

# THE PRE- AND PERINATAL GROUND OF RELIGION AND WAR

by David Wasdell

*David Wasdell is a regression and integration therapist. He was founding director of Urchin and has been carrying out consultancy research into resistance to change*

## INTRODUCTION

War and Religion, Conflict and Ideology are inextricably intertwined. Like the two sides of a coin they present the twin faces of social psychosis, for both are encodings of the social defences of humanity. The most intense conflicts are fuelled by the most intense convictions. The dynamics of polarisation and projection at the boundaries of group, race, ideology or nation state irrupt into armed conflict when the primitive defences are challenged and the emergent anxieties can no longer be contained. The same pattern is discernible whether you analyse the conflict in the Gulf, fragmentation in the USSR, civil wars in Africa, religious fragmentation in India, or Jewish/Arab confrontation in Israel. The East/West polarisation may have declined somewhat, the two Germanies may have become one, but in the world at large the intensification of the armouring of social systems is draining an increasing proportion of world resources, degrading the quality of life, threatening the survival of the species and impinging upon an already fragile environment.

It is the argument of this paper that both religion and war have common roots in the pre- and perinatal experience of the species, that the social defences, whose topology or phenomenology is represented in the armouring of the social system, whether in religion or war, are laid down in response to the universal trauma of birth. Any attempt at social disarmouring that does not gain access to this level of analysis is therefore doomed to failure and leads only to a rearrangement of the displacement. As a result we face the imperative of a process of social individuation, which recognises the roots of social behaviour, deconstructs the psychotic defences of social systems and enhances a process of integration at every level of our global dynamic.

In concentrating on the behaviour of social systems, I shall be ignoring the effects of individual-specific pre- and perinatal imprinting insofar as it generates behaviour which deviates from the norm. Such areas are the domain of individ-

ual therapy and personal growth. Their effect is statistically non-significant in analysing the common collusional behaviour of large systems.

## **PART I: THE CONSTRUCTION OF SOCIAL DEFENCE**

### **The limits of evolution and the universality of the birth trauma**

The overwhelming evidence for the universality of the trauma of birth is steadily gaining recognition. Every step of the way, however, is marked by intense denial, containment, exorcism and re-repression, often including the persecution and scapegoating of leading professionals, as society tries to repair the breach in its psychic defences. Anyone seeking to raise awareness of traumatic material buried behind the defences of another is liable to be treated to the same defensive reactions by which the precipitating trauma is itself repressed. When that traumatic material is common to a large group, or even to society as a whole, the retaliation can develop into a massive and collusional plague reaction. The transference, internalisation and counter-transference of these reactions will be familiar to all those active in the field of pre- and perinatal psychology and is formative for the unconscious group dynamics experienced in the various professional bodies associated with the field.

In the process of birth, evolution has pushed us as a species up to and beyond the limits of tolerance, both physical and psychological. The rapidly evolving third brain demands housing within an increasing cranial diameter, unmatched by equivalent evolution in the birth canal. Indeed the accompanying upright posture has led to increased strength in the pelvic bone structure, greater rigidity and reduced elasticity in the tendons and musculature of the pelvic basin and cervix, so that the enlarging head of the neonate is met with increasing resistance to its passage as evolution proceeds. Full term inhibition of placental effectiveness is another effect of the upright posture. The weight of the neonate, no longer supported by the sling of abdominal muscle pendant from a near horizontal spine, presses down into the pelvic basin, inhibiting the flow of blood in those vessels serving the uterus and its attached placenta. The result is a decrease in foetal nutrition, rising hypoxia and pollution. The growth rate falters and the previously nurturant containing environment steadily degrades into a place of deprivation and persecution with accompanying decay in the physical and emotional well-being of the foetus. The neonate is therefore comparatively ill-equipped for the titanic life and death struggle of birth.

Matters have been made considerably worse during the past two centuries with the administration of anaesthesia, invasive medical techniques and enforced passivity of the mother in a supine posture. World-leading medical research in Germany is beginning to demonstrate the intensity and commonality of physical traumatising in uncomplicated and so-called 'normal' birth. There are also the beginnings of an international movement aimed at minimising the effects of

perinatal trauma. However, in spite of the hysterical denials, consistently met from the extremes of the feminist movement, the trauma of birth is not a modern invention, sadistically imposed by the male of the species. The trauma of birth is a universal, evolutionary inheritance, evidence for the effects of which stretches back into the mists before the dawn of pre-history. It forms the matrix of our civilisation. Its formative influence has been massive, and if left unrecognised, unmitigated and unresolved, its effects may well presage the end of the species and indeed of its holding environment.

Over time the species has developed a series of coping reactions designed to minimise the traumatic point of parturition. Birth has been advanced to the limits of prematurity. The somewhat soft and plate-like structure of the cranial bones allows for a certain amount of malleable deformation under pressure. We have developed mechanisms by which the neonate is able to survive at abnormally low levels of oxygen. Full term foetal production of endorphines is designed to reduce the pain. We have developed a series of psychological processes by which the traumatic impingement is repressed and its tendency to irrupt into later adult consciousness is subject to a series of denials, displacement, and defensive ritualisation. Although these coping mechanisms go some way to ameliorate the effects of birth trauma they in no way solve the problem. They are, rather, pointers to its intensity and universality, recognised and yet ironically reinforced by modern medical models of birthing practice.

### **Perinatal defences and the fixation of the foetal unconscious**

The common imprinting of transmarginal stress during the perinatal transition gives rise to and is managed by the paranoid schizoid defences against anxiety. There is typically a massive split between the idealised good and idealised bad environmental fields, with subsequent repression and denial of the negativities. The emerging neonate fixates at that point of the process at which stress passes the limits of tolerance and in that fixated position birth has not yet been completed. It is encountered as an event horizon, as the boundary of death. At this point the dissociative defences are brought into play. It is as if the body is not experiencing the levels of pain, crushing, constriction and hypoxia. Reactive rage is blocked by emergent terror, which on passing limits of tolerance is also split off as a fixated ground of future paranoia. Just as, for the foetus, the boundary of birth presents an event horizon, an impassable edge to the experience of the womb, so in retrospect the recovering neonate on the other side of the caesura experiences a new beginning, a discontinuity. Foetal life is buried within the black hole whose event horizon is bounded retrospectively by perinatal trauma.

The repression is never absolute. Its content threatens continually to irrupt into consciousness in relation to every boundary, every object, every relationship of the post-natal world. Freud noted the conflicted presence of 'life and death instincts'; Klein articulated the idealised polarities of 'good and bad breast'; the polarisation of 'self and shadow', projected into a cosmos of good and evil forces underlies Jung's Analytic Psychology. In later life the repressed material

becomes the ground of projective symbolisation and displacement, animating the boundaries of the known and populating the field of the unknown with the contents of the repressed unconscious.

The adult psyche is effectively split into two fields: the post-natal, for which birth was as the beginning of time, its impingement non-existent since it happened before time began: meanwhile repressed and contained behind the perinatal defences the prenatal or foetal unconscious lives on in foetal space as if birth had not yet happened, yet tragically was about to be. The fixation of the foetal unconscious leads to a life-long sequence of repetition psychodrama, oscillating between the recovery of safety, the movement forward of development and the encounter with the impassable boundary, with its titanic struggle and intolerable anxieties. The repressed material is always available to be triggered back into conscious experience by a variety of stimuli: accidents, stresses, the birth of the next generation, chemical substances, bereavement, near death experiences, the crossing of boundaries under high stress, encounter with the different and the unknown. For the foetal unconscious, adult life is an extension of the womb and death the boundary of birth, beyond which in some uncanny way another life awaits. For the post-natal consciousness birth is an incarnation, life has no roots in the phylogenetic continuum but emerges with discontinuity from the beyond in some magical or metaphysical way, with dimly remembered myths of pre-existence. So parturition is the birth place of the metaphysic, the gateway to the transpersonal, which in its constructs encodes in its own psychotic, schizoid language a symbolic imprint of the biophysical continuum through the birth canal.

### **Loss of the womb-world and the denial of grief**

The movement from uterine to post-natal existence is one of the most profound transitions in the experience of human being. It lays down patterns of change and loss that are formative for the whole of life. In that sense birth is the prototype of bereavement. It is hardly surprising that the Kubler-Ross dynamics of bereavement reactions emerge also in perinatal abreaction. Bereavement as a break in bonding in later life, restimulates the imprinting of the perinatal impingement, so that reaction to a death is not only appropriate to the here and now but is also overloaded by triggered emotion from the repressed unconscious field.

Birth marks the loss of the womb world, that apparently boundless and living environment in which we have moved and lived and had our being from the very beginning of being itself. The experience is not, however, simply that of the loss of a good enough holding environment. For the uterine condition is viewed in retrospect through the mechanisms of splitting and idealisation brought into play to handle the traumatic impingement of parturition. In contrast to the hell of the birth canal, the womb is a heavenly refuge, a sanctuary within the storm. The experience is of paradise lost, the bonding is seen as a perfect communion, there is no depth of grief able to express such a cataclysm.

Birth is not only the loss of the idealised womb-world, but it is a loss under conditions of hyperstress. The transition is accompanied by intense physical impingement and emotional overloading which are subject to repression and later denial and defence. The transition itself is therefore repressed behind the same defences as the impingement. It is handled unconsciously. As a result the grieving process is fixated and grief itself denied. It is as if the loss has not happened. The imprinting has profound effects on the management of transitions in later life. Not only is the appropriate emotion suppressed on the boundary but myths persevere that the boundary itself is never actually broken. Even death is seen as a temporary separation before being reunited 'on the other side'. Myths of immortality owe their universal form and power to this stage of perinatal experience.

In the absence of effective griefwork, the environmental bonding of the foetus to its wombworld is left undisturbed. It lives on in the phantasy world of the foetal unconscious, so effectively reinforcing the fixation experienced in the trauma of birth. Here is the ground for those later adult experiences of finding oneself 'at home' in certain specific and restimulating contexts. Here also is the ground of alienation, the existential experience of *Entwurfsenheit*. The condition of being 'separated from the ground of being' which is one of the primordial motivators of the religious quest. It is a common experience that reintegration of perinatal material in later life is accompanied by intense grieving abreaction and a readjustment of environmental relations. It is a response which tends to follow the integration of earlier levels of terror, rage, despair and somatic pain.

### **Time reversal and the confusion between origin and goal**

The fixated foetal unconscious treats the world as a womb from which it has not yet emerged. Displacement activity seeks to generate in the here and now an ecology which replicates the idealised uterine environment. It is a process which informs *Weltanschauung*, symbolism and architecture, relationships, group dynamics and societal process. Disturbance of its boundary raises always the fear of the fall, in reversion and reversal from which foetal time moves backwards from the point of birth, defining as goal or *telos* the arche of its preconceptions. This confusion between origin and goal inherent in the regressive configuration is typical of the religious process. Here alpha and omega, beginning and end are confused in one. The object of the religious pilgrimage is to reach that point of undifferentiated unity and union with the all in the cosmic consciousness of the arche of all being. Alpha and omega can only be coincident when there is a mirror in the middle of the alphabet. The trauma of birth constitutes one such point of temporal reflection.

## **Defence bonding and the development of social collusion**

So far discussion has been kept to the level of the individual, albeit in a generalised manner. The next step is therefore the movement from the individual to the system via the various steps or levels of aggregation. It is a linkage which can only be made within a paradigm which permits examination of the common unconscious. Where such material is repressed and denied in common there can be no connection between the deviant behaviours of the individual, deemed to be the appropriate subject of psychiatry, analysis and therapy, and the complex dynamics of social systems perceived as divorced from any ground or root in the behaviour of the individual.

The concept of collusion is critical. The general use of the word refers to a conscious activity, meaning to play together, to act in secret concert, conspiring with one another against some third party. Within the psychological field the meaning shifts from the conscious but secret conspiracy, bounded by common agreement of the players, to a deeper level. Here the conspiracy is unconscious. The collusion is a secret bonding between the unconscious worlds of the persons involved, with the dynamics of common repression setting up the boundaries of secrecy which maintain the behaviour in the common unconscious of the group. It is obviously quite appropriate to speak of both conscious and unconscious collusion, but for the remainder of this paper the term 'collusion' will be used with exclusive reference to the unconscious behaviour.

The pair bond constitutes the most basic form of a collusional relationship. If we use a simplified model of psychological space of the individual, we can envisage an outer zone which is conscious and accessible, separated by repressive defences from an inner zone of buried unconscious traumatic material from the phylogenetic and developmental imprinting specific to that particular individual. In a bonded pair the defended zones will overlap somewhat indicating some material specific to the first individual and not shared with the second, while other material will be repressed by the second person but not shared by the first. There is a common area of open space consciously accessible to both parties, while in the centre is an overlapping area of shared or common repressed unconscious content, sufficiently common to both parties to ensure a similarity of defence and a congruence of denial and repression. Overtly the pair bonding will depend upon shared interests in the common conscious areas. However at the more profound level the bonding is intensified by common collusion, the strength of which depends upon the amount and intensity of the common imprinting, represented by the central overlapping zone. The unconscious dynamics of the pair will be dominated by the common collusional core. Any disturbance of this zone in one party or the other may lead to intense conversion reactions within the pair bond, moving from an ideally good love match, to an ideally bad conflicted battle ground.

If we add a third party we can use the same model to examine the collusional dynamics of a triad. Each individual again has certain material which is distinctly specific to their own personal imprinting. Each pair shares material that is

common, held behind the collusion defences of the pair bond, but at the core of the triad is material shared in common between all three parties. Here the collusion conspiracy is most intense. The content represented by this inner core is repressed and denied in concert by all three members of the group. It is the most occluded material and yet conversely exercises the most powerful effect upon the unconscious dynamics of the triad acting as a whole within its environment.

The addition of the fourth person takes us beyond the possibility of two-dimensional modelling (defence zone modelling of a group of  $N$  persons required  $N-1$  dimensions). However it is still possible to conceive of the overlapping in 3-dimensional space of spherical or ellipsoidal zones of personal defence. Again, each individual has certain material that is personal and specific, not shared with any other member of the quartet. Each pair has some specific collusion areas, each triad has a central core of overlapping material and the quartet as a whole has a common zone held in the unconscious of every member. It would be represented by a highly occluded space at the centre of a triangular pyramid. We can extrapolate the model by adding more and more persons and representing the different zones of collusion intensity by levels of shading. The different levels of collusion zoning are still individually discernible with a group of 7 or even 15, but as we allow the numbers to escalate and the level of aggregation of the group to increase, so the representation of different levels of collusion behaviour approximates to spherical shells of increasing density around the most common core. Shared conscious space is represented by the unshaded areas at the surface of the sphere. Individually specific areas of deviance are represented by the outermost shells, the nearer to the centre we press, the more material is dominated by common unconscious defence mechanisms and is representative of common traumatic imprinting. The most intense collusion accretes around the material repressed in common by the greatest number of people. It is this material which is subject to the most intense corporate denial by the system. The defences generated by the group to handle the material resonate in common and are matched across the system. It is this common repressed core which provides the most profoundly powerful dynamic for the behaviour of the system as a whole within its environment. The larger the number of people involved, the more the common collusion core dominates the defensive processes and the less significant is the individual specific material. In so far as the world of therapy deals with the individual specific elements and colludes in repressing the common unconscious core, just so far does it have no capacity to engage in the psychodynamics of social systems.

Leadership emerges in a group or system with a complex set of parameters. At an overt level the leader is selected for competence in performing certain task functions, but the selection and emergence procedures are never that simple. Indeed, competence may be sacrificed to quite a high degree provided the leader demonstrates dynamics which encapsulate the most intensive collusion core processes of the group unconscious. The system will reject as leader some-

one who is clearly deviant or odd but leadership will emerge around the most intensely defended and damaged person whose area of defence and damage corresponds most closely with the most powerful collusional core of the group unconscious. While such processes may be observed in small and large groups, organisations and institutions, they become most clear in the elevation of leadership in times of war, the emergence of leadership in religious movements and indeed in the founding fathers of religious constructs, as well as those who emerge as the most powerful political leaders on the national and international stage.

### **Perinatal trauma and the event-horizon of the group**

The collusional bonding of a group reaches its most powerful around the most common and most intensely traumatised imprinting, repressed behind common defences and occurring across the group at the same stage of development. At its simplest level traumatic initiation rites may designate the difference between in-group and out-group, conferring the rights of membership, of organisation, tribe, clan or religious sect. At a deeper level the experience of perinatal circumcision generates a specific and very powerful collusional group dynamic, with its repressed castration anxieties, passivity, victim mentality, gender role differentiation and religious rituals which set the Jewish people apart from the gentile world. However, as a species the most overwhelming statistical significance is associated with the trauma of birth. While there is clearly a distribution between less and more intense around some mean of parturition imprinting, it is the most common and the most intense experience of hyperstress encountered by homo sapiens. As such, it is the common shared defences associated with perinatal trauma which constitute the most profoundly collusional dynamics of social systems. There is a commonality of defence, a mutual resonance of responsive behaviour associated with the 'buried pain'. The commonly shared patterns of repression lead to common patterns of acting together in concert across the world, modified only by sustained historic differences in birthing practice.

If the collusional defences come under threat of breakdown at any particular point then a kind of psychological immune system comes into operation, as the dynamics of defence maintenance are mobilised to repair the breach. The task is to defend the social system as a whole against all possibility of the irruption of primal anxiety into its shared conscious space. These dynamics can be seen most poignantly and powerfully in the irrational denials of the possibility of consciousness at birth (a collusional projection of the repression of perinatal trauma in the individual) together with attempts to discredit and re-repress any information which might lead to a contrary conclusion. Even if consciousness at birth is allowed into the realm of understanding, there is an immediate denial of the possibilities of trauma in 'normal' birth. Collusional defence systems which have evolved around this material over millennia are subject to the same kind of defence maintenance dynamic. Questioning the belief construct is



taboo, altering the rituals is anathema. The deviant individual or sub-group which consistently perseveres in challenging the common defence is subject to intense transference and retaliation to the point at which they are either silenced, evicted, starved of resources or so traumatised in the social encounter that their behaviour is matched back into the system's defence construct. In certain situations and cultures the persecution may be expressed in the practice of scapegoating, professional annihilation, sacrifice and death, possibly by burning.

Once it is recognised that the common defences used to manage perinatal imprinting dominate the collusional process of social systems, the dynamics of social behaviour can be seen in a new light. Provided the defences hold intact, the system will act in powerfully coherent collusion with the common fixated foetal unconscious. Groups behave as if all members are bound up together in a shared intra-uterine environment. The dynamics of this 'megahumanoid foetus' resonate in a kind of foetal trance state (overtly recognised in the Aboriginal 'dream-time') which is fundamental to the pathology of our civilisation.

Over time the system generates a series of myths, rituals, symbols, beliefs and dynamics which externalise and reify the contents of the common unconscious. Further procedures are developed to ensure that the defences are sustained and reinforced from generation to generation and on a regular cyclic pattern, year by year.

It is however, the boundary of the group or system which carries above all the most intense dynamics of the collusional process. The boundary is perceived as the limit of the holding environment. It is therefore symbolically representative of the event horizon of the common foetal unconscious and holds by displacement the terror of parturition. Collusional patterns of leadership and process emerge within the group, dedicated to maintaining the boundary at all costs. Since the original ground of trauma is denied, repressed and projected into the boundary, activity is generated as if the boundary contains the terrors against which the psychic defences are in place. Just as the armouring of an individual re-presents the defences against irruption of psychic terror, so the armouring of the group serves the same purpose. To cross the boundary outwards, leaving the in-group, is to be treated as a traitor, a betrayer and an apostate. Once over the Pale the errant person is treated as 'excommunicated', disowned, no longer "one of us". Re-entry is forbidden. Inheritance may be dispossessed. Memory that the person ever actually 'belonged' tends to be very short lived and the history of their presence is re-written noting all the prevenient signs of the person being a deviant, a misfit, a potential renegade.

Crossing the boundary from outside to inside is met with acute paranoia. The incoming individual or group is seen as an invader, assumed malign, against which the most intense defences are raised. Ritual processes of incorporation have to be undergone and the new group may be treated as internal aliens over many generations.

The dynamics accrete to greater intensity with rising aggregation of group size. Procedures become more generalised, more intensive, more ritualised and enforced by higher levels of psychotic terror, rage and retaliation. The task is to maintain the unconscious field of the in-group as that of an undisturbed foetal being in a good enough holding environment. Here it is defended forever from the possibilities of birth. Here it can grow forever without ever meeting the constraints of the limits of the holding environment. Here also its pollution absorption can be handled forever by an apparently infinite sink.

So we see that the separation between the inside and the outside of a system is bounded by the unconscious caesura of birth. The group leader, priest, general, president or monarch is elevated to the point at which their head is engaged, crowned in the cervix and in that position of potential sacrifice the leader ensures that the followers are safe within the containing protection, the everlasting arms, the strong walls, of their common womb.

So the universal trauma of birth constitutes the event horizon of the group. The dynamics of the inside are moulded to match the common foetal unconscious within its corporate holding environment. The boundary holds by projection the intolerable stress of parturition. The common fixation at the onset of hyper-stress generates a consistent reversal at the boundary as if the outside does not exist. The boundary is the point of no return, inside is the only conceivable cosmos. The outside exists only as a projection of the inside. It is like a reflection at the half-silvered surface of a spherical mirror. The world beyond is perceived to exist but is in effect a projection outwards to infinity of the more and more primitive levels of phylogenetic experience, imprinted towards the centre of the sphere. The most distant is a mapping of the most deep. The most primitively regressed areas of the common unconscious are projected onto the cosmic boundary.

In practice every in-group has its outgroup but from the perspective of the outgroup, the in-group is itself an outgroup, and the outgroup an in-group. The inter-group, inter-national and inter-faith dynamics of the world system represent a parallel resonant set of societies acting in concerted foetal collusion. As our boundaries coalesce under the impact of mobility, communications technology and the common awareness of our world-wide unity, so global dynamics themselves take on the common mythology of the womb-world.

### **Projection, displacement and the reification of the social construct**

From the point of view of the post-natal consciousness of the adult world the collusional dynamics of the social system are cut off from their original ground of imprinting in the pre- and perinatal field. They are effectively repressed, buried and denied behind the event-horizon of the birth trauma. Since the connections to the ground of repressed trauma cannot be made, the dissociated material is projected and displaced through a complex and evolving process of mythologisation. The social environment or ecology is animated. Myths evolve

which justify the primitive unconscious behaviours and associated emotions as being caused by the receptors of displacement. As the fears and phantasies accrete around particular symbol structures, so the familiar process of reification invests them with a causal ontology. The unconscious, emotive, irrational life of the group is seen as dominated, caused and orchestrated by the reified set of displacement carriers. Ritualised practices emerge in an attempt to manipulate the powers of this externalised matrix in order to preserve the safety of those within. Ultimately the objects of displacement are subjected not only to reification but to deification. The unconscious struggle of the foetal psychodrama is externalised into the struggle between the Titans, the battle between good and evil, Armageddon. The ambivalence of the nurturing container is recognised in the Goddess forms which are seen not only as giver but also as destroyer of life. Always the benign gods of the fertility cults have to be appeased, lest they turn into some raging, whirling vortex of destruction. The persecutory cervix must always be propitiated and held at bay, often at great sacrifice.

Through no fault of its own the species carries within its corporate history an experience of child abuse more cruel, profound, and widely shared than any subsequently administered in the post-natal field. Displacement of the rage, terror, grief and presumed guilt of this event become the ground of propitiatory ritual and form the matrix of social psychodrama acted out in all facets of communal life, though reaching peculiar intensity in the inter-related dynamics of religion and war.

### **Inter-generational matching and the dimension of time**

Parts II and III of this paper will examine the psychodynamics of religion and war in greater detail. First, however, it is important to recognise the evolution of the reified social defence construct over time. An isolated clan or tribal group will evolve over millennia a reified defence construct able to maintain repression of its pre- and perinatal trauma. The symbols, deities, myths and rituals will evolve in the particular context and life-style of the group. Initiatory rituals emerge which imprint on the next generation the defence structures evolved from the past. As the group rolls forward in time as a multi-humanoid life-form, a polyp evolving on the edge of the reef of human history, so its current members project into the construct of the clan their own primal history and reintroduce from the construct of the clan the evolving defences from the past. There is therefore a continuous interplay between projection and introjection, reintroduction and reprojecting, reinforcing the here and now of the group dynamic with the there and then of its evolving experience. Group specific myths, symbols, deities, dynamics, rituals, practices evolve as carriers of the common defence.

Over time, with rising mobility and rising population, it is inevitable that one clan boundary impinges on that of another. One defence construct encounters an alien system of symbols, myths and rituals. Each carries the same primordial task of primal repression, but the construct of the out-group is not effective as

a carrier of the displaced projection of the in-group. For each system, encounter with the other raises psychotic levels of anxiety, terror, rage and grief. Over time the gods of one group may dominate the gods of the other, which may be virtually annihilated, or live on in some kind of folk tradition. Alternatively there may be syncretistic development in which the gods of each are given joint recognition, though often associated with specific originating geographical locations, sacred sites and associated rituals. So the pantheon evolves.

The mythic construct of the hunter gatherers, often dependent for the safety of travel on the monthly variation of moonlight, has a different cultus from that of the settled farming community, with its seasonal dependence on solar energy, the biannual flood of the Tigris/Euphrates basin or the annual inundation of the Nile valley. The emergence of monotheism carried within it (by further levels of displacement, dissociation and reification) the primal repression of ever wider groups of disparate peoples. Layer after layer of reification and displacement separate the construct from its causal ground in the pre- and perinatal psychodrama and yet for every succeeding generation the construct carries the here and now projection of the existential edge of human being. So there is this continued interaction between time past and time present, between the internal repressed world of the foetal unconscious and the externalised reified symbols of its corporate expression. The psychosis complexifies as time proceeds. The symbols, reified and divorced from their causal ground, are seen as themselves the causal ground of species dynamic and as such are vested with omnipotence, omniscience, omnipresence and the imperative of the absolute. The recovery of psychic health demands that we call the gods in question, be they the gods of war, or peace. Both maintain the psychotic process, guard the gates of the corporate unconscious and lead us remorselessly to the enactment of primal struggle at the potentially fatal cost of the survival of the species and the maintenance of its holding environment.

We hope to be able to print Parts II to IV of *Psychodynamics of War and Religion* in future issues of *Self and Society*

Part II: War as Enactment of Perinatal Struggle

Part III: Foetal Drama and the Roots of Religion

Part IV: Environmental Relations, Ecology and Global Dynamics

Copies of *Psychodynamics of War and Religion: The Pre- and Perinatal Ground of Religion and War* may be obtained from the author at Urchin, Meridian House, 115 Poplar High Street, London E14 OAE