

THE ROOTS
OF THE
COMMON
UNCONSCIOUS

By

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[THE PRE AND PERI-NATAL GROUND OF SOCIO-POLITICAL DYNAMIC]

Preface

Originally entitled ‘The Pre and Perinatal Ground of Socio-Political Dynamic’, this paper was formally delivered in Heidelberg on 15th June 1990 as the keynote presentation to a conference of the German-speaking section of the International Society of Prenatal and Perinatal Psychology and Medicine. I am indebted to Dr. Ludwig Janus, Conference Chairperson and one time Director of the Heidelberg Institute for Psychoanalysis and Psychotherapy, for his invitation, encouragement and support. The visuals have been drawn from a variety of sources too numerous to detail individually, but gratefully acknowledged as providing a richly illustrative resource.

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THE ROOTS OF THE COMMON UNCONSCIOUS [THE PRE AND PERINATAL GROUND OF SOCIO-POLITICAL DYNAMICS]

Introduction

Thank you for your invitation to come and present a paper here in Heidelberg. It is a privilege to be part of that continuous stream of human being, learning and becoming which stretches back over 500,000 years to the time of Homo Erectus Heidelbergensis. From this matrix has flowed the Heidelberg Catechism which became the normative instrument for such a wide area of the Reformation Church. Today we face the possibility of the deconstruction of the roots of religion itself¹. Here Hegel served his first professorship, perfecting the foundations of his dialectic. On that foundation a tidal wave of political change has swept the world. Recently we sense that the dialectical constructs are losing energy and sinking back into the sands of time.

Today we are in a position to deconstruct the dialectical process², to integrate the dynamics of polarisation, idealisation and splitting, that set up the dichotomy between thesis and antithesis in the behaviour of social systems, so that the politics of the dialectic can give way to the politics of integration.

My only sadness is that my grasp of the German language is so small that I must deliver the rest of the paper in English. For that I apologise. I understand that you have a translation, for which we are greatly indebted to Dr. Ludwig Janus, so I am hopeful that the problems of language will not be too divisive at this point within our European Community.

Evolution has provided us with common, species-specific and species-wide points of hyperstress in the pre and perinatal process of individual development, together with the ability to imprint and store the experiences. The extraordinary evolution of the third brain has also provided us with the capacity to re-member, symbolise, verbalise and act out these common early traumata in our common social process. As a result we find ourselves equipped with unique psychological abilities yet also hampered by unique psychotic disabilities. It is to the foundations of our species-specific pathology that this paper is addressed.

Background

In 'Civilization and Its Discontents' Freud noted: "The diagnosis of collective neuroses ... will be confronted by a special difficulty. In the neurosis of an individual we can use as a starting point the contrast presented to us between the patient and his environment, which we assume to be 'normal' No such background as this would be available for any society similarly affected; it would have to be supplied in some other way."³

It is my thesis that the appropriate point of departure for the study of the pathology of social systems lies in the common areas of pre and perinatal imprinting which give rise to those very behaviours which Freud designated 'normal'. Today we have the tools to tackle a task which Freud himself had to leave undone.

In her work on paranoid-schizoid mechanisms, Melanie Klein helped us to understand some of the most primitive anxiety defences brought into play by the human psyche and observed to be operational in very young children⁴. Kleinian analysis has tended to use the words 'innate' or 'instinctive' to describe the origins of these defences. The words are used interchangeably in the literature and indicate that the mechanisms are a given part of human nature. As such their dynamic origins are not open to examination. Occasionally an 'explanation' is given by reference to the Freudian understanding of conflict between the life instinct and the death instinct. Here the ground of the Kleinian instinctive mechanism is derived from the Freudian instinctive split and no dynamic analysis is possible⁵. Kleinian assumptions underlie some of the most sophisticated understanding of group dynamics and of social and institutional defences, particularly associated in England with the work of the Tavistock Institute^{6,7,8,9,10,11}.

A possible way ahead was indicated Elliott Jaques at Brunel University: "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?"¹²

Jaques, however, was not able to take the analysis further and I would suggest that in any paradigm in which the Kleinian assumptions about the origins of psychotic defences against anxiety are taken as given, very little further progress can be made.

Current advances in pre and perinatal psychology enable us to understand the Kleinian anxiety defence mechanisms, not as instinctive data of human behaviour but as learned responses to primitive impingement¹³. This paradigm shift has profound implications both for our understanding of primitive individual pathology, and also for our ability to make sense of those psychotic social phenomena of common collusional paranoid schizoid behaviour and the powerful dynamics and influential institutions of our religious and socio-political life which have evolved around them¹⁴.

This breakthrough in understanding also opens up possibilities of deconstruction of the most common and primitive defence mechanisms, together with the integration and release of

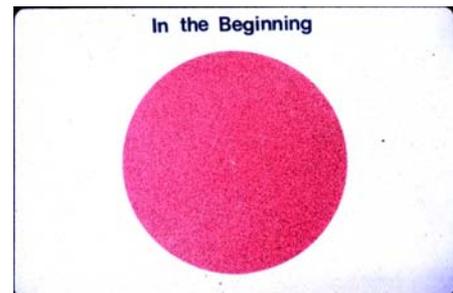
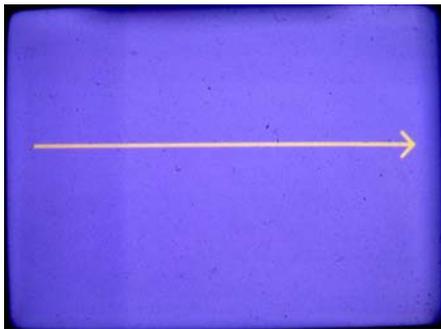
human potential in individual and personal development. It also deepens our understanding of societal responses to change¹⁵ and opens the potential for transformation of those social institutions and behaviours dominated by paranoid schizoid dynamics and previously deemed the most resistant to modification.

METHODOLOGY

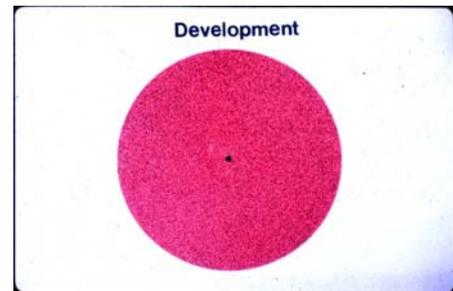
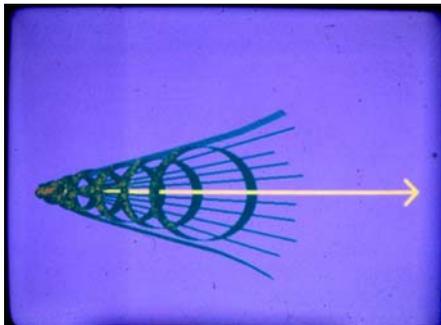
Although the material in this paper is presented in a theoretical form it is firmly grounded in a 15-year programme of analytical research with individuals, groups, organisations and institutions. Insight has come in an iterative manner as layer after layer of social and personal occlusion and repression of the material has been peeled away. Some of the most important insights have been developed from the study of large groups and organisations under high stress, low resource and very rapid transition, particularly where the members themselves have high levels of insight in the fields of psychotherapy, psychoanalysis and group dynamics. Under these conditions, the residual and most common defences of the individuals generate the societal dynamics of the institution concerned. Careful study of the symbolism, mythology, psychodrama, linguistic structure and group processes of such events has proved to be a royal road into the common unconscious, opening up further insight into the individual yet common defence structures of the members. Where feedback has been possible, this deepening awareness of intrapersonal process has then refined the interpersonal and group processes, so fine tuning the focus onto the remaining unresolved core of the common unconscious.

PART I: TRAUMATIC ORIGIN OF PARANOID SCHIZOID DEFENCES

Now let us examine the way in which psychotic defences against anxiety emerge as responses learned in reaction to a typical primitive experience of trauma or transmarginal stress¹⁶. The twin screen illustration that I have developed uses a double mode of analysis with a phase change of 90° between the two modes.

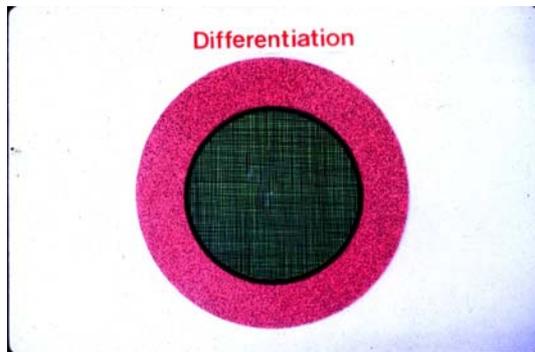
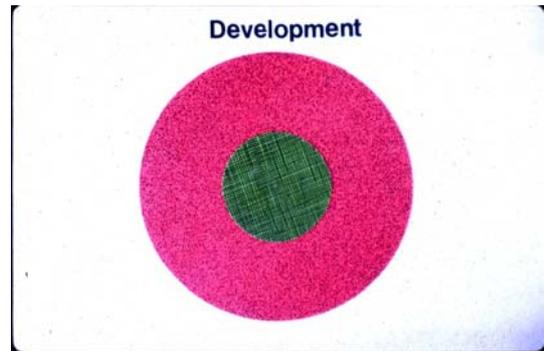
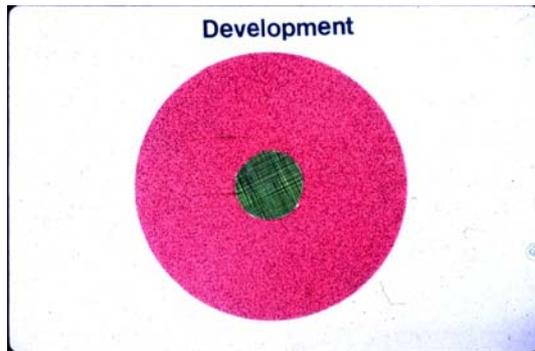


So on the left hand screen we trace development of the organism along a time-line from left to right, while on the right hand screen I shall build up a cross-sectional diagram of the processes and defences which develop at successive points on the time trace. Incidentally, I think the relationship between these two modes of analysis offers us a way of integrating the insights of Freud and Jung, in the sense that the left hand screen uses the concepts of psychodynamic development over time, while the right hand screen holds the symbolic mandala of the fractured persona at a given point in time.

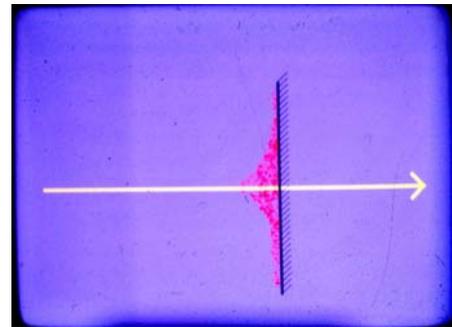


In the beginning, at the start of the time-line of individual development, are our pre-conceptions, the genetic coding and historic conditioning of the parental environment, reflected into the molecular and field structures of the gametes. The red disc, as cross-section, represents the holding environment within which development takes place. We trace the process of development from its beginning along the time line, and note in cross section the growing core of the self distinguished from its holding environment.

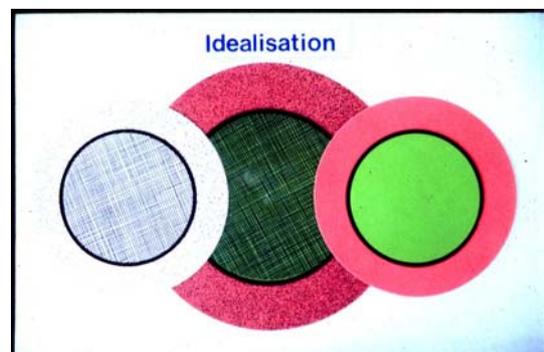
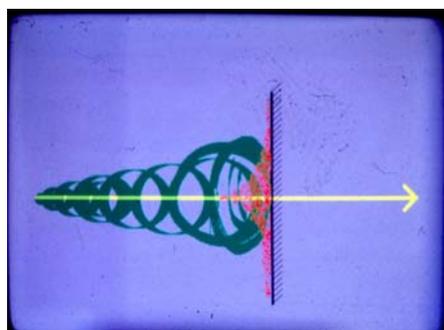
The developing human organism goes through a process of differentiation between the self, or inside, and its environment, the outside.



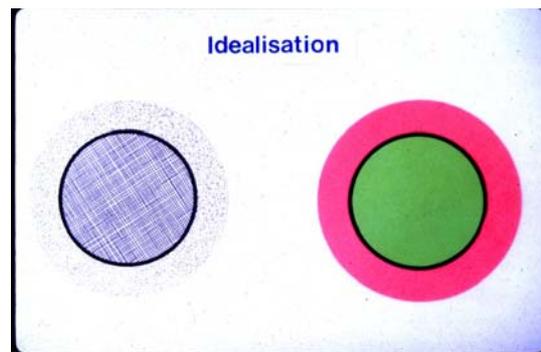
Now I want to introduce a point of trauma, or transmarginal stress, on the time line. I have represented it by an exponentially increasing intensity of anxiety which builds up to trans-marginality, represented by the black line, with mirror shading. A useful definition of trauma might be: 'transmarginal, intolerable stress experienced in a situation where the subject can do nothing about it'.



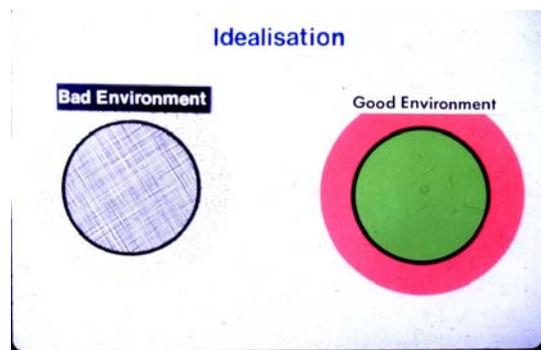
As the developing organism encounters the trauma point a series of responses begins to emerge. The life drive in the positive direction falters as stress rises, blocks or fixates as the stress levels reach trans-marginal intensity and then begins to undergo the process of splitting or idealisation.



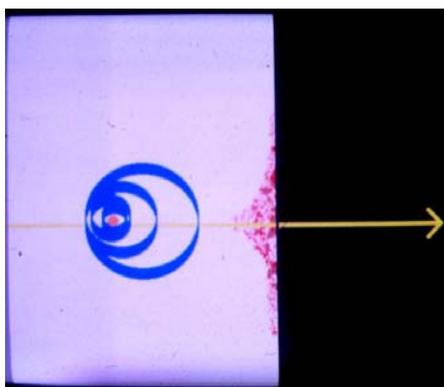
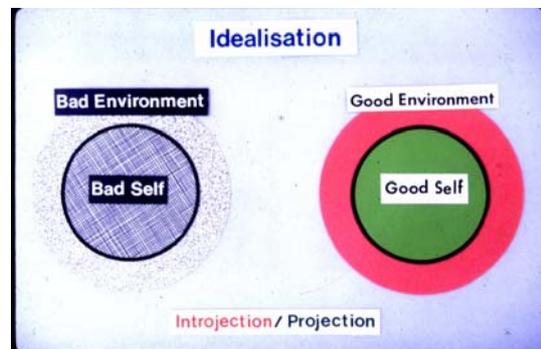
As the sense of well-being in the good enough holding environment is destroyed the present trans-marginal impingement is experienced as ideally bad. It is that than which nothing worse can be imagined. It is beyond the ability of the organism to hold it together, whether somatically, emotionally, symbolically or intellectually, depending on the stage of development of the organism at the point of impingement. Conversely, what was simply the good enough holding environment prior to the impingement is seen in retrospect to be an ideally good situation. In the light of the present hell, that is heaven. It is that than which nothing more perfect can be conceived.



As the process of impingement intensifies, the idealisation process also intensifies and any residual awareness of the integration of experience in the here and now is obliterated. The environment is split apart into the two forms of good and bad, light and darkness, life and death, heaven and hell.



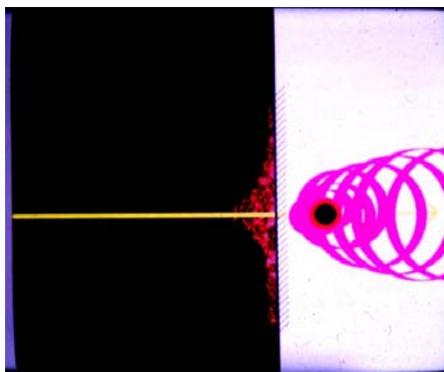
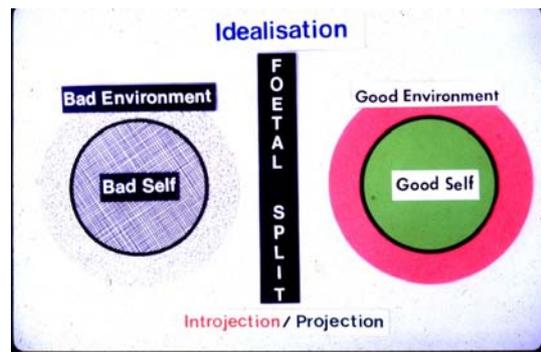
Initially the experience is mediated from environment to the self but through the process of introjection and projection a split image of the self is developed, corresponding to the split image of the environment. The here and now of the impingement is experienced as an ideally bad self being done to death in an ideally bad environment, in contrast to which the previous experience was of an ideally good environment containing an ideally good state of well being. On the time line we can represent this point of idealisation by indicating the past environment as light and the future as an impenetrable darkness.



Existentially, the organism backs off the impingement boundary in a regression to the last known point of the safe holding environment, sustained now not as a realistic, good enough, context but as an idealised perfect state.

In summary therefore to this stage of the impingement we have the three defensive mechanisms of fixation, idealisation, and regression.

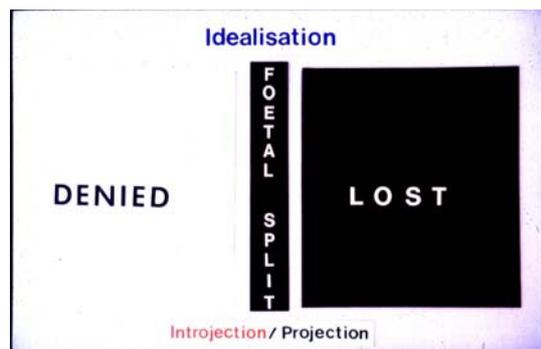
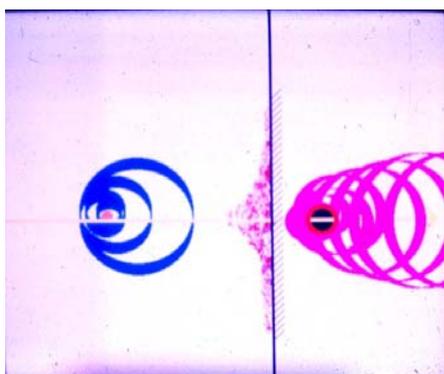
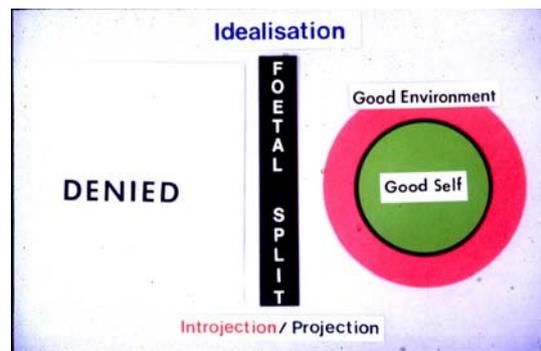
One of the most common points at which this kind of impingement occurs is at birth, although impingement may happen at any point of the development from the extremely primitive prenatal through the perinatal to the post-natal and even into the adult stage of the individual's experience. If we return now to the point of birth, we could describe the idealisation as 'the foetal split'. This is, I suggest, the foundation of the life-instinct and death-instinct in Freudian analysis, and of the paranoid-schizoid position of splitting apart into good object and bad object identified by Melanie Klein in the immediately post-natal nursing relationship.



However fixated the experiencing organism may have been, time in reality goes on, the impingement proceeds and eventually the stress reduces and the trauma is over. At this point the defences of denial and repression are brought into operation. The impingement was too terrible to retain in accessible conscious recall. The idealised bad field is therefore obliterated from awareness. The imprint remains. It is stored somatically, it is there in memory, it has emotional, symbolic and intellectual connotations, but it does not exist within the conscious field. Where the impingement has been at a

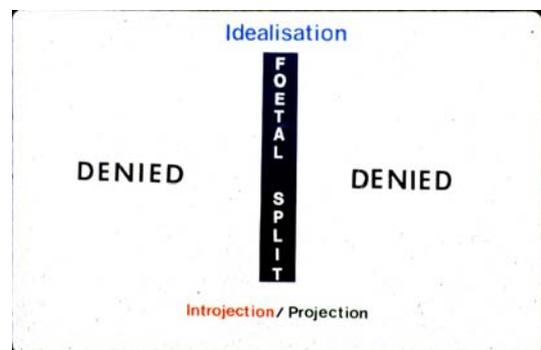
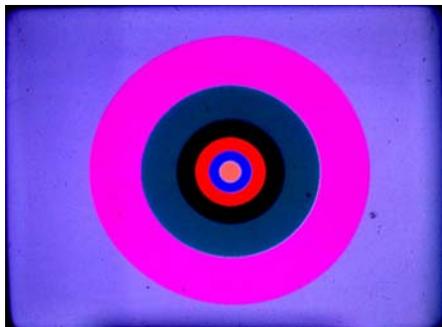
very primitive stage of cellular or embryonic development, the somatic imprinting is sustained and replicated throughout the developing organism, together with the emotionally appropriate biochemical hormone mix¹⁷. The symbolic and intellectual dimensions of the experience emerge only as these facilities mature later in the development.

As the organism recovers in the post-trauma holding environment, the defences of denial effectively exorcise a segment of the time-line. It is as if the trauma has not happened. All that remains is a discontinuity, a caesura. It is however, a caesura which marks a transition from the position of fixated regression in an idealised good environment, to the good enough post-trauma holding environment.



This means that in addition to the repression of the impingement, there is also experience of separation, of loss, of change, of the transition itself. As in any situation where the grieving process is blocked, the organism becomes fixated in a search to recover, and act as if still in the original pre-trauma context. Because that which has been lost is an idealised condition, the grieving process is also transmarginal in its experience, since any admission of the separation throws the subject immediately into restimulation of the impingement of the repressed trauma. We therefore encounter a secondary defence of the denial of separation or the repression of the grieving process.

The structure of defences can now be illustrated on the time-line as a fixation, reversal of time, and regression into an idealised pre-trauma safe space, followed by a discontinuity in which the negativities, both of the impingement and of the separation are denied, while on the far side of the trauma, in the post-recovery phase, we have continuing development of the now imprinted and defended organism.



In later time the developing organism can be illustrated by a set of concentric spheres in which the outer shells represent the accessible, conscious, developing self, in contact with its holding environment, yet containing buried within it in the here and now the imprint of the transmarginal stress and the responses to it, blocked out of the developing conscious awareness of the organism and yet exercising a profound effect upon it.

Storage of Traumatic Memory

The imprinting of the denied negativities may be stored somatically and emerge in the musculo-skeletal armouring. Often one hemisphere of the brain appears to be more associated with the negative imprint than the other, leading to a split in the accessible intellectual functions and a repression of the potential of one hemisphere relative to the other. In parallel to this can be the suppression of the somatic potential of one side of the body, or indeed the split may be focused into a psyche-soma bifurcation, in which negativities are stored either somatically, with high intellectual development, or resonate intellectually, with suppression of cerebral achievement and high somatic development. Therapists and analysts will be aware of the multi-form presentation of defences in later life.

Post-Trauma Presentation

The repression is never absolute, however, nor is the fixation. The split off, regressed part of the self is continually seeking to re-establish its developmental process as the organism moves on a self-healing trajectory in its new environment. As a result the organism has the tendency to act as if the present context is about to become transmarginal. The fixated

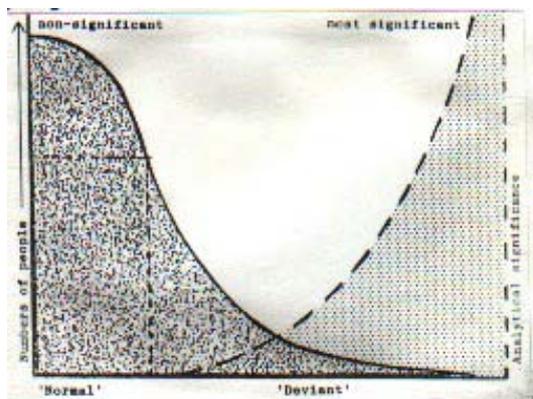
impingement experienced as still in the future is projected out into the current environment and onto future time. This gives rise to the paranoid projections and phantasies and activates in the present those paranoid schizoid defences appropriate to the past impingement but now operating in relationship to any precipitating trigger in the experiential world of the subject. In this way the persecutory material stored at the intrapersonal level is projected into the environment, displaced onto external objects, persons, groups, institutions, symbols, contexts. Where that displacement itself becomes fixated the phantasies may become reified, granting to the here and now contextual symbols the grounds of causality for the experienced inner stress or bliss. The denial of separation leads to a lifelong search for some experience, some holding environment, some heaven, which correlates with the idealised holding environment of the pre-trauma state, held in fugue or flight from its idealised bad antithesis. In so far as these defences are then displaced into the socio-political process, it is hardly surprising that we find conflict between good and evil, between inside and outside, between present and future, between us and them, reified into the dialectic of the socio-political philosophy and ideology.

PART II: THE GROUNDING OF COMMON DEFENCE CONSTRUCTS

Whatever the theoretical and practical differences between the varying schools of therapy and analysis, their founding fathers held certain basic assumptions in common. They saw their work as having to do with the healing of sickness. It was an extension of the medical model and, after some initial resistance, society eventually sanctioned their work on that basis. Their task was the restoration of deviant behaviour to normal behaviour. Their area of concern was the pathology of the individual. Their understanding of pathology, then, had to do with the abnormal. Behaviour was deemed to require their attention, it was observed and categorised as requiring analysis and understanding, intervention, control and modification in so far as it was 'odd', 'different'. So Freud could speak of the task of psychoanalysis as 'to change the excessive suffering of the neurotic into the normal misery of everyday life'¹⁸.

Criteria of Significance

As they reviewed the total spectrum of human behaviour, they had certain common criteria of significance by which they selected their material. It can be illustrated on the overhead projector.

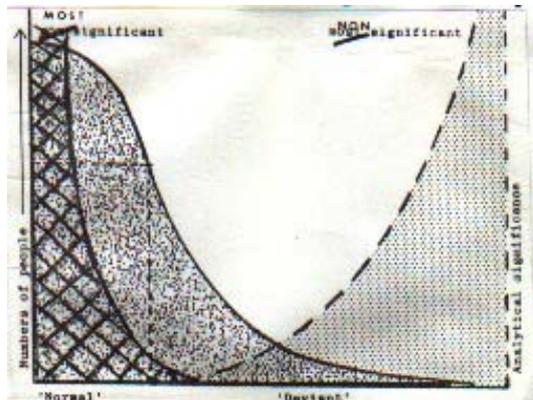


On the left, up the vertical axis, we have the numbers of people exhibiting a certain level of behaviour. Horizontally, along the bottom axis, we have the degree of neurotic or psychotic behaviour exhibited. We may then represent the occurrence of behavioural characteristics through the population by some form of a distribution curve, which for want of better evidence we shall illustrate as a normal distribution. Now on the right hand vertical axis we can look at the amount of attention paid to certain phenomena by the analysts according to their selection criteria.

Normal behaviour is “non-significant”. It is by definition “not sick”. The more abnormal the phenomenon, the more neurotic, psychotic, bizarre the behaviour pattern, the more interesting it becomes and the more significant it is seen to be. The nearer to the edge of the distribution pattern the behaviour falls, the more likely it is to have a case study written about it and published in a journal. In summary then, the founding fathers of the theoretical schools on which we all depend treated as most significant that material which was most deviant and as least significant any behaviour which matched closely to the norm.

It is hardly surprising that the theoretical constructs built upon such a foundation were quite unable to address the issues of the pathology of social systems, since by their definition social systems have no significant pathology. Normal behaviour cannot deviate from the norm and therefore it cannot be understood in the terms of the medical models, the sickness models lying at the foundation of our schools of therapy and analysis.

If we are to widen the paradigm to include a study of the behaviour of groups, organisations, institutions and social systems then we have to widen the criteria of significance. Indeed the discipline of psycho-social analysis concentrates most attention on the behaviour deemed non-pathological and insignificant by those concerned with individual deviance.



These new criteria can be illustrated by the overlay which indicates that our focus has to shift from studying the pathology of deviance to examining the pathology of normality. Hidden in that sentence is a redefinition of pathology, which treats any behaviour which is generated by the influence of unconscious factors as pathological, whether or not it is normal. The larger the social aggregation, the less significant for its behaviour becomes the individually deviant pathology of its members. What makes the social system behave the way it does is the common collusional,

interlocking of its normal social pathology.

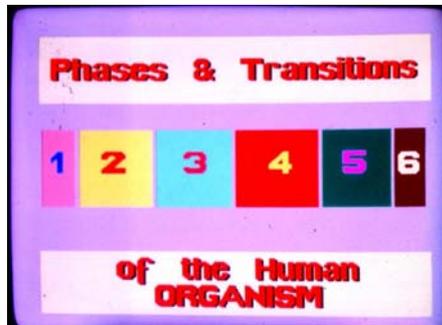
Social Sanction

Significantly examination of this material has always been subject to the most intense social taboo¹⁹. It threatens our whole understanding of normality and health. It threatens to raise from behind the defences of everyone material which everyone seeks to repress. Historically²⁰ any breakthrough in this field has been subject to societal and professional retaliation, exorcism, persecution, denial, containment and re-repression, in an attempt to preserve the common social pathology²¹. The person with insight is instantly designated a scapegoat and becomes the subject of a 'plague' reaction, as Wilhelm Reich so poignantly described it²².

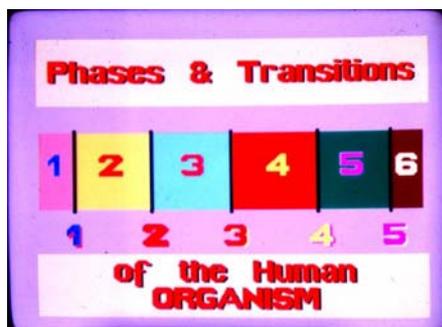
Today, and possibly for the first time in history, the intensity of that reaction is decreasing. We are coming to see our most normal patterns of pathological behaviour as offering the most powerful threats to the survival of our species and the well-being of future generations, let alone the sustainability of the fragile ecosystem upon which we all depend. Today we face the imperative of the transformation of normal pathology. The discipline of psycho-social analysis no longer stands under condemnation, facing the charge of breaking social taboos. Resistance there still is and at times it is intense and powerful, but it is no longer irresistible. It is yielding to insight and it is decreasing year by year.

Phases and Transitions of Human Development

So with that encouragement and with the revised criteria of significance, let us examine the phases and transitions of human development, the 'Stages on life's way', to see if we can identify points of common impingement or trauma which might give rise to common patterns of defence, and so constitute the ground or matrix of social pathology.



Six sequential phases of human development can be listed, starting with which the genetic material is still part of the parental soma. Secondly prior to fertilisation but after the separation of the gametes from the parental tissue itself. Then follows the developing blastocystic period, before the fourth phase of embryonic and foetal development. Post-natal covers the whole of the separate life of the individual, in contrast to the phase of degeneration and non-existence when the person is dead.

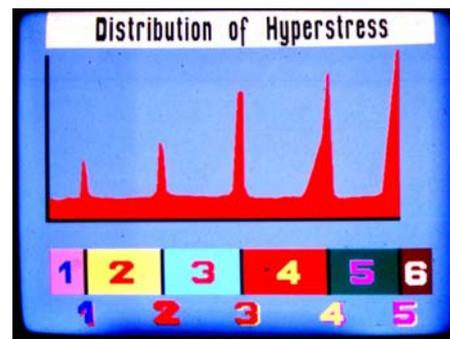


If we now insert the points of transition between these phases we can identify five points of transition. The first is gametal discharge - the separation of the ripened follicle and of the sperm from the sperm-producing cells within the male testes. Next is fertilisation, the point of conception where the two gametes join to become the cell. Implantation marks the transition from the free-floating stage to the uterine development, while the transition of birth marks the ending of umbilical the physical separation from the mother's supporting soma. The sixth and final the terminal one of death itself.

Distribution of Trauma

The question we now have to ask is whether trauma, or hyper-stress, occurs more frequently at one point within this history of development than another, and if so, at what points are the most significant statistical occurrences of trauma in human development. It is at the most common points of impingement at which most people would have resonant imprinting and congruent patterns of defence.

On the diagram, the vertical axis, up the left hand side, indicates the proportion of the population experiencing trauma at any given point of development. Along the horizontal axis we can now map the phases and transitions of the human organism from pre-gametal discharge to death. [At this point I want to emphasise that I am offering you a diagram rather than a scientifically accurate statistical distribution.] There is going to be a certain amount of random background noise to the distribution, in the sense that all kinds of trauma happen to all kinds of people at all stages of life, completely independent of the point of development that they have reached. A close relative may die. The family may split up and go through divorce proceedings. There could be a car accident, or an air-crash. An untrained rotweiler dog might go berserk in a school playground. The family may be placed under intolerable financial stress or emotional conflict and so on. If you are a therapist dealing with a particular individual, these kinds of experiences are of critical importance. If you a psycho-social analyst dealing with large groups and systems they are statistically non-significant. The common points of hyper-stress which show as peaks above this general background noise occur at the major transitions between the different stages of human development. So for instance, death is terminally life threatening and fatal for all of us.



In 1984 a mis-informed British medical doctor was overheard to say 'If one was conscious at birth it would be the most shattering event of one's life'²³. Thanks to an enormous amount of painstaking research within the field of pre and perinatal psychology, we are now in a position to affirm that we are conscious at birth²⁴, and for many of us it is indeed the most shattering experience of our lives. Perinatal impingement is therefore one area of common trauma leading to common defences and affecting the pathology of social systems. It is a complex event with many different forms overlaid on the common elements of placental failure, physical impingement and loss of the uterine holding environment.

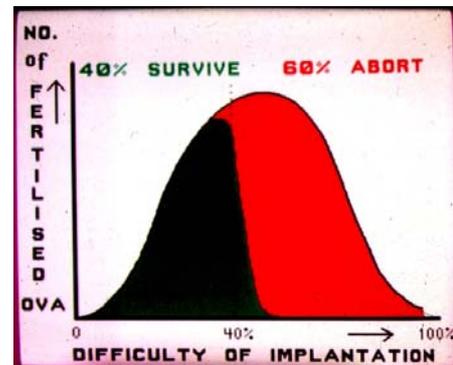
The three other transitions which occur at a very much more primitive stage of development, also appear to be points of statistically significant impingement or life-threatening hyper-stress. As we move backwards in time the first of these that we meet is implantation.

As the developing zygote rolls down the fallopian tube and into the womb cavity, the initial resources of the egg-cell are spread ever more thinly. Eventually the complexifying blastosphere reaches the crisis point at which internal resources are inadequate to sustain further growth. It must implant or perish. The womb-lining may be non-receptive. In any case the maternal immune defence system tends to reject the blastosphere as a foreign body, and has to be overcome. Even if the initial penetration of the womb-lining is successful, there is only a narrow window in time for the hormone transmitters to reach the ovaries and prevent the now imminent onset of menstruation. In addition to this near-death experience faced by the would-be parasitic organism, there may also be quite intense levels of physical rejection, emanating from the mother's emotional attitude towards the possibility of becoming pregnant, which appear to be coded into the cellular interface between the womb-lining and the blastocyst²⁵.

The imprinting of the material is, of course, biochemical, organic, somatic, but appears to be carried forward as part of the experiential learning about boundary transactions which infuse

the continuing development of the embryo and lay the foundations for future somatic armouring, symbolisation and reification during the later stages of development.

The **distribution of implantation stress** can be modelled on screen. On the vertical left-hand axis we indicate the numbers of fertilised ova, while along the bottom horizontal axis we can measure the difficulty of implantation. The proportion of fertilised ova attempting to implant in different conditions can then be represented by a distribution curve of some shape. Here I have chosen the normal distribution curve, but in reality it is likely to be skewed to some extent.



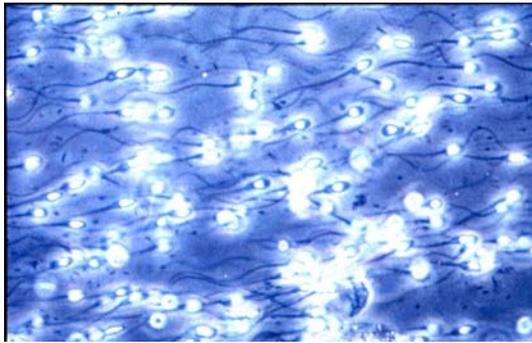
It is estimated that about 40% of fertilised ova manage to make this transition, whereas for the 60% majority the difficulty of implantation is too great, and the potential new life is aborted before it can take root in the maternal tissue. However we draw the overall shape of the curve, the distribution of the survivors is heavily skewed toward the cut-off point of near-death. This would indicate that implantation is a common point off hyper-stress for a significant proportion of the population. The deduction is supported by an increasing number of case studies from individual analysis, but more significantly by an examination of the dynamics, symbols, myths and psychodrama of groups, institutions and social systems facing survival threat and the breakdown of the holding environment.

Further back still is the transition point of fertilisation, or conception. There are indications that this too is a common point of hyper-stress as the two gametes fuse to become one. Evidence in this area is sketchy but increasing all the time. Building on the work of Dr. Frank Lake in England and Dr. Graham Farrant in Australia, and in the company of an increasing network of therapists and analysts, I have had the privilege of facilitating some clients in regression through what appears to be an abreaction of the fertilisation. In every case except one that I have encountered, the abreaction has indicated a point of severe stress. That conception lays the foundation of common social dynamics would appear to be supported by the analysis of symbolism and psychodrama in the process of several group and institutional events involving a sophisticated membership of analysts, therapists, counsellors and group facilitators. It also has parallels with certain key points of religious symbolism, myth and ritual and in the intrapersonal dynamics of some of the most significant leaders of the religious world²⁶.

There may be one further statistically significant point of hyper-stress associated with the transition of gametal release. I have come across the occasional example of group regression to what appear to be conditions of an unripened follicle and have worked with a small sample of individuals in dream work, subdominant art therapy, fantasy journey, and somatic abreaction under conditions of intense regression, apparently to this stage of development. The information base is however far too small for me to do anything other than indicate the possibility that common experiences from this area might underlie the sense of mission in life, and the generalised feeling of alienation or separation from the ground of being in some cosmic, almost infinite sense.

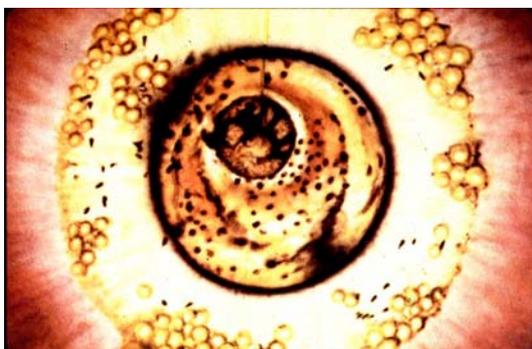
Defences and Dynamics

Returning to somewhat more secure ground, there an individual's defences are associated with transmarginal stress at any particular transition then the dynamics, the preferred mythology, the scripting, the unconscious psychodrama of that individual tends to be characteristic of the fixated phase immediately preceding the transition, and in idealised regression from it.

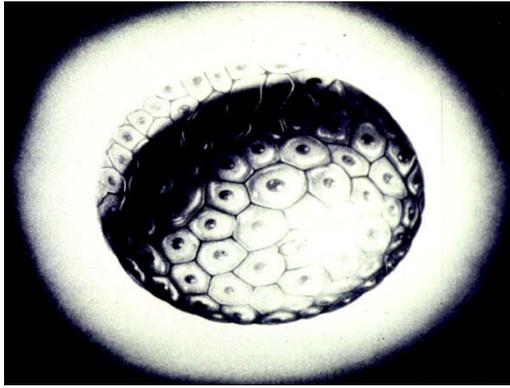


So for instance, **defences associated with peri-conceptive trauma** lead to processes associated with idealised gametal fixation. There may be identification with the idealised sperm material, always journeying, never coming to its goal. Aware of immense creative potential yet never finding the resources to put it into operation, or even in reverse direction, journeying back to the source, turning the origin into the objective of the pilgrimage.

If Lloyd de Mause could identify the maternal heartbeat in the footsteps of the marching army and the perinatal dynamics of war²⁷, then I think we may see some social mirroring of the sperm race in the popular mass marathon run. From a population base of millions many of whom do not reach the starting line, many thousands surge off down the tubes, urged on their way by the waving cilia, the hand clapping of myriads along the path. In the competitive and yet collaborative culture, only one gets gold at the end of the race.



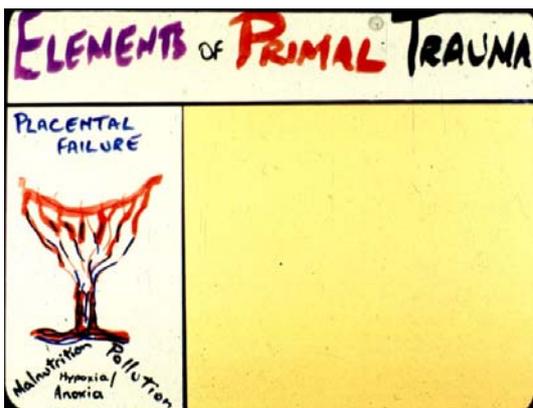
On the other hand identification may be with the ovum and the sperm material is denied. In this case there may be a profound sense of potential resourcefulness which can never be put into operation, always looking for something to complete it and yet fearing to find it. The terror is of being invaded, just as for the sperm identifier, the terror is of being engulfed.

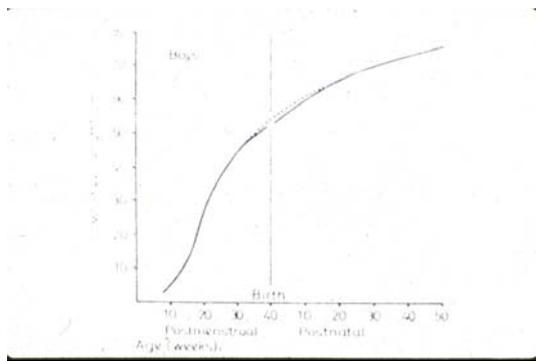


Defences associated with peri-implantational trauma lead to processes reflecting idealised blastocystic detachment. Dream and sub-dominant artwork images of the traumatic transition may be of sinking into a pit of slime, being buried alive, or a battle to the death at a boundary which threatens to engulf yet also annihilate. The dynamics are quite different from the fertilisation and perinatal traumata. Attachment is seen as the fall, and in regression, detachment is seen as the goal. The fixation shows itself in adult life as a restless rootlessness and a difficulty in getting 'stuck in' to a new situation. There is a tendency to take refuge in mystic meditation states, associated with an element of timelessness, unboundedness, unity, absorption with the all, so resonant with strands of Buddhist teaching, which themselves appear to be social constructs of this same material forged over millennia in conditions of chronic malnutrition.



If we move forward now to the time of birth, we find that the defences **associated with perinatal trauma** lead to processes reflecting idealised uterine conditions. Here, however, the trauma is more complex and it is helpful to identify the three basic elements.



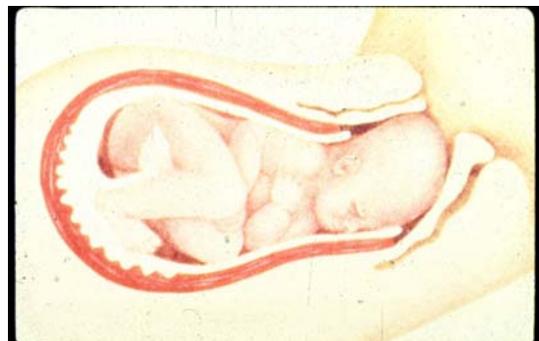
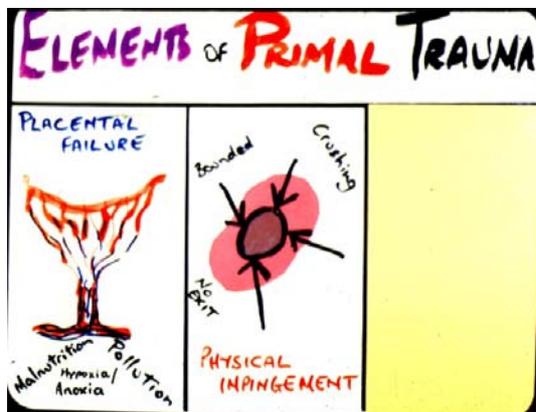


The first element of peri-natal trauma is that of common full-term placental failure. In 1979 an article was published in the British Medical Journal entitled 'Fetal malnutrition: The Price of Upright Posture?'²⁸. It showed that the pattern of foetal growth falters around birth. It is not a pattern that happens in the development of any other mammal. Neither is there a hiatus in the growth of a premature baby around what should have been its time of birth.

The phenomenon is independent of the level of malnourishment or over-eating in the population as a whole. It appears to stem from a maladaptation of evolution. Before our ancestors adopted the upright position, the full-term foetus was supported by the stomach muscles, pendant from the spine. In the upright posture however, the weight of the babe presses down into the pelvic basin, compressing the blood vessels that supply the uterus and placenta and so inhibiting the uterine circulation. The result is a normal condition of malnutrition, hypoxia and pollution. The impingement leads to the splitting apart of the image of the placenta into a good placenta and a bad placenta, the tree of life, the tree of death, the onset of the knowledge of good and evil, always mediated through the offering of the snake.



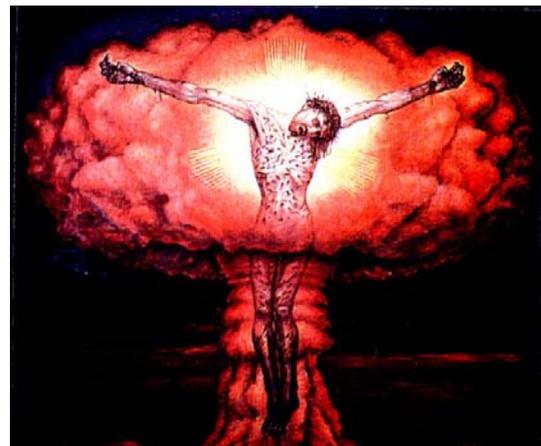
Here often lie the roots of ambivalence, the splitting apart into love and hate towards the same environment or object. Here also lie the origins of common paranoid struggle for resources, acting out in adult competitiveness the fixated foetal conviction that enough is never enough. Just in passing it is probably worth noting that the Jungian archetypes of the racial unconscious probably have their grounding and roots in the symbolic realms of pre and perinatal psychology, but that opens up a whole new field of critical and reconstructive engagement with Jung, which is possibly more appropriate for a presentation in Zurich than it is in Heidelberg.



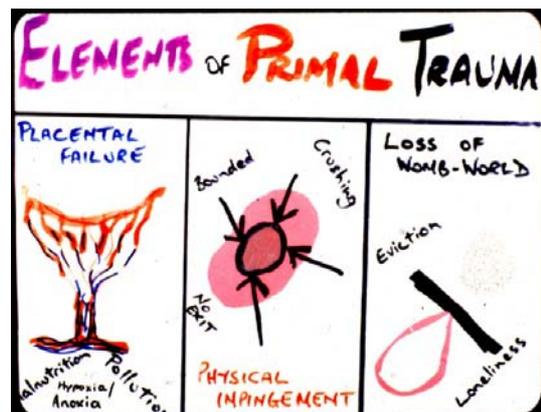
The second element of perinatal trauma is that of the physical impingement of the birth process itself. The level of cranial pressure is normally traumatic because of another element

of rapid evolution, namely the increase in brain size and consequent enlargement of cranial diameter without equivalent evolution of the channel through which it has to pass. The upright posture has also led to a strengthening of the pelvic bone structure and a tightening of the pelvic tendons and musculature. The result is a larger head which has to negotiate a limited and rigidly resistant opening. It is part of the price the species has to pay for the privilege of standing on two feet and being so intelligent! It is the universal trauma of birth. It is important to note that the most common areas of impingement lead to the most powerful zones of social repression and denial.

Each statistical peak of common impingement acts as an absorption line in the spectrum of human awareness. The clear fact that birth is normally traumatic is normally denied with such power that any attempt to name the realities of the situation has to face intense retaliation and social rejection. Even D.W. Winnicott²⁹ defined trauma as 'intolerable impingement in conditions of helplessness' and yet spoke of birth as 'normally non-traumatic since it does not generate behaviour which deviates from the norm'³⁰. We celebrate birthdays in an attempt to suppress the resonant terror and rage of the anniversary, meanwhile projecting onto victims, scapegoats, out-groups and the armoured boundary of ideological confrontation, some of the most destructive and psychotically disturbed dynamics of our so-called civilisation.

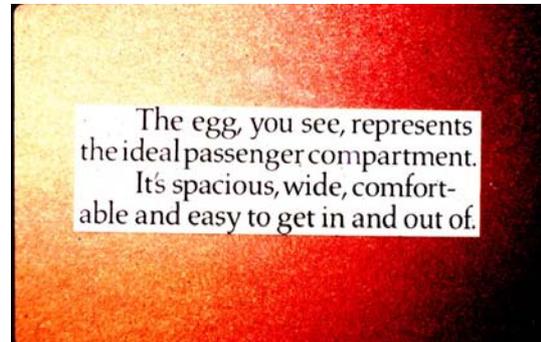


The third element of perinatal trauma is that of loss or separation, with its resulting sense of alienation, eviction and fall.



Since it is the idealised uterine environment that has been lost, the loss is itself intolerable and paradise must at all costs be regained. The motif emerges in virtually every relationships and attachments that we form enable this kind of regression in our sexual behaviour, in the way we furnish our homes, design our cars, build organisations, institutions, cities and ideologies. We construct our religious worlds³¹, so that, in concert, we may indeed regress into the womb of Mother Church, sustained in umbilical sacramental dependency with the boundaries of salvation guarded by the perinatal mouth of hell. Leaders and social armour are mobilised to the social boundaries in order to maintain the skin of the common womb, defending it against the expected onset of idealised persecutory rage, which we collude in projecting onto the outside. In our sustained corporate foetal regression, we take no

responsibility for the world in which we live. It is an infinite resource, enabling sustained exponential expansion. It is an infinite sink, totally self-cleansing and capable of absorbing any level of pollution we care to dump into it. Our foetal assumptions are very close to becoming fatal assumptions. Their deconstruction is a pre-requisite of species survival in the limited holding environment of Island Earth.



Prenatal regression also lays us wide open to subliminal advertising. Displacement from uterus to egg is a thinly veiled seduction in advertising the ideal design for the passenger seat in a car.

The temptation is a little more overt in the next slide with its ovoid or uterine symbolism of the luxury machine and the reassurance 'you can stay inside and stretch your legs'.



The regression is to the in utero state well before the onset of constriction, let alone placental failure and the crushing terror of the motor accident, that great perinatal re-stimulator, whose resonant anxieties have to be suppressed if the population is to continue to buy cars. The advert for Wrangler Jeans on the other hand, made the connection so overtly and without displacement that it raised a storm of outrage. Wrangler Jeans, tailored for adventure in the common regressed uterine world of our pathologically defended socio-political systems.

Sub-Group Specific Traumata

Although I am not aware of any other points of hyper-stress common to the species as a whole, there are certain impingements common to certain sectors of the population. For

instance, the predominance of elective pre-labour caesarean section delivery in the United States, appears to be setting up a significant sub-section of the population with common but quite different perinatal defences. I sense that the power that drives the Star Wars initiative may well come from the dynamics of this sector. The usual symbolism of war is being transformed into an attempt to keep intact the overarching dome of the sky, the umbrella that preserves safety within.

There is a common displacement of perinatal talion into child abuse, ritualised historically in the sacrifice of the firstborn, with a continuing historic evolution of symbolic displacement in the Judaeo-Christian tradition. One element of that displacement is post-natal circumcision, which for nearly 4,000 years has generated an ethnic specific pattern of defence and regression in the Jewish male³². The ritualism of child abuse in the circumcision ceremony, sets up the Jew as a prime target for projective displacement of primal talion as an ethnic scapegoat, responding in castrated passivity and acceptance to gentile persecution. It is hardly surprising that castration anxiety was for Freud the dominating source of all anxiety defences and neuroses, while he confessed himself incapable of understanding what it was that constituted the essence of being a Jew³³. Significantly it was Otto Rank, a Gentile in the Vienna circle, who put his finger on the trauma of birth³⁴, only to find his breakthrough anathematised by the Jewish analysts from Berlin³⁵, for whom his insight raised the intolerable terrors not only of their own personal abreaction, but also of unpicking the taboos of their corporate cultus under conditions of intense persecution.

Other examples of sub-group specific defences associated with sub-group specific impingement could also be noted. One is the pattern of near-puberty circumcision practised within Islam. Here the castration anxieties are much nearer to the surface and the restimulated perinatal retaliation is so much closer to trigger point as a result. In consequence, the irrational phenomenon of Islamic fundamentalism with its intense splitting between in-group and out-group and projection of idealised negativities across the boundary, presents some of the most psychotically unstable structures of our present world.

Conclusion

Returning to the principles of a universally applicable discipline of psychosocial analysis, we see that the most common imprinting lays the ground for the common social unconscious, so making the connection between individual analysis and the analysis of social systems. My thesis is that the common defences of society are indeed innate, but not instinctive. They are learned in the common trajectory of human development, not transmitted mysteriously through some of racial memory, handing on the archetypes of the unconscious.



The neonate is already armoured with a pathological set of responses destined for displacement, reification, symbolisation, abreaction and psychodramatic outworking, not only in the scripting of the individual but in the resonant dynamics of adult society.

As Tom Verny wrote in 'The Secret Life of the Unborn Child':

'How he is born - whether it is painful or easy, smooth or violent - largely determines who he becomes and how he will view the world around him. Whether he is five, ten, forty or seventy, a part of him always looks out at the world through the eyes of the newly born child he once was.'³⁶

I suggest therefore that the key to the understanding of the pathology of our socio-political systems and their associated institutions and ideologies, lies in the field of pre and perinatal psychology. If that is so then it is precisely those working with insight in this field who have the responsibility both individually and corporately for working towards the deconstruction of our social pathology, for enabling the withdrawal of phantasy-projection from our social and environmental dynamics and for enabling the emergence of a reality-oriented, psychologically integrated, environmentally sustainable global culture. The problems we face as a species are immense. They are only insurmountable if the solution we offer is the reinforcement of psychotic defence and the seduction of regression.

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