

Pre and Perinatal Psychology,
Psychoanalysis and the
Dynamics of Social
Systems

By
David Wasdell

PRODUCED BY: MERIDIAN PROGRAMME, MERIDIAN HOUSE,
115 POPLAR HIGH STREET, LONDON E14 0AE
HOSTED BY UNIT FOR RESEARCH INTO CHANGING INSTITUTIONS
(URCHIN0
CHARITY REG. NO. 284542

Pre and Perinatal Psychology, Psychoanalysis and the Dynamics of Social Systems

PREFACE:

I am greatly indebted to Dr. Ludwig Janus, currently President of the International Society For Pre and Perinatal Psychology and Medicine, for his invitation to present this paper at the close of the Society's congress in Heidelberg in May 1995. It was delivered in the beautiful conference hall of the Hotel Molkenkur which had become for us a symbolic womb, pregnant with meaning, in the three days of the congress whose theme was "A Time to be Born".

Presented as a non-technical summary, the paper serves as a seminal overview of recent advances in our understanding of the impact of early experience on our behaviour, both individual and social. The inter-disciplinary nexus links the field of psychoanalysis and systems dynamics with the worlds of pre and perinatal psychology and medicine. It constitutes the birth-point of a new paradigm in psycho-social analysis.

The content of the paper was many months in mental preparation, but not a word could I put on paper. The "writer's block" eventually cleared at three o'clock on the afternoon of the 8th May, fifty years to the minute after the end of the Second World War. It was complete by the evening of the next day, the end of the Russian celebrations of Victory in Europe. As Dr. Janus and I embraced at the end of the presentation, it was a very moving moment of reconciliation, reaching out across the psychotic gulf which had torn the world apart and looking to the future with new seeds of hope.

David Wasdell,
21.9.95

ABSTRACT:

This paper examines the implications of the young science of pre and peri-natal psychology for our understanding of the dynamics of social systems and our ability to change them. It is based on some twenty years of work combining consultancy-research with organisations undergoing rapid transition under conditions of high stress and low resource together with a programme of pre and peri-natal analysis and integration for individuals.

Beginning with the evolution of the process of birth as both physiological impingement and psychological imprint, patterns of post-traumatic stress syndrome are examined. These include fixation, regression, idealisation, denial, projection and compulsive repetition. The commonality of the trauma of birth lays the basis for the construction of collusional defences against perinatal anxiety. Birth-time is therefore the matrix of the common unconscious.

The pre and peri-natal psychodrama drives the unconscious dynamics of groups, organisations and wider socio-economic, political and religious systems. The current impact of human expansion on the limited holding environment appears to be triggering global dynamics of pre and perinatal restimulation, highlighting the connection between birth-time and the kairos of world ecology. The application of primal integration processes to human systems opens the possibility of social metamorphosis.

KEY WORDS:

Pre and Perinatal Psychology; common unconscious; social dynamics; global process; primal integration; social metamorphosis.

* * * * *

INTRODUCTION

In the development of Homo Sapiens Sapiens evolution has pushed to the limits of compromise. Cranial diameter increased to house the growing volume of the brain whose escalating intelligence gave the species such an advantage in the struggle for survival. Evolution of the birth canal did not keep pace. Indeed the demands of the upright posture required reinforcement of the pelvic bone structure and strengthening with consequent loss of elasticity in the associated tendons and ligatures. Birth-time became traumatic. It had reached the point of threat to the health and survival of both mother and child.

Foetal monitoring and the modern practices of pre, peri and post-natal care seek to minimise the danger and damage to the baby while also reducing the pain, risk and life-threat for the mother. Great strides have been made in the medical field of gynaecology. Much still remains to be done. Psychodynamically, however, the universal trauma of birth persists. For each individual there are different levels of intensity and different nuances in the precise detail of delivery, but for most of us birth remains the “most shattering experience of our life”.

Ironically, advances in medical practice with the reduction in perinatal and infant mortality mean that babies with even higher levels of perinatal trauma are now surviving into adulthood. It is also recognised that certain interventions, made for the purpose of the preservation of life, actually increase the intensity of perinatal trauma for the child concerned. The ancient habit of killing the firstborn has virtually vanished, except in the displacement symbolism of religious ritual. Instead, first-born children, normally more heavily defended than their second-born siblings, are elevated to positions of leadership and crowned at the head of family, firm and nation.

Consciousness, imprinting and memory at and before birth-time are now recognised by informed professionals, though not as yet acknowledged across the population as a whole. Over the last decade, the leading edge of individual psychotherapy has pushed far back behind the world of peri-natal memory reaching down through the levels of uterine symbiosis and ecology into first trimester imprinting and the implications of embryonic experience. Case material now routinely reports the impact of survival-struggle at the point of implantation, the free-floating stage of the developing blastula, the momentous events of fertilisation and cell-division, the pre-conceptive journeying of the gametes, the explosive release of ovulation and even the cellular effects of phylogenetic imprinting deep in the history of the unripened ovum.

Whatever the prenatal saga, the impingement of birth lays down a massive imprint which is profoundly formative. It has implications which are physical, psychological, educational, relational and symbolic. It contributes to the agenda of a life-script which affects each and every one of us. It also constitutes the matrix of the common unconscious and sets the pattern of compulsion-repetition psychodrama in the behaviour of social systems.

BIRTH-TIME AND INDIVIDUAL DEFENCES

Various complications, including the possibility of litigation and the pressures of medical insurance, may lead to elective or rescue caesarean section or to forceps-assisted birth. It is, however, to an examination of the normal process of unassisted vaginal delivery that we turn for an understanding of the most common psychodynamic response to perinatal trauma.

As the time to be born approaches, the weight of the baby presses down into the pelvic basin, inhibiting the blood supply to the uterus and to the placenta on which its life depends. The degrade in placental efficiency, itself a by-product of the adoption of the upright posture, sets up progressive oxygen depletion, malnutrition, and the retention of waste-product in the foetal blood-stream. The amniotic fluid is also increasingly polluted by the discharge of foetal waste.

During the process of birth itself pain levels and cranial moulding reach trans-marginal levels and oxygen deprivation may become acute. Anarchic rage is constrained and introverted in the constricting environment and gives way to terror and confusion. In addition the baby is suffused with the umbilically transmitted blood-chemistry of the mother's emotional state which may also be reflecting transmarginal pain and fear. The transition also marks the loss of the security of the previously known womb-world, embedding intense grief-reactions in the heart of the traumatised state.

A well-mapped set of psychological responses arise. There is the condition of **fixation** in which time stops at the point when stress becomes physically or emotionally unbearable. **Regression** to the previously known safe condition of the womb world takes over, though always fraught with the anxiety of the future. It is as if at one level the birth has not yet happened. Unconsciously the baby stays frozen in uterine space, seeing it as ideally good in contrast to the experienced hell of the birth canal. So reality is **split** into **idealised good** and **idealised bad**, between the inside and the outside, separated by the caesura of birth, the boundary of alienation. Memory of traumatic stress is **repressed**, its direct recall into consciousness is blocked off, and with it the segment of time between the onset of transmarginal stress and the experience of post-trauma recovery. This discontinuity in time later gives rise to myths of death and re-birth often associated with trans-personal experiences.

Rage and terror held and repressed in fixated conflict lay the foundations for future depression, while under particularly intense conditions of stress, rage becomes introverted, and the will-to-live may itself reverse into a death-wish. **Dissociative** reactions and the **schizoid** fall into unknowingness, fragmentation and dread may also be brought to bear. The drama of birth constitutes an event horizon for the foetal unconscious. It is the end of time, a boundary to the known and tolerable world beyond which it is not possible to press with impunity. It is projected forward and focused on the next boundary of death which becomes in phantasy a gateway into life beyond birth. For the maturing psyche of child and adult, birth is an event horizon at the beginning of time. Birth is "the beginning of life", its traumatic process is repressed and denied, and all continuity with the dream-time of foetal experience and phylogenetic history is broken. So animation and incarnation remain a mystery. Before-birth and after-death become projected

reflections in the traumatised hall of mirrors of the human psyche. The re-coding of birth as death at the boundary of the foetal unconscious is mirrored by the re-coding of death as birth in the world of adult phantasy.

The repressed grief and denied loss of the idealised uterine environment set up patterns of life-long search for "paradise lost" and the compulsive denial of the realities of separation and death.

The denied sector of the boundary of birth, cut off from its roots in conscious history, is projected into other boundaries of separation and transition so activating the paranoid phantasies so familiar in studies of the psycho-dynamics of change. Good resides in the status quo beyond which lies the fear of the unknown, the persecutory cervix and the potential fall into dissolution, chaos and death. Spatially and relationally the other is vested with the qualities of victimising enemy onto whom psychotic levels of restimulated primal terror and rage are projected, seducing massive resources into "defensive" armouring and "self-protective" aggression. The scapegoat carries at and across the boundary the denied, disowned and projected negativities from within.

Internal boundaries of the person may also carry and reflect the primal splitting. So the division between left and right, whether of body or brain, between psyche and soma or between intellect and affect may each or all hold the energy of the event horizon with consequent massive reduction in available potential for the person so affected.

BIRTH-TIME AND THE DYNAMICS OF THE SOCIAL

With its foundations in medical science, psychoanalysis concentrates on the world of individual pathology defined in terms of deviance from the norm. As Freud reflected, its task is "to return the abnormal misery of the neurotic to the normal misery of everyday life". In the study of the dynamics of social systems, the criteria of significance undergo a profound shift. It is the most common patterns of unconsciousness which drive the subtle processes of collusion between persons and lead to acting out in resonant behaviour in the dynamics of families, groups, organisations, institutions and wider systems. The more common the material, the more occluded and resistant to insight it becomes. As progress is made in understanding the pathology of the norm, powerful processes of social re-repression and defence maintenance are encountered. The endeavour begins to raise into consciousness for each and every one of us common areas of traumatic experience previously held repressed and rendered taboo by the power of social collusion.

Since the end of the second world war, those taboos have been steadily weakening under the recognition that it is precisely the pathology of the norm that is now threatening the species itself with extinction. Survival now depends on our ability to access the very material which has been the subject of social repression since before the dawn of known history. Today we are in a position to give a very different response to Einstein's plea to Freud for insight into the psychodynamics of war. Freud couched his reply in terms of the "death wish" and made reference to "innate aggression". Pre and perinatal psychology is now beginning to shed light on

"innate" behaviour which not only transforms our understanding of war but opens up the possibility of changing those very patterns of normal pathology of which war is one of the more destructive facets.

Since the mid 1960's two paths of research have converged. One began from individual psychotherapy and explored the early roots of the common unconscious. The other started with analysis of the dynamics of groups and organisations in transition under conditions of low resource and high stress. Their convergence lead to the conclusion that the most commonly occurring traumata, those set up around the impingement of birth, gave rise to the common social defences against anxiety. Within the classical Freudian/Kleinian paradigm these had previously been treated as instinctive and unlearned phenomena. The link between individual and system has been made.

TOWARDS A NEW UNDERSTANDING OF SOCIAL PROCESS

However much our rational, cognitive consciousness seeks to relate to the realities of our world, it is the fixated foetal unconscious that dominates our process. The basic assumption of civilisation is that humanity is as yet unborn. In common recoil from the impingement of birth we treat every in-group as a mega-womb, every boundary in space and time as a potential cervix. The life-cycle of a group reflects the process of human biogenesis from pre-conception to full-term fixation and the struggle to defend the boundary against the anxieties of parturition. In regression we search for the utopia of idealised uterine ecology projected into constructs of socio-political ideology and reinforced by religious myth and ritual. In dependency we treat the environment as an infinitely resourceful placenta firmly grounded in the endometrium of mother earth, capable of sustaining unlimited growth of the mega-foetus it contains, and able to absorb any amount of polluting waste we pour into it.

Any element which threatens to disturb the phantasy of the ideal space is repressed, suppressed, oppressed, denied and occluded from public view. Differences are seen as threats, to be scapegoated or subjected to ethnic cleansing and genocide. Any insider who defects and crosses the boundary is rendered anathema and treated as a traitor. Any outsider who seeks to penetrate the security of the group is resisted as a harbinger of death, a messenger from the evil empire into which is projected all the denied and idealised negativities of the in-group. We are good, they are bad, and the boundary between us and them is suffused with all the terror, rage and pain of primal trauma. Defences, reified at both sides of the boundary, are escalated in a vain attempt to sustain repression of perinatal anxiety and maintain the security of the womb. In patterns of compulsion-repetition the psychodrama of war as birth is enacted on the stage of world history. It is followed by a period of regression and relative security, rebuilding and growth until the boundaries are reached again, breached again, and psychosis is once more unleashed.

Leaders are elevated as champions of the foetal phantasy, their heads "crowned" in a variety of inauguration ceremonies, so plugging the cervix and sedating the fears of the inmates of group, organisation, nation-state or religious cult. If they fail, resign or die, the cervix gapes and a new head is thrust into the gap with all the joy of salvation. Primal talion, the sacrifice of the

representative scapegoat, is still enacted with all the savagery of ancient ritual. The execution of the fallen leader is not always limited to symbolic act.

Resources, wealth and the means of survival are subject to the displaced projection of placental failure. Enough is never enough. Only sustained exponential growth is adequate to sedate the anxieties of the onset of the convulsion of birth. Unrestrained capitalism, driven by greed and fear, may have been able to sustain the foetal phantasy when resources were unlimited and the impact of the species on its environment was insignificant. In a limited world when the holding capacity of the earth is reached and over-reached, it is a recipe for catastrophe, gobbling up the very resources which the many need for survival in a vain attempt to defend the few from the depths of primal paranoia.

In art, artefact and architecture can be seen the symbols of the uterine ecology. They permeate the myth and ritual of world religion across all cultures and down millennia of history. They re-emerge in the fantasies of science-fiction and the images of film, television and the virtual reality of the video-game. The evolving structures of sacred place and space and their complex accretion in the great centres of dependency (the capital cities of nation and empire and the institutions they contain), all reflect the reified constructs of fixated foetal trance and the boundary defences against the irruption of perinatal pain.

Civilisation is a fractal holograph of the foetal unconscious. At whatever level of aggregation it is examined, similar patterns emerge like a Mandelbrot set of primal symbolism. However small the element in view, the whole is present in the part. The implicate order of the womb-world is explicate in the dynamics of the world-womb.

BIRTH-TIME AND THE DYNAMICS OF A WORLD IN CRISIS

Against this historic backdrop new factors now take the stage. Nuclear technology has so inflated the capacity and fallout from weapons of war that the grand-scale repetition psychodrama has been suppressed. Today its pattern is internalised at the fractured and fragmented sub-group boundaries within, rather than between, nation states. The human swarm itself is in the last doubling period before overwhelming the limited sustainable resources of the eco-sphere. The pressure of population and the effects of human-induced climate change are already reducing the available food-supply while demand continues to grow. Industrialisation proliferates, driven by an increasingly frenetic struggle for survival coupled to the economic imperatives of world capitalism. The global community is mortgaging its future survival in order to sustain the foetal phantasies of unlimited growth. Levels of pollution of land, sea and air have reached serious proportions and are set to rise inexorably in the coming decades. The rate of experienced change is subject to hyper-exponential acceleration across the world.

At Rio de Janeiro, the placental symbolism of the tree of life and the utopian dreams of the Earth Summit were described as marking the last opportunity of hope for averting impending global eco-disaster. Since then we have begun to recognise that we are already embarked on course for a catastrophic collision between the escalating demands of the human swarm and the limited

resources of the fragile eco-sphere of its holding environment. Defences against anxieties of the future call into play the strategies of defence against anxiety from our past with all the consequences of the denial of reality, dysfunctional problem-solving and exacerbation of the underlying causes.

These conditions of increasing pressure, overcrowding, degrading resources, malnutrition, pollution, high stress and rapid change, are precisely those in which the perinatal psychodrama is most powerfully re-stimulated. It is not surprising that millennial fantasies of Armageddon echo around the globe. The myth is that after some convulsive conflict between the forces of good and evil, the world will be cleansed and re-born and a new paradisaical age will dawn. Reality could not be more different. There is nowhere for the species to be born and any further enactment of the perinatal psychodrama on a grand scale would render the situation immeasurably more damaged for the survivors.

CONCLUSION

At this critical point, the convergent disciplines of psycho-history, pre and peri-natal psychology and psycho-social analysis offer the seeds of a new paradigm. It is a new understanding of our common unconscious with the potential to set off unprecedented change in the behaviour of the species. The full implications are unknown and the way ahead is full of uncertainty. There could be massive reaction aimed at re-repressing insight. It would not be the first time that a paradigm shift has been treated in that way.

Some things, however, are becoming clear:

The earth is not a womb, we left that long ago. The future holds neither the hope nor the terror of birth, through that we have already passed. There is no way back into the idealised dream-time of uterine existence, however seductive the sirens of the new age. We have to press forward into the harsh realities of tomorrow's world, unfettered by the foetal phantasies of yesterday.

Physically, for every babe, however painful and traumatic the event may be, there comes a time to be born. The same is true psycho-dynamically for the species of Homo Sapiens Sapiens, caught up in the fixated regression of common foetal phantasy. The age of acting out has passed, the time for working through has come. There is indeed a time to be born, and that time is now.

David Wasdell
8th May 1995 (VE 50)
The Meridian Programme
Meridian House, 115 Poplar High Street, London E14 0AE
Hosted by the Unit for Research into Changing Institutions
(URCHIN) (Charity Reg. No. 284542)