

MATRIX OF DEFENCE

By
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A brief but historically significant seminal paper which places the core tasks of psycho-social analysis within its conceptual and dynamic context. Following a review of research methodology and paths of approach is a summary of expected outcomes of paradigm shift and an overview of statistically significant points of common traumatisation in the course of individual development. The paper concludes with the working hypotheses which formed the basis of the next two decades of consultancy-research and culminated in the presentation ‘Roots of the Common Unconscious: Towards a New Paradigm of Psycho-Social Analysis’, delivered to the 14th Scientific Meeting of the A.K. Rice Institute at the Massachusetts Institute of Technology, September, 2004.

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I: PRINCIPLES AND PROBLEMS

The analysis of the common social defences against anxiety is based on various principles already expounded in Part I of "Foundations of Psycho-Social Analysis"¹ and here represented in summary form. The approach is essentially psychoanalytic in seeking to understand the core causal dynamics of defences, whether these present within the intrapersonal or social behavioural worlds. Secondly, the focus of analysis is quite distinct from that of the therapist. The more deviant the behaviour, the less significant it is. The closer the material comes to the common or 'normal' phenomena of defensive behaviour, the more significant it is for analysis. Thirdly, the intention or motivation for the exercise is not therapeutic, but developmental. The task is not the returning of deviant behaviours to within tolerable limits of that considered 'normal', but the shifting of 'normal behaviour' toward the less neurotic. In this sense the approach must be counter-collusional. Finally, response to anxiety must be authentic, rather than defensive. The emergence of psychotic anxiety within a system indicates the focus of analytic intervention, but precisely not the point at which more effective defences must be constructed and sustained.

It is important not to underestimate the difficulties involved in coming to terms with this material. We have to deal with some of the most primitive and intractable elements of human behaviour, namely, the processes of idealisation, splitting, projection, displacement and denial. These phenomena, described by Melanie Klein² as 'the paranoid-schizoid defences', are, of all, the most inaccessible to analysis and the most resistant to intervention and modification³.

In traditional psychoanalytic practice these mechanisms lie within the unresolved residual collusional core common to both analyst and analysand. On a wider level, the set of psychoanalytic schools, acting as a complex therapeutic community, operate with common collusional defences around that material which resonates most deeply with the normal social process. So for Freud⁴, the psychotic anxiety and its associated defences were 'instinctive', part of the organisation of the id, to probe which is to invite psychotic disaster, and in control of which the mature defences of the ego must be organised. For Melanie Klein⁵ the material was 'innate', or 'atavistic' in origin, carried across the boundary of birth by some genetic process but unresolvably present in the neonate. For Jung⁶ the same material was encoded in the 'archetypes of the racial unconscious', socially and genetically transmitted from the dawn of history. For Winnicott⁷ the material was by definition non-significant, since traumatic impingement generated significantly neurotic behaviour and only behaviour which deviated significantly from the norm was significantly neurotic. There were, therefore, ipso facto, no traumatic origins of normal responses. The boundaries defined as ultimate by the analysts determined the boundaries of the material which the analysts could ultimately handle.

Those who persistently strayed 'out of bounds' encountered massive resistance to their work. Freud⁸ indicated that he found himself facing many and great pressures and was therefore unable to proceed in the area of social analysis. Rank⁹ stepped out of line and wandered into the taboo area. His work, initially endorsed by Freud¹⁰, came under increasing rejection and

he was eventually evicted from his professional fraternity, travelling as a scapegoat, like so many before him, across the Atlantic to find haven in the New World. Inevitably he introjected the paranoid projection of the analytic community and represented paranoid neurosis in some of his later work. His history was mirrored in the career of Wilhelm Reich¹¹ who sought to bridge the gap between psyche and soma, so challenging the schizoid defences of the classical schools. Immanuel Velikovsky¹² pinned the psychotic elements in normal social behaviour, yet in causal analysis sought their origin in some distant global catastrophe, the terror of which was transmitted through racial memory to the present day. The list could be expanded ad nauseam, the point is that any attempt to probe into this core material meets with massive resistance. Those who attempt it are themselves treated as if they are the cause of the psychotic disturbance. Under the pressures of social transference, norm defences are reintrojected, connections broken, information fragmented. The irritant is rejected, ostracised, publications are suppressed and the core social defences against psychotic anxiety arch up in dynamic resistance to repair the breach. The whole process should in fact be an encouragement to press further with the agenda, since such reactions point to unresolved and deeply repressed common traumata.

Since the cathartic resolution of this material would have massive implications for social processes at every level of the human system, from personal through familial, professional, institutional, to social, political and religious, it is only to be expected that the process of unpicking the common core defences would be long and fraught.

II: PATHS OF APPROACH

Progress involves the continual interplay of practice and theory. As the frontiers of unconscious behaviour have been slowly pushed back at intrapersonal, group and institutional levels there has been a continuous and critical dialogue with the axioms and boundary assumptions of the various schools of psychoanalysis and psychotherapy and their application to social systems. Not that the field is totally devoid of clues: there was the pointer from the mid 1950s in the writing of Eliot Jaques:

"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?"¹³

Writing over a generation later, one of the contemporary leaders of the new therapies movement reaffirmed:

"Studying the dynamics of a single individual and as well examining the dynamics of that individual in the larger context of his/her family can provide us with vital insights into the workings of even larger groups. The individual and family are thus microcosmic symbols or analogues of the macrocosmic nation, race, or species. What tends to occur in a single individual or a single family as regards the dynamics of affective experience, communication, goal fulfilment etc. can immediately be cast on a larger scale to aid in understanding the dynamics of international relations and even whole planet warfare. In actual fact this may well represent our best available resource for insight into the dynamics of our whole species at this most critical moment in our history."¹⁴

Clearly the approach requires a new understanding of the term 'neurotic'. In the past, and in therapeutic contexts today, 'neurotic behaviour' is understood to be limited to that which is in some way abnormal, and which is generally traceable to the effects of some past experience, traumatic in intensity, whose memory has been repressed. This stored, repressed, material is then triggered or displaced into the present behaviour, so that the person appears to act in a way that is inappropriate in the contemporary situation, as if facing in the here and now the events which precipitated the original trauma. Now, however, we must shift ground somewhat, from the position in which deviation defined neurosis to an understanding of neurosis as any behaviour (whether normal or deviant) which is generated by repressed trauma and associated defences, whether or not such traumata happen to be common and therefore lead to 'normal' patterns of 'neurotic behaviour'. The same shift from 'definition by deviation' to 'definition by originating process' must also of course be applied to psychotic elements of behaviour.

With that new understanding of 'neurosis' three avenues of investigation open up. The first is the statistical exploration as to whether the human organism is actually exposed to life-threatening traumatic impingement of sufficient intensity to generate the primitive paranoid-schizoid defences and whether such events happen to a sufficient proportion of the population for those defences to be common to virtually every member of the species and throughout known history.

Then the second area to be explored is the question as to whether the kinds of defences used, the displacements, denial, splitting, projection, symbolic reification and acting out of the material whether for individuals, groups, institutions or wider social systems, point significantly to their common causal origin within the statistically common traumatic event postulated as giving rise to the phenomena.

Following on from these first two avenues of approach must be the critical examination of the axioms and boundary assumptions of the major analytic systems. If the analysts are indeed in fundamental collusion with the common social defences against anxiety or, in other words, repress in themselves and sustain in others the repression of material associated with the common traumata, then it is to be expected that their analytic writing would show a zone of common cut-off or amnesia around the residual unresolved material. The sustained defences would lead to logical disturbance, paradoxical and tautological definitions, ambivalence, denial, displacement, rationalisation of the effects of the material and the generation of causal mythology to account for the phenomena. The search would be like trying to detect a black hole within psychological space. It could not be observed directly, there would be an event horizon presumed to be part of the boundary conditions and beyond which the usual causal mechanisms are assumed not to apply.

Confirmation of the analysis could be expected from several quarters. For instance, historically any analyst who had inadvertently put his finger on the common causal trauma underlying the social defences would immediately have been identified with the causal material and subjected to social pressures which replicated the fundamental defences being employed to repress the trauma itself. Secondly, therapeutic intervention and interpretation could be expected to lead to the cathartic abreaction of the trauma and subsequent resolution of its associated defences. The pattern is familiar enough from therapeutic intervention in,

and subsequent resolution of, those traumata and their associated defences which generate abnormally neurotic behaviour.

Thirdly, one would expect any individuals or social systems for whom common traumata had been, to some extent, released to exhibit abnormal patterns of behaviour. They would be less prone to regress to primitive paranoid-schizoid patterns of anxiety defence under conditions of high stress, rapid change or lowered resource. They would also tend to withdraw subscription from the common social patterns of denial, projection, displacement, reification and symbolisation of the material. Alongside this would also go a lowering of the obsessive and ritualistic behaviours used by society to sustain the common defences which would be seen through with more or less clarity by the persons concerned.

Fourthly, it is to be expected that any such breakthrough would initially trigger high levels of social anxiety and reactive talion against the deviant subgroup in an attempt so to re-traumatise the element (which by implication was exposing the repressed social traumata) that the deviant's defences would be reinstated and re-matched to those of the social system with as little disturbance of the norm as possible. Provided the clarity of analysis could be sustained, and the pressures for collusion matching resisted, this initial reaction would be transient, changing over time into a major movement of catharsis, annealing, lowering defences, maturation and development at every level of the human system. Alongside this would go the de-energising of those symbols, ideological constructs and psychodynamic behaviour patterns which serve to reify and sustain the common social defences against anxiety.

III: COMMON POINTS OF HYPERSTRESS

If we consider the life-line of a human being from conception to death there are certain predictable points at which the organism is both physically and psychologically at risk. At any point within life there may be other more random incidents affecting particular individuals, but which would not show up as statistically significant for the population as a whole.

Once fertilisation has taken place, the first major point of risk is that associated with failure to implant, followed by the decreasing likelihood of spontaneous abortion during the first trimester. The next significant point of threat is that of the birth itself, closely followed by the establishment of the effective post-natal life-support system of breathing, bonding and suckling. The foreclosure of the nursing phase, with its weaning and anal control training can be stressful for some, while over the next two or three years there may be threats and anxieties associated with the Oedipal family. The changes towards independence at puberty, leading on to the complex developments of moving from education to occupation, leaving home and the finding of a mate constitute the next cluster of common stress points. Later years may be characterised by a variety of crises, like the birth of the first child, redundancy, career change, divorce, a mid-life crisis, bereavement, illness, accident, retirement and ultimately death, though for the subject this latter produces anxiety in anticipation rather than as traumatic deposit!

Now it can be said with some confidence that there is no element in the postnatal field satisfying the twin conditions of sufficiently traumatic intensity and sufficiently common occurrence to act as the core material requiring the exercise of the primitive paranoid-schizoid defences against the irruption of associated psychotic anxieties. That is precisely not to say that for some people, certain events within this field may be sufficiently traumatic to require the laying down of such defences which then show up as generating specifically deviant patterns of neurotic behaviour in later life. This general conclusion would be supported by the work of Melanie Klein and the later proponents of the object-relations school of analysis, who would indicate that the defences concerned are extremely primitive and already in operation at the earliest stage of the nursing relationship.

It is similarly possible to argue that there is no particular point within the pre-natal life-trace of the human organism which satisfies the two necessary criteria. Again it must be stressed that this conclusion in no way denies that for certain individuals, certain events within the intrauterine field may be traumatically stressing. These again will show up in later life as generating neurotically deviant patterns of behaviour under conditions which trigger abreaction of the precipitating events.

The fact that some 40% of fertilised ova abort spontaneously¹⁵ would indicate that the phase of implantation and establishing of symbiotic conditions within the womb do expose a significant proportion of the organisms to life-threat. However, of the population which do successfully implant and survive to reach full-term it would seem possible to justify the assertion that implantation is not normally a life-threatening process. It could, however, conceivably constitute just such a nexus of life-threat in a maternal population living at the absolute borderline of survival/malnutrition/ starvation. For societies existing chronically below the subsistence level it would make sense to postulate an extremely primitive and common life-threat in the implantation/first trimester stage from which the organism would seek to regress into the blastocystic, free-floating stage in defensive retreat from engagement with the threatening, impoverished, intrauterine environment. It is to be expected that such populations would show evidence of this material in their common defences, reifications and religious symbolism.

However, in populations in which chronic malnutrition is not the norm, there would appear to be one, and only one, nexus of intense common trauma which could possibly meet the criteria required for the generation of the common social defences. The event is the process of parturition itself. It is a universal experience with all the qualities of trauma, albeit of varying intensity. Birth is the most life-threatening event in the experience of human being. As one doctor commented informally to a meeting of the Medical and Scientific Network, "If we were conscious at birth it would be the most shattering experience". All the evidence¹⁶ now points to the fact that we are conscious at birth and it is the most shattering experience.

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Material from the three main paths of approach is now clearly convergent, and there is also sufficient indication of confirmation to warrant the formulation of a working hypothesis as follows:

"That common perinatal traumata and their associated intrapersonal defences constitute the causal core and organising elements of the social defences against anxiety."

If that hypothesis can be validated, then a second would follow from it, namely:

"That the primitive paranoid-schizoid defences against anxiety, far from being instinctive elements of the human psyche represent learned responses to specific points of stress. As such they are open to modification and resolution with massive implications for every level of the human social system."

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