to arch backwards, arms over her head, exposing and stretching her tummy, as if finding it safe to do so in the present for the first time. It seemed like a movement she had not tried before, and was therefore unused to its limitations. She stretched backwards further and further and the chair slowly and gracefully overbalanced and she fell backwards out of the group. Unhurt, but laughing with confusion, she regained her seat and continued to explore her new-found freedom.

As the group process developed through the second and third trimester, Mary increasingly experienced periods of deep sadness welling up within her and cutting her off from what was going on around her. The feelings appeared to reflect her mother's anxiety, guilt and grieving, as she found her own mother was dying of cancer and the disease began to develop quite quickly in its terminal stage.

In the individual sessions, Mary continued to work on the implications of release from her foetal fixation. She became quite active and mobile, tentatively exploring feelings of aggression towards her environment. In one memorable sequence she fantasised herself as a black panther in confrontation with a full-grown lion. She started cowering and timid, then slowly explored her strength and aggression, eventually she joined the lion in an imaginary hunt and kill with an intensely joyful

experience of violent aggressive ripping, biting, gorging, in murderous and retaliatory rage against the body which had caused her pain.

The final group session was a time of extraordinarily complex catharsis for Mary, as she re-engaged not only the experience of birth but the convulsive abreaction of her mother's grief, caught up in the same climactic process. As the group ended she was overwhelmed with uncontrollable emotion. At first inwardly and silently in stillness, then as the defences softened and she found it was safe enough to let go, she rolled onto the floor, weeping freely and loudly as her body re-enacted the movements of her birth, pushing, kicking and squirming her way back out from the watery world into the light of day. Mary had emerged.

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The next 4 months were spent digesting and integrating the intense experience, going over it in therapy and supervision, exploring the implications within her professional and personal life. Then she returned for the second series of engagements. It followed the same pattern of primal integration group, alternating with personal therapy. It covered the same ground, but this time she knew the territory better and was able to work more consistently, with greater emotional and physical freedom, deeper insight and faster integration.

Mary entered the group looking more self-confident and assured, more out-going and able to join in than she had on the first occasion, perhaps because this was now a familiar situation for her. Three or four people in the group had also been with her on the first series. But somehow the shift seemed to be deeper than that. It was as if she was saying 'my parents may not have wanted me but that was their problem, I am here in my own right and I will no longer give the group the power to be a rejecting parental environment'.

She was still wearing black, though the scarf was much more loosely draped around her shoulders, instead of being wound tightly round the neck. She sat in a similar seat, towards the back of the group and to the left of the line of symmetry, but this time she did not move her chair back out of the ring.

As the unconscious dynamics of the group moved through fertilisation, implantation and into the embryonic developmental stage Mary took part without difficulty. Then suddenly there was a sharp point of conflict between her and a man sitting to her left. Both moved their chairs away from each other, opening up

a slight gap in the circle and turned away from each other. It was as if a wave of energy rippled round the ring of the group until it met at the opposite side of the room and an almost identical physical movement took place between myself and a man sitting immediately to my left. He half turned away from me in his chair, crossing his right leg over his left and paying attention to someone on his left. At this point I had a visual fantasy of taking a large hat-pin and jabbing it into his right buttock. I could not understand it and said nothing at the time. Mary stayed quiet and in some distress through the group, then just before its close, surfaced to say how depressed and angry and attacked she was feeling. Her intervention was ignored and then the person immediately to my left offered a comment on the process of the group which at the time also seemed extraordinarily disconnected. He said that he felt as if he were observing a course for midwives and they had all failed. Then he turned to Mary and said 'and I heard you'. The words were affirmative and supportive, the tone aggressive. She felt as if she had been attacked and destroyed.

In the therapy session immediately after this event Mary was distraught. Slowly she began to make connections. Noting the precise point in the developmental process of the group at which the experience occurred and associating that with the image of the attack with the hat-pin, she recognised the restimulation of the first abortion attempt. Her interpretation of what was happening to her in the group was seen as a projection onto the group of what had been restimulated from her foetal unconscious and projected out onto the group. The closing comments about the failure of the midwives made nonsense if the activity of midwife was seen as associated with delivering a baby at birth. The group process was nowhere near birth material. However, the comment made profound sense when referred to the activity of the midwife in initiating the abortion, which from the mother's perspective had been a failure. Mary's response was much more proactively enraged on this second engagement with the material. The first time round had been characterised by implosive terror at this stage.

As we continued to work Mary unwound the scarf from around her neck and began to play with one end of it. The parallelism to the psychodrama with the tie in the first series was sufficient for me to risk the interpretation that the scarf was symbolising her umbilical attachment to the mother. Within minutes holding one end of the scarf to her navel, she was once again feeling flooded with life-threatening poison and wanting to vomit. We noted the displacement of umbilical excretion into the gut and oesophageal reaction, so with her permission I placed my lightly clenched fist gently over the navel, applying a little pressure and encouraging her to breathe deeply. Then I suggested that she take a full breath,

hold it and to seek to push the poison back up through the stomach area, through the navel, out into the umbilical veins and back into the maternal environment from whence it had come. Over the next 10 minutes Mary's whole body went through a series of shuddering convulsive movements, accompanied by roaring cries and a sense of violent expulsion of unwanted poison from her whole system. Slowly the movement subsided and the body relaxed. In the first encounter with this material her response had been one of collapsing terror. In this second engagement she had been much more powerfully reactive, in touch with feelings of outrage and a powerful drive for survival.

In the next group session she sat next to the person whom she had perceived as her attacker and the misunderstanding was cleared. Relationships continued to be more realistic and less dominated by restimulated phantasy. In between events there were some moments of intense fun and joy, moments of laughter and dancing movements, with behaviour reminiscent of an impish and mischievous wood elf.

One member of the group was a very much older woman, with whom Mary began to associate feelings connected with her grandmother. In an individual therapy session she drew a symbolic self image, a rich red heart, tightly bound with seven black bands. Fragments of a Bach chorale came to mind with the wording changed from '0 Haupt voll Blut und Wunden· to '0 Hertz von Steel verbunden'. The steel bands were associated with inexpressible grief invading her system and yet coming somehow from the outside rather than stemming from the heart itself, bound around her like black swaddling clothes - the mourning attire which was her constant and chosen clothing style.

In the next session another drawing began to take shape, vibrant, orange, looking for all the world like a tiny embryonic fish with one brilliant blue eye. As the session continued she would occasionally return to the drawing adding little bits of backbone structure, as if the embryo were developing before our eyes. It was the first emergence of living colour and there were fantasies that over the next few months she might well begin to change her wardrobe. She toyed with the idea of wearing a white skirt for the final group sessions.

As the group moved towards its close, Mary was again in touch with periods of grieving and mourning and depression, but stayed much more sharply aware of her environment and more openly interactive with other members of the group. The process moved on through third trimester, to full term and into the birthing process. At the end of the penultimate session, the older lady left as she had a long way to drive and did not wish to undertake the journey in the dark. Mary was the last into

the room for the final period of groupwork. Two chairs were left. One was the seat vacated by the older lady, the other was opposite to it. Mary came tentatively into the room, looked at the situation and made straight for the seat of the grandmother and sat in it, replacing the absentee. Suddenly aware of the significance of the psychodrama, she got up, swore loudly and walked swiftly across the room to take the opposing chair. It was a dramatic moment of dissociation from the previously internalised dead grandmother, accompanied by outwardly vented rage that the mother had used her and abused her for her own ends of self-comfort and grief repression for the rest of her life. The bands of steel were being ruptured and discarded.

CONCLUSION

The story of the recovery of Mary is a complex case history. It brings attention in a disturbing way to the life-long impact of extremely early learning. Even if there has been no attempted abortion, the unwanted child experiences in the contact between the cellular and embryonic boundaries and their maternal environment, a level of rejection which lays down a template, or paradigm, for all subsequent transactions between the self and its world. Internalised, the maternal rejection is perceived as a statement about the child, who feels unwanted because bad. It is her fault. The world would be happier if she did not exist. In extreme cases suicide becomes a world cleansing self-sacrifice.

With the accumulation of case histories of people who have survived attempts at abortion, it is clear that the embryo or primitive foetus experiences life-threat and intense somatic distress. It is not an unfeeling object to be flushed down the toilet, but a living being with the capacity for intense somatic suffering and imprinting. Whatever the implications for the practice of abortion, it is quite clear that in those for whom the abortion failed and who subsequently come to full-term and mature into adulthood, the near-death experience persists as fixated foetal trauma with devastating consequences.

As these areas are explored in finer and finer detail within the emergent discipline of pre and perinatal psychology, so therapeutic skills are also developing which can reach, release and integrate traumata from extremely early in the developmental process. The implications for psychotherapy and psychoanalysis are clear, although still meeting with some rearguard reaction and resistance from the more heavily defended areas of the profession. With the knowledge now

available, it is an attitude of gross professional incompetence and negligence to treat symptoms stemming from early embryonic imprinting as if they were psychotic fantasies, whose causal roots lie in the post-natal field of the oedipal complex. For instance, to confuse castration anxiety with umbilical transmitted stress from the uterine maternal environment, is to condemn the patient to a life of coping with unresolvable symptoms, with defences reinforced by the incompetent therapist.

One final issue that the case material raises has to do with the morality of planned parenthood. Society now needs to face the question whether it is right to continue to conceive and bring into the world unwanted children, knowing as we now do, the psychological damage to the child concerned, in a context where the multiplication of the species is not only undesirable but globally threatening. How far should archaic dogmatic rulings of a religious system whose ideology evolved under very different circumstances be maintained as guidelines in tomorrow's world? Perhaps the story of Mary goes some way to call in question the wisdom of current Papal pronouncements.

David Wasdell
Meridian Programme
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