

# Religious Experience and Early Imprinting

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“The critique of religion is the Sine Qua Non of all social criticism” (Karl Marx)

This presentation was first delivered to the first International Conference of the European College for the Study of Consciousness, entitled 'Worlds of Consciousness', in Göttingen, 24th - 27th September, 1992. and subsequently published in the report of that Conference.

## Introduction

The boundary of consciousness is the frontier of unconsciousness. It is a frontier encountered more or less unrecognised at all points of our being and becoming, both personal and corporate. To become aware of how profoundly unconscious we are is to open the door to the expansion of consciousness into those as yet un-possessed worlds of the unconscious.

In the past, society has sanctioned analysis and therapy of deviant states of consciousness in order to minimise disturbance of the social norm. Today, society is beginning to sanction analysis and transformation of the common pathology of the norm, for it is the acting out of the normal social defences that now threaten the very survival of our species and of the world environment on which it depends. Today we stand like Janus at the watershed between the two eras. The ground-rules are changing as the construction of a new paradigm ruptures the constraints imposed by the old. We face no less than the transformation of the consciousness of humanity as the frontiers of our common unconscious are opened and we begin to explore new territory of inner space increasingly free from the collusional shackles of social taboo.

Freud saw the world of dreams as the royal road to the unconscious of the individual. It is the argument of this paper that the world of religious experience constitutes the royal road into the common unconscious of our civilisation, for it codes in common symbols the displaced roots of our common pre and perinatal imprinting.

The process of imprinting is increasingly recognised as a continuum from the proto-cellular events of our preconception through fertilisation, implantation, embryonic and foetal development, birth, nursing and beyond. Primarily somatic/affective in nature, imprinting lays down a data base which becomes the ground for later actions, images and words.

The experience of transmarginal stress, or trauma, may fixate the imprint at any point. The repression of the 'too intense to tolerate' traumatic imprint leads to the employment of psycho-somatic defences. These emerge in later life as patterns of

splitting, denial, projection, displacement, dissociation, re-introjection and compulsive repetition. Such phenomena are familiar in the treatment of individuals undergoing psychotherapy or psychoanalysis.

Where the imprinting, fixation, and defences are shared in common, they lead to common patterns of collusion, repression, common rituals, symbols and mythologies, enacted in common patterns of compulsive repetition. In other words, they form the ground of religious experience throughout our civilisation. We do not achieve access to this material by examining sickness or deviance of individuals, but by paying attention to the common patterns, myths, rituals and symbols of our society.

Research into our common early imprinting, fixation and defences leads to a deepening understanding of religious experience. Conversely, analysis of the common symbols, rituals and mythology of religion, offers powerful insights into the as-yet unreached areas of our common early imprinting and so opens the door onto new worlds of consciousness.

References are mainly to the symbols, architecture, rituals and mythology of Western religion. Other religious cultures could have been chosen or a cross-cultural perspective could have been taken. The decision to limit the study to Western and mainly Christian tradition, reflects the dominant culture of participants in the Göttingen Conference. It also reflects a determination not to be seduced into an analysis of distant cultures while maintaining the denial of the unconscious roots of our own.

## **Frontiers of Memory**

The last quarter century has seen nothing less than a paradigm-shift in psychology. The frontiers of understanding have been extended in three profound ways. Firstly the process of learning or "imprinting" has been recognised as taking place earlier and earlier in human development. Secondly, the field of psychoanalysis has been widened beyond the medical or "sickness" model of treating deviance from the social norm, to include also the roots of the common unconscious, the pathology of the norm itself. Thirdly, and consequentially, common individual and social pathology, previously seen as instinctive, unlearned and therefore fatalistically unalterable, is now being recognised as learned and open to transformation. The implications of this paradigm-shift in opening up new worlds of consciousness, in previously undreamed-of release of human potential and in the transformation of civilisation, are immense.

## **Background to the Breakthrough**

Prior to the 1960s, only a handful of analytic practitioners had identified the experience of birth as significant for their patients and worked with it in any systematic way. Without exception, they were the subjects of intense professional alienation, their work was ridiculed and their findings re-repressed. Medical orthodoxy maintained that learning and memory required full myelination of the neural tracts, a process whose significant maturation occurred after birth. However, during the 1960s, a small band of initially isolated therapists began working in parallel in a more systematic way. They were widely scattered, coming from

Czechoslovakia, the United States, Great Britain and Canada. Some of the early insights came from the application of LSD in psychotherapy. It appeared to break through fundamental defences of repression and bring into consciousness phenomena which defied explanation in terms other than the recovery of the experience of birth. LSD proved to be a crude instrument and it was difficult for patients to integrate the sometimes overwhelming, and often confused, abreactive experience. Other methods began to be used, like hypnotic regression, hyper-ventilation and intensive group dynamics.

### **Hard Evidence?**

As a growing number of analysts and therapists became more and more competent in perinatal regression and integration and as the numbers of case studies in publication began to rise, so the field began to attract some hard-nosed scientific research. It was recognised that some areas of the brain, particularly those associated with pain perception, were already myelinated - the neurones covered in the fatty sheaths of myelin - prior to birth. In any case it was also established that while myelination was catalytic to memory it was not necessary for brain function. Research began to demonstrate that babies were acutely alert and conscious before birth, during birth and immediately after birth, even though the practice of operating on new-born babies without anaesthetic persisted in some American hospitals into the early 1980s!

There was persistent denial that birth was normally traumatic and data which drew attention to this fact was consistently repressed. The extraordinarily powerful professional resistance can now be seen as itself evidence of the common patterns of repression of birth trauma and defence against its re-emergence into consciousness. Today it is increasingly recognised that for most human beings birth is indeed traumatic. The situation is not simply a result of invasive Western medical practice over the last century and a half, but is a by-product of the physical evolution of the species. By the mid 1980's the discipline of pre and perinatal psychology was well established. Today there are three international organisations, world-wide congresses, respected academic journals and an increasing flood of related publications.

During the 1970s research was focused on the frontiers of memory probing the earliest imprints which could be sustained by the foetus and recovered in later consciousness. Evidence of the presence of neurotransmitter hormones in foetal brain was traced to within 7 weeks of conception. The abreaction of failed abortion attempts, the effects of traumatic bereavement during pregnancy, and other shocks to the maternal environment were consistently recovered in psychotherapy. Recognition of imprinting and memory was extended deep into the first three months after conception. The assumption was sustained, however, that foetal brain activity was essential as the receptor of these early imprints. Obviously non-verbal, not even symbolic, they were recorded as physical, emotional and biochemical events, which became the template or matrix of later cognitive process. They could be accessed in dreams, in altered states of consciousness and under conditions of regression. They could be recovered as body memories, restimulated foetal movement and emotion. They were expressed in symbols, images, mythology, fantasy, words and psychodrama during adult therapeutic process.

## **Hard Evidence? - The Role of Psychotherapy**

Psychotherapeutic case material has tended to lead validating scientific research. This was never more clearly demonstrated than in the next fundamental development. During the latter part of the 1970s, parallel but independent advances were made in different parts of the world with the reporting of case material which appeared to have its origin in the proto-cellular events of fertilisation, cell division, implantation, and early embryonic development. This was prior to the emergence of foetal brain activity. There was no physiological paradigm which could give credibility to the reported phenomena. The case material, however, persisted and proliferated. Research validation of its possibility came surprisingly not from studies of human embryology, but from research into the learning capacities of single-celled organisms like amoeba and paramecium. Gradually we began to realise that learning could take place for the single cell and moreover that behaviours learnt by the single cell could be passed on to subsequent generations through the process of cell division.

There is still an immense amount of research to be done before we find the mechanisms by which such learning takes place and is distributed through a population, but the single cell is now recognised as an extraordinarily complex learning system in its own right. It would seem that it is correct to affirm that imprinting can take place at a cellular and somatic level, is then replicated through cell division into the distributed being of the emergent embryo and later can be accessed through cerebral activity and recovered in the psychotherapeutic process. Early cellular events appear to have profound effects on boundary transactions and character parameters of the adult.

Today (the early 1990s), frontiers of recovery and imprinting are being extended to include the gametal experience of sperm and ovum prior to conception. Case material points to the probability that life events may be imprinted in the un-ripened ova in the follicles of a woman's ovary from at or before the time of her own birth. Learning, or imprinting, is therefore seen to be a continuous process of our phylogenetic history. It links every cell of every living adult with our roots in the dawn of life itself. This raises, of course, the question of the boundary between organic and inorganic imprinting and the possibilities of the recording of events throughout time in the multidimensional quantum fields of fundamental particles and their complexification into the energy/matter of the space/time continuum.

At some point within that last paragraph I crossed the boundary from hard research through the fuzzy penumbra of case histories into the field of speculation and fantasy. Different people will put the boundaries at different points within the continuum. One thing is clear, however, and has been learned at our cost - namely that it is inappropriate to be dogmatic in this field and to state categorically 'it is impossible for learning to happen before birth', 'during the first trimester', 'before fertilisation' ....

## **Hard Evidence? - Other Sources**

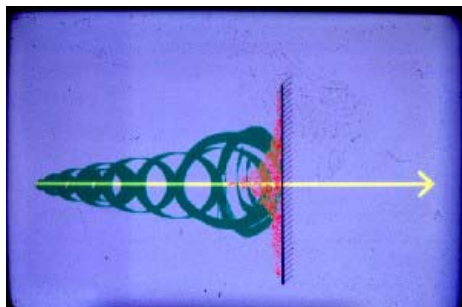
Restimulation of early imprinting is not limited to the psychotherapeutic context. It can emerge in dreams or reverie, during meditation, or under the influence of psychedelic drugs. It provides the content and symbolism in altered states of consciousness. It can be triggered by trauma, high stress, rapid change, and probably

provides the matrix of meaning for the 'Near Death' experience, fantasies of astral travel and UFO abduction. Where such restimulation occurs without insight into its originating ground, the experience is interpreted as coming from 'beyond' in some way. It is vested with a meaning of its own, split off from the physical, emotional, biological history of human reality. As such it develops the quality of awe, mystery, mysticism and the holy. For the individual concerned, the experience may be highly significant and take on a life-transforming quality. Where the restimulation is of material shared in common by many people, the experiences may give rise to patterns of collusion and reification, ultimately establishing social constructs, vested with an ontology of their own and destined over time to become the core of religious beliefs and practice, embraced and celebrated by large numbers of people across millennia of time.

Such statements are wide open to the charge of 'reductionism', as if attempts to understand the origins of human experience were deemed, a priori, to be unacceptable. Commitment to the expansion of the frontiers of human consciousness drives the search for insight into those areas which are, as yet, unconscious, even if the journey calls in question some of the most profoundly held beliefs and heavily defended preconceptions of our society.

### Trauma, Fixation and Regression

Imprinting is a continuous process, but, as with later memory, the more intense, highly charged and life-threatening the event, the more intense is the residual imprint. If the experience reaches unbearable levels of intensity, whether bio-chemical, physical or emotional, the imprinting undergoes significant and recognisably convoluted changes. We can describe this point as the onset of transmarginal stress or trauma in the life of the organism.



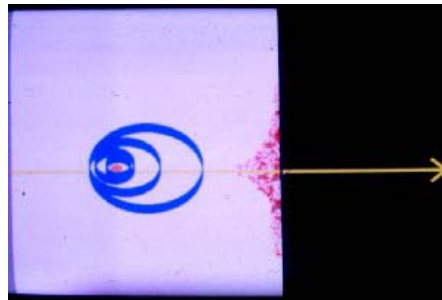
For a fuller treatment of this, see "Roots of the Common Unconscious" on-line presentation.

We can illustrate the effects of trauma by following the development of the human organism within its 'good-enough' holding environment. At some point in time, for whatever reason, stress begins to rise. If levels of trans-marginality are not encountered the stress level subsides again without any sense of turbulence or discontinuity in the imprint. If, however, the stress rises to unbearable proportions, it is as if the life energy of the developing organism falters in its movement along the timeline. The experience becomes too bad to tolerate and cannot be entered so the

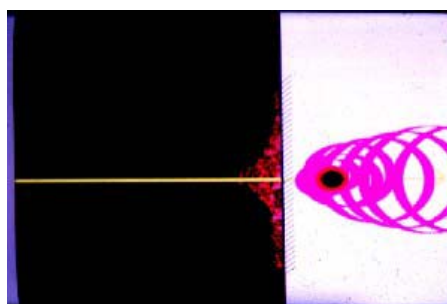
organism attempts to back off into the last tolerable stages of the pre-trauma condition.

Under these levels of stress experience becomes absolute, or 'idealised'. The persecutory environment is experienced as ideally bad, all positive or benign data is blotted out - 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.

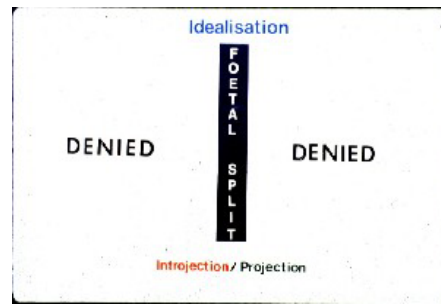
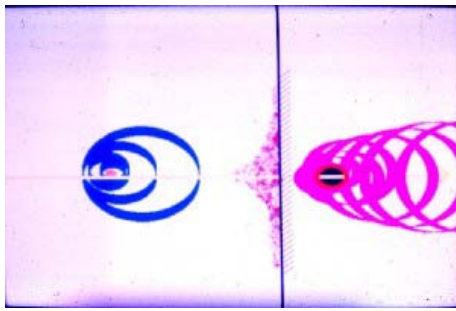
Conversely, what was simply the 'good-enough' holding environment prior to the impingement is seen in retrospect to be an ideally good situation. In the light of the present 'hell' the past is 'heaven' - it is that than which nothing more perfect can be conceived. As the process of impingement intensifies, 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'. The greys of reality are split apart into the black and white of idealisation.



Existentially, the organism withdraws from 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. The past is paradise, to lose which is the ultimate catastrophe. The future is a black hole, to enter which is to experience annihilation.



Time goes by. The impingement subsides and, if the organism survives, there is a process of recovery in the 'good-enough' holding environment of the post-impingement position. At this point the defences of denial and repression are brought into operation. It is as if time has begun anew in the post-trauma field while the past is cut off behind the event horizon of a black hole. At some level, however, the imprinting remains. It is stored somatically. It has effects on the whole developing being.



As the symbolic, intellectual, and conscious dimensions of experience emerge later in the process of development, the traumatic impingement is kept out of conscious recall. It is rendered unconscious, like a computer data store with a 'no recall' flag set in the programme. So the defences of repression and denial effectively excise a segment of the timeline. 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, through the impingement itself, to the 'good-enough' post-trauma holding environment. This experience of separation, of loss, of change, of transition occurs during the process of trans-marginality. Loss here is of an idealised good, absolutely perfect environment, separation from which is unbearable because it raises once again the unbearable nature of the transition. The grieving process, traumatically loaded, is itself blocked and the organism becomes fixated in a search to recover and act as if still in, the idealised pre-trauma context.

As the organism continues to develop in the post-trauma field, its imprinted history has a discontinuity within it, the boundaries of which are marked by fixation, regression, idealisation and repression. In later, more mature stages of development the organism acts as if part of it is still buried, cut off and existing like a 'still frame' on the video within the idealised pre-trauma environment. It is, however, a paradise bounded by the terrifying expectation that the next moment could bring the onset of transmarginal stress. Here lies the matrix of the so-called "paranoid-schizoid" defences of later life.

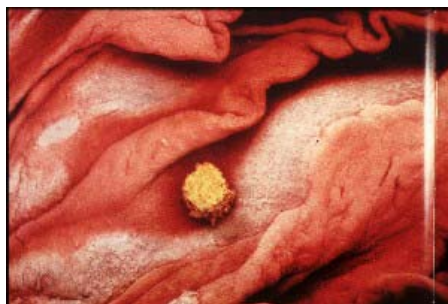
## **Early Imprinting and the Developmental Drama**

We are now in a position to retrace the typical developmental journey of a human being from preconception to the arms of the mother. The biological details of the process are well documented and illustrated in the field literature. Here, rather, is a brief resume with attention focused on the continuity of imprinting, disrupted at various points by the effects of trauma.





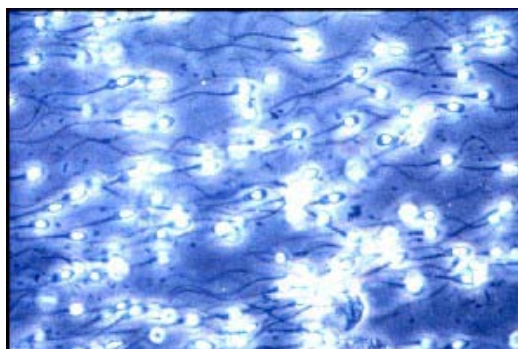
The ovum develops in the ovaries of the mother-to-be while she is herself still within the womb of her own mother. It lives on as part of the total experience of maternal soma from birth, through childhood, adolescence, young adulthood, to that point in one special month when its own follicle begins to ripen and it is discharged



into the velvet blackness of the abdominal cavity to be sought and wafted down the fallopian tubes.



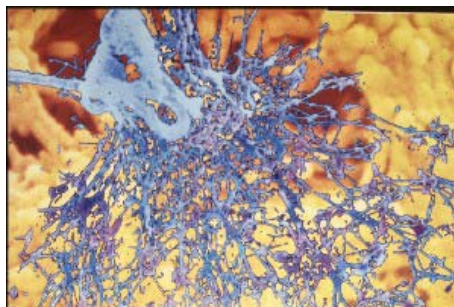
As a distinct gamete the sperm is much more short-lived, emerging from the sperm-generating tissue of the testes in the company with countless millions of others only a few weeks before its energetic discharge on a path of destiny or death.



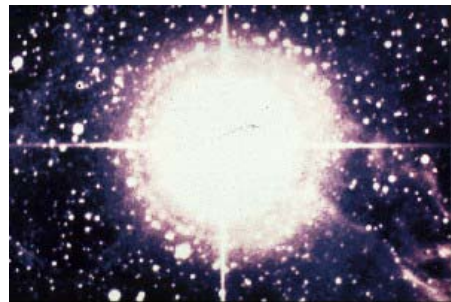
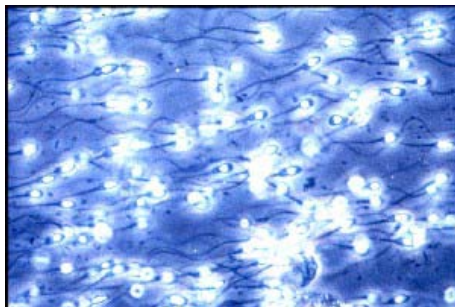
The journey is different. The ovum rolls gently down a tube, the sperm swims or is carried in fluid medium down the seemingly endless tunnel of the vas into the storage reservoir of the prostate gland before discharge in the violent excitation of ejaculation. Then, like a host of marathon runners released in the search for gold, the sperm assiduously follows the energy signals and chemical traces that lead it to the waiting egg.



The point of fertilisation is itself an extraordinarily complex drama of cellular confusion. As the leading sperms try to burrow their way through the lattice-like covering of the ovum, one begins to penetrate more deeply than the others. At that point the ovum wall begins to open up, drawing in the leading sperm, welcoming, engulfing it and then instantly closing down the possibility for any others to follow in its path.



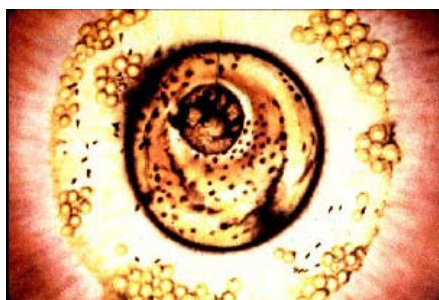
Its driving tail jettisoned, the sperm head swells and swells, then bursts, discharging the cloud of dissociating DNA toward the nucleus of the ovum which in turn, in an extraordinarily dance of chromosomal differentiation unites with and re-entwines in the double-helix convolution which forms the single nucleus of the fertilised cell.



The explicate order of the parental relationship at the point of copulation appears to be encoded at the implicate point or boundary conditions of the gametes at the point of

conception. The encounter may be an ecstatic celebratory dance of life, or a field of mutual repulsion, reflecting the energy of terror and rage in rape. Disruption of the imprint which emerges in later therapy will often reflect fixation just before fertilisation and an identification with one or other gamete:

The sperm, for ever journeying, always searching, initially attracted to its life's target yet somehow never arriving, in terror of being engulfed and losing identity and yet remaining forever uncreative, unable to move forward into actualisation, feeling incomplete yet not having the resources to take its creativity further.



On the other hand, the identification may be with the armoured ovum, frozen as if in some eternal waiting room, surrounded by an ambivalent force-field in an attempt to defend from the cloud of invading sperm. Being is acceptable, becoming is anathema. Creativity is frozen, waiting for that spark to turn it on and yet living in dread of the event, sensing that it is somehow an intrusion, a rape, a violation, which marks the end of time. Its universe is monistic, single-centred and dominated by a core of light, guarded by a boundary of darkness.

These are experiences, images, associations and symbols which emerge in later life at points of creativity, of struggle with resistant preconceptions. They set up processes of pilgrimage, resonating with patterns of sport and reward, and forming again and again in the cultural mythologies throughout time the matrix of our understanding of the origins of the cosmos, as well as fantasies of astral travel and incarnation.

### **Fixation at Conception**

Fixation at the point of conception treats the moment of nuclear confusion as ultimate disaster. It leads on through the process of cellular splitting and development into an implantation, pregnancy and birth which may at the point of copulation be seen as a potential catastrophe. Even when not fixated in trauma, the moment of conception appears to lay down a powerful imprint in the recording fields of the developing organism. Sperm journeys are often encoded in dream and image: the column of swarming ants, the fish swimming up the river to the spawning ground, the myriad heads of the marathon, ejaculated along the tubes of the road race, competing for gold or images of myriads of little life forms dancing in the sunlight in the rolling surf before setting out on their journey up a long ravine to a distant cavern of awesome dread and destiny. Where the experience is fixated there may be a freezing in terror, a denial of the possibility of potential ever being realised, or the sperm may seem to turn tail and flee, back to the source, down the river, with the denial of fusion and the goal of re-absorption in the being of the father.

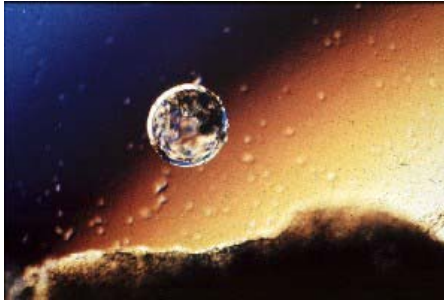
Ovum regression, retrieved in analysis from similar stages of development has a very different set of symbolic images. There is the dream of the golden orb, rolling gently down the tunnel, awaiting, anticipating or dreading the approaching swarm. Alternatively the golden sphere may be perceived in the centre of the calyx, the tulip, the flower bud or chalice, held vibrating like a living orb on a pulsating column of air, ripening, being evicted into a dark watery void, only to find itself swirled around and caught in the waiting tunnel entrance. Fixated, the sphere remains forever unfertilised, seeing itself as immensely resourceful, creative and powerful and yet unable to move because it has not yet been made complete. Traumatized and in reverse energy, the golden sphere may return to the stem of the calyx, losing its energy, unripening, sliding back to take its place among a myriad of as yet dis-incarnate souls in waiting. So the archaic images of the blade and the chalice coincide in the quest of the Holy Grail.

We do not have to look too far for the periconceptive symbols of religious construct. The images of creation, myths of the beginning of time, split three ways between the male, the female and the sexual. Myths of the male in denial of the ovum centre around the creative energy of the logos spermaticos, of Ra masturbating into his hand to set off the beginnings of life. On the other hand the female images of the Great Egg from which all being hatched, lie in parallel with the sun-wheel, the symbol of golden energy which emerges as the focal symbol in the pre-eminent centres of dependency of the major world religions. Other genesis myths acknowledge both elements in the copulation of the gods. The point of creation and fertility is marked repeatedly in ancient cultus by the symbolic and sacred mating at the climax of a great festival in temple, shrine or grove.

Accounts of near death experience frequently yield material from this zone of the common unconscious imprinting. There are images of travel down narrow tunnels toward the attracting centre of radiant energy, bathed in golden light, images quite removed from the titanic struggles of the birth canal. Science fiction movies capture in their ultimate symbols of outer space some of the most profound images of inner reality, as in the creative ambivalence of 'the Genesis Wave', or the point of conceptive transformation at the climax of 'Star Trek: The Movie'.

Even in cosmology the initial singularity of infinitely dense energy plasma can be seen as a symbol of the genesis of the human organism. The unanswered question concerns the triggering point of instability that set off the singularity on its explosive path of evolution until it developed into the universe we know.

As with any other point of fixation, there are patterns of denial, dissociation, projection, displacement and reification. The symbols are codified, elevated and theologised, constructed into cosmology and received as revelation. It is essential in the recovery of health to enable the grounding of such material in its phylogenetic origin. Only so can we gain access to the continuum of our preconceptions, recognising them as learned imprints, carried forward along the line of human being and becoming, rather than detached truths of a metaphysic re-introjected in the psychosis of displacement, absolutised and treated as axiomatic. The unfreezing of preconceptions is the essential starting point for the renewal of humanity.



The first cell of the new being rolls on down the fallopian tube, dividing and replicating repeatedly as the first few generations of the colony of clones take their place. The imprinted history of the first cell is distributed throughout the whole, which in turn sustains its own imprinting as a developing organism in relationship to its environment. The evolving ball of cells begins to develop a hollow centre with a spherical shell before encountering its next profound transition.



It must now implant in the womb-wall or die and be discharged or reabsorbed. It is a hurdle at which 60% will fail. For many of the successful 40%, the transition is a near death experience.

Life can only be assured if the maternal immune system can be overcome and the tiny pinhead of protoplasm can digest its way into the maternal tissue to initiate the symbiotic life of a parasite. A high proportion of clients working through this stage of development in regression encounter it as a point of transmarginal stress and fixated trauma.

There is no sense of pain, as with parturition. Dreams and artwork are of sinking into an evil and threatening bog, of doing battle at some wall of death. The fixation sets up problems of boundary transaction for the rest of the life of the organism. It is hard to get stuck in to a new context. The repetitive psychodrama has a distinctive set of characteristics.

### **Fixation at implantation**

Regression from the point of traumatic fixation is to the last known safe space, the free-floating complexifying ball of cells rolling gently down the fallopian tube, wafted on its way by the cilia of the tube lining, sustained in being in a nutrient soup, yet dependent for its development to a large extent on its own inner resources. Idealisation of this condition in reversal from the point of implantation sets up the

value system that detachment is the goal of all being. The spherical translucent heart of humanity, its soul, is as the drop returning to the ocean. There are images of astral travel and the music of the spheres.



Here within the inner reaches of the set of matruska dolls lies yet another coding of common unconscious imprinting with its own specific patterns of religious construct, myth, ritual, symbol and ideology. In tradition after tradition, detachment is seen as the goal of the mystic path. Enlightenment and the achievement of serenity in separation from the realities of suffering is held out as the ultimate prize of the ascetic pilgrimage. The idealised good field of the blastosphere is contrasted with the idealised bad field of the implanted embryo, suffering the pains of attachment and the sentence of mortality. In a strange reversal, the path of development of the 'soul' is vectored 180° degrees away from the path of development and survival of the organism. What are normally termed 'realities' are deemed 'illusions' and what from other perspectives are seen as psychotic illusions are elevated as spiritual realities.

As in other phases, the regression may not be to a stable state but is rather vectored backwards into a regressive journey: the pilgrimage to the source which is the goal of life. The journey is symbolised in the metaphysical pilgrimage of the soul but also acted out in the physical pilgrimage for the search for the roots of being, be it at the source of the Ganges or the other ancient sites associated with the origins of civilisation.

In displacement the soul is deemed to travel in the world of the stars and planets, its journey ethereal, other worldly, moving towards the suffering of incarnation from the realm of the myriad souls of disembodied spirits. Here lie the grounds of astrology, dissociated from the phylogenetic and cellular levels of imprinting, reified, projected to the limits of the universe and re-introjected to justify some of the most primitive levels of human consciousness. Here again the reification of the construct prevents grounding and phylogenetic integration, detaches the human species from its continuum with the fauna and flora of the terrestrial environment. From the post-implantational perspective there is a dim awareness of a split off other life, a pre-incarnation, which implies a re-incarnation, inspiring the myths of theosophy, which are re-emerging so powerfully across our world. The eternal existence of the disembodied soul, with repetitive cycles of incarnation, life, death, survival, return to the beyond and reincarnation, stretch into the distance like the reflections of a candle-flame between parallel mirrors. Again the ontologising of the construct and the raising of taboos in terms of its challenge and question effectively outlaw the possibility of grounding the material in its phylogenetic imprint and of integrating the transitional life-threatening traumata which give rise to the defences encountered.



After successful implantation little finger-like protuberances digest their way into the womb-wall, rapid systemic changes occur throughout the maternal body, the imminent process of menstruation is halted in its tracks, the first life crisis of the developmental saga is over.

There is development of the gastric tube, the migration of early neural cells, the pulsation of what will eventually become heart tissue, the emergence of foetal brain, the development of the spinal column, migration of the face lobes, development of the tiny buds destined to become limbs, and the ongoing and progressive differentiation and integration of the complex organic structure of the human body.

The foetal ecology is amniotic. Life is sustained in a watery world, bounded by lubricated skin tissue, within an apparently infinite living cosmos. Attachment is through the snake-like umbilicus with its twining arteries and veins, to the spongy tree-form placenta embedded in the womb wall. It is a world of movement and sound, of gastric rumbling, and familiar heart beat. It is also a world of hormonal and emotional symbiosis between foetus and mother. The affective experience modelled in the blood chemistry is communicated across the membranes of the placenta. The baby shares the mother's life from the inside. Imprinting is continuous and reinforced by increasing complexity of neural activity and signal processing. Here is the ground of being and becoming, the context of the dawn of consciousness, the origin in whose image we know ourselves to be formed, in communion with whom lies our safety, security and continued survival. From this ground of being flow the resources required for continued growth and into its self-cleansing tissue are discharged the unwanted waste products of foetal metabolism.

### **Fixation at First Trimester**



It is no coincidence that religions whose symbolism is associated with perinatal defences and established uterine ecology have emerged in cultures with comparatively high levels of nutrition. Egypt, Mesopotamia, the Fertile Crescent and the Eastern Mediterranean basin provide sufficient food to ensure that pregnancy itself is not a

threat to the life of the mother. The first normal trauma encountered after successful implantation is the near death experience of parturition.

Other cultures may have a harder time of it. Inhabitants of the marginal lands, the icy tundra of Northern Canada and Lapland, the desert fringes of Africa and the Australian bush, in common with certain areas of chronic starvation caused by overpopulation, receive a common but much more primitive imprinting.

Life-threatening trauma can of course affect the human organism at any point in its development, with accompanying patterns of fixation, regression, splitting, subsequent repression, denial, projection and symbolic reification. If famine conditions are prevalent then pregnancy can place a life-threatening stress upon the already marginalised existence of the mother-to-be. The effects are felt as soon as the developing foetus begins to take a significant amount of nutrient from its environment. In these conditions there is a common foetal experience of acute resourcelessness early in the pregnancy, well within the first trimester. Conditions are slightly similar to that of later placental failure but at a much more primitive stage of development. There is the added complication that not only are maternal resources inadequate for the developing foetus, but in an irony of reversed dependency, the mother's body may actually extract resources from the developing foetus and use it as a food store to enable the survival of her own life in a period of famine. The womb-world thus reverses from a supportive and nurturing environment, through resourcelessness to a persecutory and draining sink. With reversed role the primitive foetus takes over the nurturing of its environment.

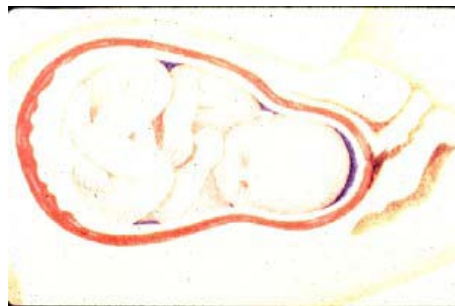
Those who survive carry within them the fixated imprint of the transition from adequate provision to foetal malnutrition, from environmental resource to draining environmental persecution. The idealisation process is absolute, the environment becomes a living hell. The fixation point encodes the attenuation of life to the last bearable moment. Regression is to an idealised supportive womb at an earlier period of development.

This condition appears to be the ground of shamanic ritual and religious process, the art-forms of which typically show emaciated bodies with large heads, sometimes drawn as stick figures. The shamanic environment is animated and populated with persecutory demonic forces, threatening to attack the life of the adult whether in individual, family, group, or tribe. Here the paranoid phantasies are not associated with the titanic struggle of birth, but with the irrational reversal between good and evil in environmental relations themselves. Over time, religious rituals accrete, providing adult symbolisation of the common regressed primitive foetal unconscious. Sacrificial rituals have to do with foetal remains and entrails, the attempt to propitiate the evil spirits present in the trees, the rocks, the ground the sky, the sea, the pool, the river - the environment is seen through the terrified eyes of an adult whose by a first trimester foetal being, fighting for its life.

Here too the shamanic leader may be designated from birth with that intuitive attunement to the underlying imprint. The shaman, seer, healer, or holy person lives in a profound state of identification with the animated environment, in constant touch with the spirit world of the ancestors and of the totemic animals and objects which become the symbol carriers of primitive projection.



First trimester trauma can of course occur in any culture. There may be life threatening illness affecting the mother, the death of a father or older sibling, or some physical catastrophe. Near abortions and miscarriages can have the same kind of imprinting on the survivors. Such events lead to deviant behaviour in normally resourceful cultures, but may lead the persons concerned into a shaman-like role within their society. Typically reversed dependency very early in the pregnancy generates a character imprint in which the person concerned sees themselves as having the responsibility for saving the life of the environment, a messianic complex with a helper mentality compulsively seeing in the other an image of the denied inner needy self.



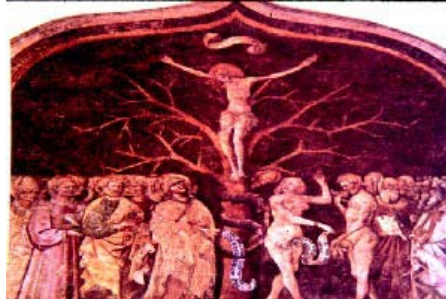
No two births are identical. Every delivery is different and in that sense each person's imprint is unique. The baby may be premature or overdue. The contractions may be induced or the waters artificially broken. However, degrade in placental efficiency is one of the first signs that 'the end is at hand'.

As the baby approaches full term, the freedom of movement is progressively constricted. Existentially the baby lives in a shrinking world. It is a constriction which becomes more intense as the moment of birth approaches. Now the baby encounters some of the side-effects of the evolutionary process which have had devastating consequences. The shift to the upright posture means that the weight of the baby presses down into the pelvic basin and begins to inhibit the flow of blood in the vessels supplying the placenta and the womb itself. The configuration of these blood vessels evolved over the millions of years while the mother's weight was taken on all four limbs and the full-term baby was carried in a sling of belly muscle hanging free of those circulatory life-lines on which the baby's life depended.

Now, with inhibited blood supply, mal-nourishment sets in. Foetal growth rate falters. Oxygen levels fall and the ability to discharge waste product back across the placenta decays. As days pass, conditions continue to deteriorate. Overcrowding, pollution, resourcelessness and hypoxia can themselves reach traumatic proportions. Body poisons produced by the full term foetus are returned in the umbilical blood stream, rather than being absorbed into the maternal system and discharged. Nutrient levels degrade. Oxygen transfer is lower, carbon dioxide discharge is inhibited. It is a condition which escalates towards the beginning of labour and intensifies beyond all bearing during the process of parturition.

## Fixation at Birth - i) Placental Failure

Granted that the neonate fixates at the point of last tolerable stress, the boundary to the foetal unconscious is characterised by myths of a persecutory environment about to irrupt into total life-threatening attack.



Here then lie the roots not only of ambivalence but also of paranoia, persecutory phantasies held at bay behind perinatal repression, but valently available for restimulation, displacement and projection onto any appropriate ground or symbol. The corporate foetal unconscious designates the environment as an irrationally unstable space, liable to unleash persecutory behaviours upon the unsuspecting contents at any moment. One of the central problems of the religious quest is how to propitiate this environment and to protect humanity from its capriciousness.

Alternatively, in regressive phantasy the attempt is to move back into a more stable and nurturant phase before the onset of full term placental failure, to reconnect to the Tree of Life in a timeless eternal dream-world.

This condition when applied to the world of resources lays the grounds of the paranoid competition of world capitalism. Whatever the level of resource actually provided, the fixated paranoid phantasies of resourcelessness are only temporarily sedated. The message is that enough is never enough, that the foetal unconscious core is always and eternally in want, craving more space, craving more food, more raw materials, needing to accrete in order to continue to grow and survive, needing to hoard against the future experience of resource-failure, anticipated at any moment, needing at all costs to maintain an exponentially increasing flow of capital in order to ward off the terrors of fall and annihilation in the market place.

Granted this dominant foetal paranoia as a ground of adult interaction, the struggle for resources bears no relevance to the adequacy of the resources to meet adult needs. External resources are required to repress an unending foetal greed. When every individual and every group is marked by these dynamics, the resource struggle is universal. Exponential wealth accumulation is the order of the day. No matter how much is already accumulated, getting more is required for survival, at whatever cost to the environment. Here lie the unconscious dynamics of the free market economy. In an unlimited environment such exponential drives can be tolerated. In a limited holding world, their effect is catastrophic. The rich and powerful survive at the expense of the poor and impotent. Exponential processes of the core drive the periphery into collision with the environmental ecosystem which is mined to destruction in order to satisfy the psychotic requirements of the proliferating parasite.

The social, political and economic implications of this analysis are truly revolutionary.



Presentation may be head-first or in the breech position. Progress may be assisted by suction or with forceps. Pain may be sedated (at least for the mother, though it may be increased for the baby) by epidural or general anaesthetic. Umbilical blood supply, bearing vital oxygen, may be more or less inhibited as the cord is compressed during the contractions. In extreme cases it may be interrupted altogether and the cord wrapped tightly round the neck causing anoxic trauma and possible brain damage. The exit may be by a different doorway altogether through either a rescue or elective caesarean section. Single births contrast with the experience of twins or multiple deliveries. Identical twins sharing the same amniotic sac have a different uterine world from the non-identical pair with separate placentas and separated by skinny membranes. The first-born twin has a contrasting passage from that encountered by the following second-born.

Whatever the individual variations, birth lays down powerful imprinting for every human being. The similarities of experience expose vast populations to the potential for synchronous restimulation and enactment whether in war or religion, politics or economics. The most common elements of imprinting set up the most common social patterns of behaviour so if we are to understand the great religious myths and rituals of our world, we must pay close attention to the most normal experience of the trauma of birth.

### **Fixation at Birth - ii) Crushing**

Uniquely among mammals (and as a consequence of the rapid evolutionary enlargement of the human brain and its encasing cranial bone structure), the head diameter of the human neonate is greater than the pelvic opening through which it has to pass. In consequence, delivery is at a stage of comparative prematurity in an attempt to ensure species survival. In every other mammal, the head is protected by the amniotic sac, hydraulically buffered by amniotic fluid. For the human, the water pressure is such that the amniotic sac ruptures, the waters break, and the unprotected head is used as a 'gynaecological instrument' to widen the pelvic passage. Crushing and moulding, with associated pain is intense, bruising and bleeding in the surface layers of the brain are normal, labour is protracted, and compression immense.

Another dysfunctional by-product of the upright posture is that the skeletal, muscular and tendon structures of the pelvic opening are strengthened and less elastic in order to maintain the erect two-footed stance. This non-elasticity and rigidity compound the difficulties already encountered because of the differential in size. When, to this, are

added the inadequate performance of the placenta and the consequent intense levels of hypoxia, particularly if the umbilical cord is itself pinched during contractions, then the conditions of transmarginal stress are intense.



From the foetal perspective the one and same ground of being is both giver and destroyer of life. The Great Mother in whose existentially unbounded womb the foetus has been nurtured, protected, resourced, carried and cradled, becomes at full-term the constricting, polluted, poisonous and persecutory world in which the baby experiences the rising stress of hypoxia and malnutrition.

The contrast in signals is profound, even before the neonate is propelled in rage and terror beyond the boundaries of tolerable pain through the crushing vortex and eviction of the birth canal itself.

Here lies the origin of the knowledge of good and evil, experienced in relationship to the placental tree form, the archetypal tree of life, mediated through the snake, the umbilicus, signalling the sentence of expulsion from Eden. So in the construct. of displacement the Great Mother, be she Mut or Kali, is fraught with dread and worshipped both as life-giver and life-destroyer. If the ambivalence reaches a pitch at which the two polarities can no longer be sustained in identification with the same ground then the godhead is split in two. The end of (uterine) time is consummated in the struggle between the two sides. In mythology, as in the experience of every live birth, good wins, albeit with great suffering, sacrifice and pain.



The only action which seems to satisfy the voracious demands of the cervical maur is the sacrifice of the foetal victim. Conversely, every live birth contains buried in the foetal unconscious the imprint of its own traumatising, victimisation in conditions of helplessness. Repressed and denied, the material is projected and acted out in psychodrama on other victims, carrying by displacement the talion rage, repressed and denied in the heart of the human condition.

Any disturbance of the boundary of the collusion foetal unconscious demands the offering of some victim at that boundary. Ritual enactment proliferates over time. In some cultures it requires the ritual designation of a scapegoat. The call for 'someone's head to roll' maybe metaphorical in certain situations, though even here the person concerned may well find their career ended, their family life destroyed, and their very being cast out of society as some untouchable pariah. In other contexts the death of the victim is only too real, often in the most horrific of circumstances. The sacrificial victim is offered representatively, so ensuring that those who remain can stay in safety, securely enwombed within the divine protection. Human sacrifice is older than the known history of humanity. Commonly it is the first-born child who suffers the most intense impingement and it is the sacrifice of the first-born that dominates some religious systems. The saga of Exodus may itself be read as a primal psychodrama, presaged by waves of contraction, as the mega-humanoid foetus reaches the point of birth through the persecutory cervix of Egyptian bondage. It is at that critical point where the exit is apparently finally blocked that the sacrifice of the first born is enacted across the land. Among Jewish ancestors, the sacrifice is displaced into the first born of animals, in the saga of Abraham and Isaac, reinforced in the ritual of Passover. In far more primitive fertility cultus the first born child may be sacrificed to Ba'al or Moloch, burned alive or ritually decapitated, buried in the ground as some kind of magical appeasement to the Earth Mother, in a magical attempt to guarantee the safety of the boundary of the village, tribe or settlement.

From universal sacrifice of the first born, ritual evolved to a representative or vicarious victim. The process of circumcision, practised universally may well also be a displacement in symbolic form from the cutting of the crown of the whole person, to the cutting of the crown of the part. The Little Man is sacrificed in place of the whole person. Death of the victim may be by intense cranial battering and damage, by strangulation, garrotting and suffocation, by burning or by drowning. The remains may be abandoned, buried, committed to sink in the water of sacred pool or well. They may be burned as an offering to the gods or eaten, incorporated in cannibalistic ritual, binding the lives of the living in mystic union with the death of the victim.

Blood plays a vital part in the sacrificial rituals, whether of man or beast. Drained from the body it may be poured on the ground, offered on the altar, smeared on objects, houses and bodies, or drunk in the totemic meal of incorporation.

However sublimated, sanitised and displaced, it is these same fundamental rituals which lie at the heart of the Christian religion, not only in the symbolic sacrifice of the first born of God, but also in the rituals of the mass, Eucharist or communion. Symbolically the victim is murdered vicariously on the altar. His body and blood appropriated, distributed among the worshippers who incorporate the remains in unconscious repetition of a practice reaching back to the dawn of history, and yet meeting in every generation the unconscious need for primal talion in the collusion psychodrama of the foetal unconscious.

There is a close parallel between vicarious victim and the crowned ruler, be the crown of gold, laurel leaves or thorns. From the regressed foetally fixated position, the cervix encircles the head. For the mega-humanoid foetus of the social system a representative victim is elevated head and shoulders above the rest and the head is physically crowned. While that head fills the symbolic cervix, the subjects are safe

within the containing walls of the monarch's protection. And yet the head of state, the president of the corporation, the leader, hereditary or elected, is also and always the target of projection of negativity and potential reversal of idealisation from the benign monarch to the demonic tyrant. He is to be preserved and protected or assassinated and vilified. Immense primal anxiety floods the system when the head of state falls, dies, is overthrown, assassinated or otherwise removed. The cervical orifice yawns in terror until filled by the next in line.

Two sources of guilt are closely interwoven in the perinatal saga. For no apparent reason the primal environment, this 'god in whom we live and move and have our being' for nine months of existential eternity, appears to undergo a reversal from love, care and protection to rejection, persecution and eviction. What brings about this sudden volte face? The only inference open to foetal awareness is that the foetus itself must have done something awful, hell-deserving, which would justify the expulsion from Eden. Over millennia the cultus purified the myths of fall and original sin projected them backwards in time to the arche of humanity and outwards in metaphysic to a split among the gods, always and at all points in ultimate displacement from its grounding in the trauma of birth.

Another source of guilt can be seen in the coincidence of love and rage, as the idealised reactions towards the same holding environment. Attachment, dependence and survival outlaw the enactment of rage in retaliatory destruction. Life demands that this shall not be so. The unfolding perinatal impingement confirms that the violence of primitive rage experienced against the persecutory environment is indeed punished by the pains of hell, by banishment from the presence of God, by being cast out and cut off from the land of the living, whose foetal womb-world is bounded by birth.

Again because the emotions involved are fixated in a position of hyper-stress and trauma and because they are in an idealised condition of absolute splitting between good and bad, love and hate, the guilt also is both fixated and absolute. It is universal and cannot be discharged. We have seen that the aggressive retaliatory drives may be externalised onto some victim. They may also be internalised onto the self. Always there is the ambivalent interplay between container and contained. The guilt is internalised, carried forward in the foetal unconscious as a boundary condition experienced in adult life. In displacement it energises the behaviour which justifies the guilt, reinforcing the enactment of talion rage in ambivalence against objects of love, creating in adult psychodrama a justification for the primitive emotions held in repression. In this way perinatal impingement is indeed the original sin, all later transgression is a re-enactment. The fall is however, not simply an archaic event at the origin of the species but existentially a personal event at the event-horizon of post-natal consciousness.

Management of guilt is also critical for the maintenance of perinatal repression and the preservation of defences against the psychotic anxieties involved. How to deal with this level of guilt then becomes an existential question to be handled always in displacement, always by projection, always in psychodrama, divorced from its ground and yet always and imperatively to be managed. If only the foetus could do something to appease the wrath of the environment, to propitiate the gods, then perhaps, just perhaps, it would not have to go through the pains of hell. Perhaps it would be allowed to remain within forever, connected to the Tree of Life in an eternity of timeless communion. From the other side of the perinatal split, the task is somehow to

renegotiate the caesura of birth, so to satisfy the gods that they would allow re-entry to paradise before it is too late. So, over millennia, the myths and rituals of atonement, appeasement and propitiation are reified. The sacrificial victim carries not only the retaliatory rage but with it the ultimate condemnation of the guilty party. If the evil can be projected into the other then sanctity may yet be regained by the self. Rituals of propitiation and atonement dominate the dynamics of world religions and in particular the world-wide trilogy of faiths emerging from the Eastern Mediterranean: Judaism, Christianity and Islam. Not that the patterns are confined to religious behaviour, they are also fundamental to the elevation of absolutes in ethical constructs, the construction of codes of ethics and the enactment of penal systems and procedures of justice. Where any particular action or situation comes close to re-stimulating the perinatal levels of rage, terror, grief and guilt, the retribution matches most closely, albeit in displacement, the original impingement of parturition.

### **Fixation at Birth - iii) Regression**



The idealised imprinting of uterine ecology forms the ground of later specification for the sanctuary, the characteristics of sacred space, and the recognisable geographical formation of holy place. Spontaneous restimulation of uterine regression forms the matrix of those intense religious experiences, which, interpreted naively and without insight, commonly lead to the attribution of metaphysical source to the psychosomatic and symbolic affective phenomena. So the good enough womb is symbolised as heaven, dimly identified with the original home, elevated as the goal for ultimate salvation. Rituals of salvation have as their common purpose, the regaining of a place of protection within the great womb of the goddess. 'Outside Mother Church there is no salvation'.

Rituals of rebirth enact the perinatal trauma in reverse. The initiate is brought into the safety of the sanctuary. It is the one who has fallen from grace and been thrown out who requires through a process of rebirth to regain the safety of paradise. The object is to ensure that the conscious world is no longer invaded by the terrors of birth, nor sullied by the guilt of talion rage. All evil is to be purged from the inner person and goodness re-introjected from the idealised environment. So the foetal unconscious, driving motivator of the religious life, lives in search for the good womb, to be once again restored, reconnected, in communion with the ground of being.



Eventually the head emerges and with a twist, the shoulders and the rest of the body follow through. Hypoxia is intense, the need for oxygen is urgent, the baby is in shock. The condition is often exacerbated by medical intervention and too early severance of the umbilical connection to the maternal life-support system. Bonding of babe and mother is more or less well established and oral ingestion of food replaces the umbilical attachment. A child is born.

### **The Maintenance of Defence**

Birth is the archetypal bereavement, the first loss of the known world through a confusing and terrifying boundary transition into an unknown beyond. Because of the traumatic intensity of the impingement and the fixation, regression and idealisation involved, loss is indeed of paradise. Buried in pain of trauma and therefore doubly unbearable, birth becomes the boundary condition of the foetal unconscious of the adult, and is therefore projected forward into the encounter with death. It is hardly surprising that burial rituals recapitulate birthing experience, often in reverse, while the reality of the experience of life after birth is transmuted into the fantasy of life after death. Separation, loss and restimulated grieving in turn trigger resonance with the trauma of birth and are themselves intolerable, giving rise to complex rituals, mythologies, fantasies, and beliefs which deny the reality of death in order to preserve the repression of birth.

The experience of birth brings the onset of ambivalence. For the baby the resourceful, containing and supportive maternal environment becomes at once not only the creative ground of being, but also the harbinger of destruction, laying the ground for the duality in the great goddess images across all cultures. For the mother, the newborn babe is the bringer of joy, and yet also the generator of intolerable and excruciating pain. Rage against the neonate must be suppressed if nursing and survival are to continue. Historically however, the retaliation on the first-born has been annihilatory, eventually displaced onto the foreskin of the phallus and the first-born of animals, ontologised and transferred onto the firstborn of God, or sublimated into the sacrifice of the Mass. The psychodynamics persist in the heart of religion.



## The Maintenance of Defence - i) Rituals of Worship

The dynamics of religion encode the perinatal psychodrama at the boundary and preserve in myth, symbol and ritual, art and architecture, an eternally fixated pattern of uterine dependency.



The task of the cyclically repeated process is to ensure that any residual irruptions of primal angst into adult consciousness are contained, propitiated and re-repressed. Preservation and reinforcement of the defences is the prerequisite of successful religion. Away from the collusional imposition of the symbols, myths and rituals of the sanctuary, the effectiveness of perinatal defence may begin to erode.



Worship is therefore entered through a process of regression, symbolising the split between inside and outside, and encoding the caesura of birth.

Once inside the process of idealisation is intensified, the absolute goodness of the godhead is celebrated, the experienced negativities of humanity confessed, projected onto the vicarious victim and dealt with in displacement. Goodness is then received by re-introjection from the idealised environment, often in a foetal position. The corporate activity is moulded in every way to reinforce the paranoid schizoid processes of perinatal repression and uterine regression. The effect is a profound elision of disturbing material from adult consciousness at the cost of complete blocking of the possibility of integration, egression and the deconstruction of the psychotic position. The material is therefore preserved in the unconscious of the adult population and acted out in the societal dynamic. The religious process serves to maintain and reinforce patterns of social psychosis.



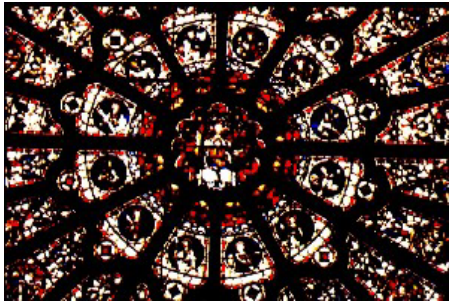
The quality of time experienced within sacred space is quite different from that in the 'real world' of post-natal consciousness. There is a sense of timelessness, stillness, 'eternity', which is not properly the object of theological speculation but of psychodynamic elucidation. The condition of fixation has that quality of the suspension of the passage of time, the present is a never-ending moment, a still point with the dimension of infinity. It is like a still picture, taken from the moving video of time. In this condition there is an experience of a somewhat trance-like state. Blink rates decay, brain-wave patterns approximate to those of dreaming sleep.

In the experience of collusional foetal regression, the time-base is not even that of developmental uterine existence, moving inexorably forward from one stage of growth to the next. Here the experience is of a time capsule, frozen in foetal consciousness, regressed within an idealised environment and creating out of the foetal unconscious, those myths, symbols, architecture, space, images, rituals, art form and music, which epitomise the dream-time condition of the idealised womb-world.

Here, typically, individual differences of awareness coalesce into a kind of corporate foetality, a communal activity which rises, sits, kneels, walks, moves and sings in concert. Direction of worship is vectored 180° from the entrance. The head, the mouthpiece, the leader of the ritual, typically resides in the sanctuary.

The other end is guarded by boundary managers, welcoming and directing members and ensuring that no disturbance from unwanted persons or behaviour is allowed into the sacred space. Processional activity moves up and down the umbilical arteries, carrying the ambivalent reactions of the populace into the sanctuary for processing, cleansing and returning to the body corporate.

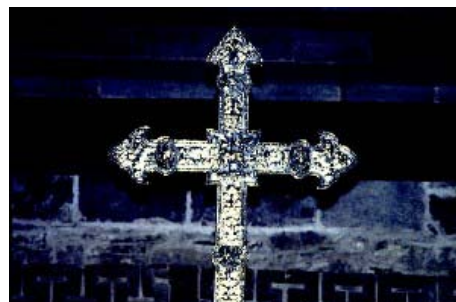
Sacramental incorporation symbolises in displacement not only the eating of the sacrificial or totemic victim, but also and in the same image, the nurture of umbilical attachment. If the primitive sacramental meal was associated with the eating of the placenta, then it is not difficult to trace this same ritual through layers of sanitation and displacement, through the placenta cakes of ancient Jewish ritual, to the matzos of the last supper and into the bread and wafers, blood and wine of Eucharist imagery. It is the reception of this food which keeps the worshipper in eternal life, the sacrament of umbilical dependency.



The only companionship known to the developing foetus is the blood vessel entwined rope of the umbilicus, connecting the naval to the spongy tree-formed multi-branching disc of the placenta - the Tree of Life.

Here is the womb-twin, the soul brother, the helper, the guardian angel or the resourceful cornucopia of the dream time. Eventually its functions begin to fail and in later life there may be dreams of mushrooms with dying, crimpling edges, parachutes folding and failing, plunging the dependent into a death-dealing fall. Post-natal rituals associated with the afterbirth abound, both in the contemporary world and throughout history. The placenta may be burned, thrown away in revulsion as rubbish or preserved and nutrient extracted for skin-renewing cosmetics. It may be buried in a significant place, cooked and eaten in a symbolic meal, preserved and revered as having magical properties.

Some of the earliest records come from Ancient Egyptian texts indicating that the placenta and umbilicus of the child born to be Pharaoh was preserved and carried on a pole in procession. It is possible to trace the evolution and displacement of this practice in a continual series spanning some 4,000 years. There was the ancient saying, 'There is healing in the sight of the pharaoh's placenta'. The image evolves and is sublimated into bird wings and eventually the eagle topping the standards of monarchs, Caesar's legionnaires, presidents, czars and fuhrers down the ages. The religious, mystical healing element also persevered with the Israelites afflicted in the wilderness, Moses held up the 'serpent' on a stick or pole, with the parallel saying, 'There was healing in the sight of the serpent'. Umbilicus and snake intertwine in symbolic identity. The caduceus, symbolic rod of the Greek god of healing, carries the image into the contemporary culture of the medical profession. In phantasy, reconnection to the placenta facilitates regression to the nurturing womb, the place of wholeness before the onset of disease.



In the Christian religion the symbol also perseveres, with direct connection between the pharaoh's placenta in Egypt, the Mosaic serpent in the wilderness and the Christ,

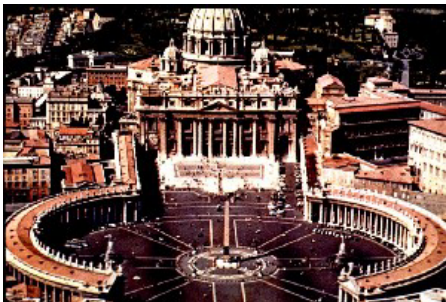
the placental body and blood of the foetal victim elevated on the cross as a sign of healing for the nations.

Whilst, in the images of war the placenta is carried aloft as the rallying point or standard with bird image or flag unfurled, in religion the placental image is paraded at the front of the procession of dignitaries entering the sanctuary. The processional cross, the flags of war, emblems of national identity signifying allegiance and unity within the totemic clan, the football club or religious order - the placental symbols are always and in all places essential companions in a society whose unconscious is dominated by the ecology of foetal regression.

### **Maintenance of Defence - ii) Uterine Ecology in the Symbols of Sacred Space and Place**



Moving on from the activity and rituals of worship, it is now possible to examine the symbols of the sanctuary. Here the ecology of uterine existence is reified and projected into the art and architecture of sacred space. There is the issue of scale. The size, height and grandeur of the sanctuary in comparison to the scale of everyday living creates the instant impression of smallness, or regression for the worshipper. The more profound and significant the centre of dependency, the more intense the regression and the larger and more cavernous is the internal space.

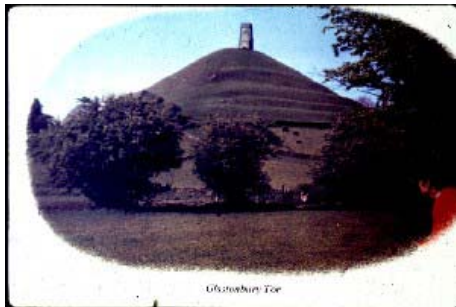


Tree-form placental symbols proliferate in columns, arches, roof vaulting, art, windows, mandala floor mosaics, and carved wood. The sanctuary itself is frequently modelled on the form of the human body. The architectural form tends to be female. The inside of the cavernous womb is entered through a smaller tunnel- like doorway. The outside may be dominated by the distended belly of a pregnant woman, or the twin domes of the breast forms. Imagery and symbolism is fractal in design, with crosses, squares and circles replicated inside one another in vertical and horizontal, floor, wall and ceiling, from total architecture to tiny jewel. At whatever scale you examine the artefact, a congruence of symbolism can be observed.

Tombs abound, for in the mythical world of the uterine unconscious, death is a return to the womb, awaiting the rebirth of resurrection, so in mythology the corpses are bodies in waiting, unripened follicles biding their time until the end of time, which is already present in the presence of eternity.

The sacred pool or well, ritualised and sublimated to baptismal font., symbolises the place of re-immersion, drowning, re-entry via the vagina to the amnion and yet also the point of sacrifice to the goddess of the deep. Here another form of displacement victim-ritual is preserved within the complex syncretism of the religious construct. At the other end of the sanctuary stands the altar of sacrifice, the place of violent death, carrying within the Christian tradition the images of Roman execution, themselves displacement on a temporary basis of the ancient cultic practice of stoning.

So by one means and another the sacred space is exorcised of evil material, the gods propitiated, the boundaries preserved and humanity held forever in unconscious bondage, forever unborn, hiding in heaven from the pain of parturition and the realities of the world beyond.



Not that the sense of the holy is limited to the interior space of sanctuaries. Certain physical locations provide by their very geography and topology a restimulation of the idealised state of uterine regression. The wooded knoll surrounded by an amphitheatre of hills, with the twin valleys of fallopian entrance bearing streams at one end, while the far end opens out to a plain, lake or sea. Such a knoll may be the place of animistic awareness, the point at which the adult reconnects with the foetal unconscious and feels at home. Such a place may well then evolve as a sanctuary, a place of holiness, the location for a site of worship to the great goddess or some other deity of the local pantheon. Later evolutionary waves of the religious construct overlay the site with layer after layer of accreted symbolism. Stoneage sanctuary becomes druid grove, only in turn to be Christianised, reformed, and elevated as the site of a cathedral, monastery or shrine.

Places gain power as centres of pilgrimage in so far as their geographical symbolism and topological moulding, resonate most perfectly with the requirements of the uterine ecology. Here voices may be heard, visions seen and strange mystical experiences undergone. Here over millennia humanity constructs the site of the holy, displaced from its ground in the common foetal unconscious, projected, reified, ontologised, constituting in process a common psychosis.



The holy person, minister, priest, rabbi or imam, is habitually resident in holy space. A leader of the regressive group fantasy he is unquestioningly caught up in the collusional construct of the foetal psychodrama. The person whose inner psychodynamics generate the most intense patterns of dependency becomes the recipient of dependency projection within the group fantasies of society.

In the absence of a professional religious leader most groups in conditions of crisis will elevate one of their members who most closely matches the behavioural pattern to the performance of the priestly function. The psycho-class selection and the elevation of leadership requires the person concerned to have intense imprinting and collusional resonance with the central norms of the common foetal unconscious. The religious leader in turn seduces and is seduced by the transference and counter-transference of the common collusional unconscious.

At another level those who emerge as the leaders of the religious, have the more complex task, or meta-task of leading the regressive fantasies of the regressed even deeper. The same processes of psycho-class selection and elevation dominate the dynamics. The most intensely revered religious leaders are therefore some of the most intensely damaged and most, primitively imprinted members of society. Just as in parallel the supreme commanders of the military establishment demonstrate the most profound levels of personal armouring and anxiety-defence.

The mystic seers, visionaries, prophets and founders of religious orders, and indeed the great originating religious leaders of civilisation appear to resonate with the very deepest levels of regression of all. Their personal vectoring is profoundly in reverse from the post-natal space. The objectives, goals, values, of the pilgrimage of spiritual life lie symbolically in the omega point of the inner sanctuary. Here we see not simply regression to a sustained fixated uterine ecology but a movement into ever deeper and more primitive levels of foetal, embryonic, blastocystic, conceptive and gametal patterns of imprinting.

## **Conclusion**

The paradigm shift of pre and perinatal psychology opens the door onto new worlds of consciousness. In particular it highlights the power of restimulated early imprinting to permeate experience during altered states of consciousness. That raises the critical question as to how far such states should now be viewed as episodes of heightened unconsciousness, dominated by the psychotic processes of dissociation, idealisation and regression.

The universal congruence of early imprinting gives rise to a common religious language of symbol, myth and ritual which crosses boundaries of time, space and culture. The reified constructs of religious belief serve as defences against the repressed anxieties of our common primal history. Reinforcement of those defences serves only to enhance the unconsciousness of humanity and to encourage the repetitive displacement and acting out of primitive trauma in the conduct of our social systems.

The impact of our proliferating species and its destructive life-style on the fragile environment of the global ecosystem simulates and re-stimulates the repressed imprinting of full-term foetal life. The future is filled with the projected terror of the trauma of birth. The defences used to repress perinatal stress are now, therefore, mobilised to sedate the anxiety emanating from our common ecological predicament. New and more effectively anxiolytic forms of religion and spirituality are sought to act not simply as the opiate of the masses, but as the heroin of humanity. That is a path which inexorably precipitates the catastrophe it fears. The response which avoids the stress of reality by burying itself in ever deeper levels of unconsciousness aborts its capacity for problem-solving, functional adaptation and survival.

The alternative pathway demands the recognition of the power of early imprinting, the integration of traumatic experience and the deconstruction of common defences and of the religious systems to which they give rise. As the fantasies of primal trauma are withdrawn from our social systems and from the conditions of our common holding environment, so the full human potential for creative problem-solving can be brought to bear on the realities of our common future. It is a pathway requiring the reduction of our common unconscious. It involves the transformation of our civilisation from its very roots. It offers the possibility for our species to enter new worlds of consciousness.

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