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Collective Birth Trauma in the Ancient Biblical History of Israel

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ABSTRACT: This article attempts to apply Rank's concept of individual birth trauma to the history of ancient Israel as depicted in the Bible. The birth of the Jewish people as reviewed in the relevant Biblical texts demonstrates recurrent and significant traumata at individual, family, and large-scale collective levels, indicating that the early Israelites did experience collective birth trauma. Ramifications of this for a greater understanding of the Bible and of Jewish history and cultural practices are explored. The potential need and possibility of clinical treatment of collective trauma is also discussed.

KEY WORDS: Birth trauma, Otto Rank, psychological trauma, collective trauma, separation, PTSD, collective memory, primal therapy, Bible, Israel

INTRODUCTION

The topic of this paper will be approached with a brief overview of the concept of birth trauma based on Rank (1924/1952), and analysis of the standard birth scene in the Western world and its accepted practice in the modern field of allopathic obstetrics (Chamberlain, 2007). The ancient history of Israel will then be examined for instances of trauma on individual, family and collective levels. This will be accomplished through a broad review of the Biblical text of the Torah, which includes a historical narrative accepted as literal truth by generations of believers. This review demonstrates that the genesis of ancient Israel as depicted in the Bible may represent an early and dramatic example of collective birth trauma. Ramifications of this will be explored for a fuller understanding of the Bible, and of the origins of the Jewish people and of Judeo-Christian culture. Finally, potential

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clinical applications and the need for further research into the area of collective birth trauma and collective trauma in general will be briefly discussed.

Historical Context

In *The Trauma of Birth*, Otto Rank (1924/1952) reveals and analyzes the impact of birth trauma at the level of depth psychology. Among other things, he posits that all later separation experiences are psychologically associated with the original birth experience and the penultimate separation from womb and mother. He sees analysis as a process allowing the patient's unconscious to re-experience and partially abreact the trauma of birth. Metaphors and dreams of being reborn that surface around termination of analysis relate to fantasies of return to the womb, and of corrective birth or separation experiences. He identifies such processes as examples of repetition compulsion, and cites their occurrence even in his relatively short analyses of four to eight months duration.

Rank describes prenatal transference, in which clients' dreams and reactions to the therapist reflect the position of the unborn child, even at the outset of treatment. He relates sleep, hypnotic states and hypnotizability to the intrauterine mother-child relationship. Children need their entire childhood to work through their birth trauma, and those who fail to adequately do so remain infantile into adulthood. Every opportunity that realistically or symbolically reminds the child of the birth trauma is used to abreact remaining affect: "*every infantile utterance of anxiety or fear is really a partial disposal of the birth anxiety*"—while "*every pleasure has as its final aim the re-establishment of the intrauterine primal pleasure*" (ibid., p. 17, original emphasis).

For Rank, childhood enuresis and encopresis, and later masturbation and "pollution" represent fetal forms of bodily discharge. The biological connection between fear and defecation is also hypothesized to relate to the primal situation. Beyond replacing mother's breast, sucking fingers allows a return to pre- and perinatal functioning, while sucking toes allows recreation of the fetal position.

Rank links birth trauma to unconscious perceptions of death, beginning in childhood and continuing into adulthood. For children, death is equivalent to being away (i.e. separation), again connecting to the original separation of birth. Thus, any death requires coping with repetition of the primal trauma. Rank also discusses the trauma experienced by the eldest upon the arrival of the second child, the

newcomer spoiling the elder's fantasy of return to the womb, resulting in envy and anger.

For Rank, analysis reproduces the birth process. This leads to his time-limited approach, facilitating work on birth trauma, with each session replaying the separation from mother. He notes that patients sometimes exhibit symptoms like dizziness, mimicking the birth situation, at the end of sessions.

Rank finds tendencies toward primal scene repetition even across species, as in migratory behavior of birds and fish over long distances and through life-threatening obstacles back to their birthplace. For Rank, the behavior of mouth-brooding fish, in which the hatched young enter the mother's mouth for protection at night or upon perceived threat, demonstrates that sleep in the animal kingdom always represents a return to the mother's womb. Pouched animals and birds returning to nests relate to the same phenomena.

Birth Trauma Today

Rank's pioneering work focused on deep and largely unconscious levels of psychic experience of birth trauma, and their hypothetical expression in the later development of the neuroses. His followers in the field of pre- and perinatal psychology and health still believe that infants universally experience a physically and psychologically traumatic birth. Psychoanalytic orientation is not required in order to appreciate numerous traumatic elements characterizing standard obstetric treatment of babies born in Western allopathic medical facilities today.

As described by Chamberlain (2007), on the physical level, babies are forcibly, abruptly, unexpectedly and violently ejected from the only environment they have ever experienced, mother's safe, warm, protective womb. They are thrust into birth without preparation or knowledge about what is happening, when and how it might end, or any higher cognitive functions that might mitigate their perception of the ordeal. The mother's physical and psychological stresses of birth impact the unborn child. On top of these, babies during labor often spend hours under extreme and sometimes life-threatening pressures in the narrow cervical canal.

In the West, they are usually under pharmacological assault, and often endure aggressive physical and mechanical manipulation, sometimes by tools including forceps or suction that leave long-lasting marks. Such procedures are usually applied after long hours of maternal hard labor (and staff efforts), meaning that decisions and

interventions occur under conditions of stress, crisis and exhaustion.

When babies finally emerge, it is usually into an environment that is too hard, cold, bright, noisy, and big for a newborn (Chamberlain, 2007). They are handled by strangers in a professional, but often brusque and insensitive manner frequently causing unnecessary pain and fear. Standard allopathic obstetrical and maternity protocols call for the newborn to be separated and isolated from its mother and its cries ignored, unless there is "rooming-in". Any response to the newborn's needs is dependent upon the staff-to-baby ratio, individual and group moods among staff—especially their beliefs about the sentient/cognitive awareness of newborns—and other extraneous factors. The possibility of any response from mother or family may depend upon chance, or how well the infant synchronizes his cries with ward schedules, protocols and policies regarding contact between newborn and mother. Most often breastfeeding is not promoted by medical staff, so baby is often put on bottles instead of suckling at mother's breasts. Cases of premature birth or other complications may entail additional perinatal trauma—such as longterm hospitalization, isolation in an incubator and invasive medical procedures.

The common assumption that such experiences leave no marks on infants' psychological development is probably partly based on the need of medical staff and caregivers to avoid associated guilt or anxiety. These unconscious feelings may in turn stem from their own repressed birth experiences and those inflicted upon their children.

Unfortunately, such denial is belied by the mounting evidence from developmental research demonstrating that neonates and unborn children have more sentient and cognitive psychological capacities than previously believed. Research has shown that the unborn child can differentiate voices, can learn and remember, and after being born can recall and show clear preferences for mother's voice, and for the stories she read aloud to them while they were still in the womb (De Casper & Fifer, 1980; De Casper & Spence, 1986). Thus, it seems increasingly likely that the unborn child is aware of the birth experience on various levels, and may be significantly affected by it.

The normal and uncomplicated birth process entails numerous physical and psychological microtraumas, which cumulatively represent what the psychiatric literature labels clinically as "trauma." In a minority of cases, there is additional macrotrauma due to specific perinatal complications. Any birth entailing actual or perceived threat of death or serious injury to the baby or mother would meet

Diagnostic and Statistical Manual (*DSM-IV*; American Psychiatric Association, 1994) criteria for a traumatic event, with potential to cause posttraumatic stress disorder (PTSD).

Rank's followers generally believe that the process of birth forms the central trauma of human life, and leaves indelible marks upon the psyche similar to PTSD symptoms from other trauma (Chamberlain, 2007). Denial of this possibility leads many to ignore what may be the earliest, most profound, and universal of all human traumata, with major potential impact upon every facet of individual and collective existence.

Various modern approaches, such as Janov's (1993) Primal Therapy, adopt Rank's central ideas, and utilize understanding of the trauma of birth to help people become aware of and express their physical and psychic pain, in order to approach a fuller, freer and less neurotic level of existence.

Ancient Israel's History: Individual and Family Trauma

The history of ancient Israel may be likened unto a pregnancy, which may in turn be divided into three unequal trimesters. Following Encyclopaedia Judaica (1971), these could be labeled and dated as the period of the Patriarchs and Matriarchs (c. 1900-1520 BCE), the period of sojourn and slavery in Egypt (c. 1520-1280 BCE), and the forty years in the desert following the exodus from Egypt. All told, this centuries-long pregnancy would befit a people whose life-span to date is nearly 4,000 years since Abraham.

The parallel to individual pregnancy is appropriate in certain specific developmental processes. Following fertilization (perhaps Abraham's arrival at his distinct monotheistic belief and relationship with God) we have quick multiplication in number of "embryonic cells"–from Abraham and Sarah to 70 souls upon arrival in Egypt (Exodus 1). Rapid population growth continues despite subjugation in Egypt (ibid.). As in pregnancy, we note not only the increase in cell numbers but also differentiation of the various parts of the organism: Abraham's great grandchildren form 12 distinct tribes.

Differentiation continues in the desert. The tribe of Levi is singled out for ritual specialization along the lines of three distinct kinship groups, one of which is ordained as Priests. Since the Levites, who include Moses and the Priests, are the leaders at this point, one may also see this as an example of cephalocaudal development. There is movement from the simple to the complex and an increase in sophistication in the judiciary system (Ex. 18:13ff.) as well as

development of the moral and ethical statutes known collectively as Mosaic Law, including the Ten Commandments and other laws ascribed to the period of desert wanderings (Exodus 20-22, etc.).

The above is well known to any student of Biblical or ancient history. What this article seeks to highlight, and what seems to have been relatively ignored before, is just how much trauma was associated with this early period in Israelite development. In the first stage, matriarchs Sarah, Rebekah and Rachel suffered long-term inability to conceive, causing marked distress. For Sarah it is so painful that she gives her maid-servant as concubine to Abraham, in order that the child be accounted vicariously to Sarah. While this was a common practice at the time, it leads to major conflict in the family (Genesis 21).

For the following matriarchs the issue was no less difficult. Rachel's declaration to her husband Jacob reveals the extent of her distress: "Give me children, or I shall die" (Genesis 30:1; all Biblical quotes taken from Jewish Publication Society, 1985). Thus we can safely assume that pregnancy, labor, birth, and post-birth were particularly anxious and far more emotionally charged for the matriarchs and their husbands than for parents with no conception problems. This would be true for any couple having a first child after prolonged infertility, but even more in that historical period and cultural context, in which the siring of heirs was of utmost importance. In addition, the advanced age of Sarah and Abraham must have seriously increased the anxiety and the actual risk involved, Abraham reported to be 100 years old and Sarah 90 when Isaac is finally born (Gen. 17:17; 21:5).

Perhaps the most famous incident of individual and family trauma in the patriarchal period is "the binding of Isaac" (Genesis 22), in which Abraham almost kills his beloved son. Though Isaac is saved at the last moment, it is impossible to deny the traumatic potential of the event: the text has Isaac bound and waiting helplessly to be slaughtered, his father standing with knife in hand, about to do the terrible deed. *DSM-IV* criteria for traumatic events sufficient to potentially cause and diagnose PTSD include "threatened death" or "threat to the physical integrity of self or others" (p. 427). The binding of Isaac has received tremendous attention from generations of theologians and scholars (e.g., Kierkegaard, 1983; Spiegel, 1967), and retains a place of central importance in Jewish tradition.

The fact that the protagonists involved were at high risk of traumatization is, however, rarely discussed. The repressed issues find oblique expressions in lesser-known rabbinic legends.

Kierkegaard points out vestiges of the tradition that Isaac was actually killed and then brought back to life. In our current context, this would imply that Isaac was reborn amidst horrendous trauma, a dramatic example of (re)birth trauma. As far as the influence of the event on the family, the classical rabbinic commentator Rashi (on Genesis 23:2) explains that Sarah actually died when she heard where Abraham had taken her only son (Rosenbaum *et al*., 1946). Isaac disappears from the Biblical narrative for a significant period following the episode, possibly reflecting a necessary time of psychological recovery from the trauma.

The life of Jacob, the Patriarch destined to be renamed Israel and to father the twelve tribes, is marked by struggle beginning from pregnancy and birth. The Biblical text of Genesis 25:22 provides rare details of Rebekah's pregnancy, stating that her twins "struggled in her womb." The distress caused her by this prenatal conflict led her to seek divine consultation. The Hebrew word translated as "struggled" also connotes movement or running, forming the basis for an ancient rabbinic legend: Whenever Rebekah passed houses of Torah study, the unborn Jacob moved convulsively in an effort to be born, while the unborn Esau did the same when his mother passed pagan temples (Genesis Rabbah 63, cited by Rashi in Rosenbaum *et al.*, 1946). The Biblical description of the twins' behavior in-utero indicates that the ancients noted and observed such behavior with keen interest, and assumed that it had far-reaching significance. The legend indicates that ancient Rabbis predating redaction of the Genesis Rabbah legends around 425 CE attributed perception, motivation, purposeful motor behavior and even personality to the unborn child.

The Bible further describes (Genesis 25:26) how Jacob was born grabbing Esau's heel (leading to the name Jacob, from the Hebrew root a.k.v., denoting the noun for heel, and the verb–to delay). In passing, we note a modern Jungian view of the twin pregnancy of Jacob and Esau as reflecting that the ego is ultimately destined for individuation, such as the divisions between ego and shadow, or ego and self (Edinger, 1986). This helps explain why the twin theme surfaces in numerous heroic myths (Rank, 1964), like those of Romulus and Remus, and Castor and Pollux.

The theme of struggle in the life of Jacob and his family becomes paradigmatic as they repeatedly must cope with difficult life circumstances: decades of separation from his parents and escape from a potentially violent father-in-law (Genesis 31), wrestling the mysterious entity that wounds and renames him (Genesis 32:23-33), confronting a vengeful brother leading 400 armed men (Genesis 32-

33), the rape of his daughter and retribution of his sons (Genesis 34), the family's escape and his beloved wife's death in childbirth (Genesis 35). He is tricked by his children into believing for decades that his favorite son Joseph was killed by wild animals (Genesis 37). The above events may even have caused Jacob to develop PTSD (Birnbaum, 2007). It is noteworthy that the Biblical approach to Jacob's struggles posits that this life-long personality trait or behavioral tendency directly related to prenatal experience and behavior in the actual process of birth.

Joseph suffers kidnapping, slavery and prison in Egypt, while the family endures famine, risky journeys to obtain food, and the brothers' frightening confrontations with Joseph (Genesis 39-50), concluding the book of Genesis and the saga of the Patriarchs and Matriarchs of Israel. While it would be a grave error to reduce their amazing lives to a series of traumatic events, the above review demonstrates significant and recurrent individual and family trauma in the initial phase of Israelite history.

Ancient Israel's History: Collective Trauma

Moving to the level of the group, the bondage of Egypt begins an account of extreme collective trauma (Birnbaum, 2008a). The long enslavement includes hard labor and abusive taskmasters, and genocide of Hebrew male babies. Some of the Ten Plagues apparently afflict the Hebrews along with the Egyptians, and thereafter the Jews probably remain anxious about further plagues, and Egyptian retaliation. After all, it was Israel's God and leaders who wrought the plagues; if the Egyptians were murderous before, who could predict their behavior now? Such ongoing anxiety and cumulative danger probably reaches fever pitch with the final plague of the firstborn (see Numbers 33:3-4). There ensues the dramatic but also traumatic rescue at the Red Sea, only after the people are sure they and their loved ones are to be slaughtered by Pharaoh's army (Exodus 14).

With Rank in mind, a brief review of the text for birth and separation themes during the sojourn in Egypt is given here. The motivation of the Egyptians in enslaving the Hebrews is apparently fear, stemming from the high Hebrew birth-rate, and possibly from separation anxiety (Genesis 1:7-14). Pharaoh commands the midwives of Israel to murder male babies at birth, and when they manage to avoid implementation of this decree Pharaoh has the Egyptians carry it out (Exodus 1:15-22). The narrative of Moses includes separation from his family under this threat of death, his being saved (rebirth) out

of the reeds of the Nile, and reconnection with his mother (Exodus 2:1-10). Nevertheless, his weaning leads to a second separation from mother, family and community to be raised in Pharaoh's palace. Coinciding with the rebirth of his Hebrew identity, he escapes (separates) from Egypt for a lengthy stay in Midian (Exodus 2:11-22). When God calls him to lead the ultimate separation and birth of Israel out of Egypt, Moses must separate from his adopted homeland (Exodus 4:18-26). This represents the birth of Moses as leader and savior of Israel, and is marked by several difficult and mysterious verses revolving around birth, circumcision and threat of death (ibid., 24-26)–which, however they be interpreted, may reflect some of the unconscious turmoil of Moses and his family.

The ensuing plague cycle can also be illuminated by Rank (1952). He mentions the common ancient practice of picturing the womb as an animal. Rank relates this to the fantasy or superstition of animals crawling into the womb and not coming out, and the additional notion that the animal becomes the content of the impregnated human uterus. Rank specifies that this animal is most frequently a toad, which creeps into dark and inaccessible crevices, and he notes that in ancient Egypt the goddess of birth was specifically depicted as frog-headed. This immediately helps explain the primal import and symbolism of the first two of the Ten Plagues: blood and frogs. We recall that the Nile was always the lifeline of Egypt, that the Hebrew male babies were drowned in the Nile, and that the Egyptians perceived the river as a divinity. Thus we can understand that the first plague demonstrates God's superiority over the Nile while simultaneously punishing the genocide perpetrated by the Egyptians. Then, the source of life for Egypt gives birth to the very animal that symbolizes the Egyptian birth goddess, but instead of bringing forth life it delivers a plague of frogs.

The irony and symbolism inherent in these events, constituting the birth of the plague cycle, and their basic connection to the birth and death of the Hebrew babies set the stage for the final plague of the Egyptian first born. This leads directly to the separation of Israel from Egypt, and to Egypt's final demise at the Red Sea: as the Hebrew babies were drowned in the waters of the Nile that later became blood red, so were the Egyptians drowned in the Red Sea. And while the Hebrew leader is reborn out of the reeds of the Nile in which his brothers drowned, the children of the Nile drown in the Sea of Reeds. The Hebrews' impending death by water is transformed via the act or metaphor of splitting or breaking of waters, a powerful birth image, as they emerge from an abusive mother-Egypt into freedom in the desert.

The next stage of Israelite development, the desert wanderings, is also replete with traumatic events, including plagues causing tens of thousands of deaths, military disasters, losses of leading personalities, and fraternal conflict—as in the Sin of the Golden Calf, and the incidents of Korah and Peor (Exodus 32; Numbers 16, 25; see Birnbaum, 2008b). Some of these remain highly salient in Jewish collective consciousness for many centuries, and the Sin of the Golden Calf remains the prototype of all calamities in Jewish tradition. The divine decision that the generation of the Exodus is unworthy to enter the Promised Land and would die out in the desert is a terrible blow (Numbers 14).

Ancient Israel's Collective Birth Trauma

Thus, all three stages of early Israelite history were rife with trauma, individual, family and collective. While observant Jews publicly reread the entire Torah in synagogue once every year, the traumatic elements present in its narrative are often downplayed. Happy endings receive more attention, perhaps in keeping with characteristic Jewish optimism. For instance, in the binding of Isaac, almost all traditional emphasis is on the great faith of Abraham, and how this faith protects future generations—thus giving the entire event a strong positive spin which avoids its highly traumatic aspects.

Even when there is focus on calamitous Biblical events, there is no application of the modern conceptual framework of trauma. This is partly due to the fact that modern trauma theory has developed over the past 150 years or so, making it unavailable to commentators on the Torah since its canonization 2500 years ago (Encyclopaedia Judaica, 1971). Some modern scholars are also loath to apply modern psychiatric terminology to Biblical texts (e.g., Kutz & Altschuler, 2002). Aside from dangers of anachronistic usage of present-day concepts with texts or people in distant cultural and temporal contexts, there is a history of tension between modern scientific and critical approaches on the one hand, and theologically-based traditions on the other. Obviously care needs to be taken when approaching such sensitive subject matter (Collicutt McGrath, 2006), but as long as the appropriate respect is shown for existing religious beliefs, there seems to be no good reason for a-priori disqualification of psychological analysis of Biblical texts (Kille, 2001; Rollins, 1999).

The presence of chronic and extreme collective trauma in Israel's early history has been established. On the collective level, since this early trauma coincides with the people's physical birth (whether this

be conceived to be upon emergence from Egypt, or from the desert into the Promised Land) as well as its spiritual birth (receiving the Ten Commandments and Torah at Sinai), the series of tragic events depicted above may justifiably be taken to represent a very early and dramatic example of collective birth trauma.

Ramifications of Israel's Birth Trauma

It is hard to imagine that prolonged enslavement of the Israelites and genocide of their male babies would fail to cause significant and chronic disturbance on individual, family and community levels. The mass infanticide in Egypt created a generation of women whose every pregnancy was constantly overshadowed by the 50% risk of delivering a boy who would be immediately murdered. This would have a strong negative impact upon the ability of both parents to relate and form healthy attachment to prenates of both sexes, in their uncertainty about whether they would ever have a chance to raise them. Feelings of fear and anticipatory guilt and grief would have been present in both parents throughout the pregnancy—most acutely during labor and birth—and in the interim between birth and seizure of the baby by Egyptian authorities. Any babies who did survive, along with their families, would have been affected by whatever mechanisms were used to hide them, and by the caregivers' anxiety.

On top of the multiple ramifications of slavery, and the specific anxiety added to the normal stresses of pregnancy and delivery, there existed an entire generation of bereaved parents, grandparents and siblings of the slain babies. There would have been many families with only female children. The complex family dynamics that would have been part and parcel of early Israelite history may in this regard have included various patterns associated in modern times with post-holocaust families. There may have been generally heightened neuroticism, tendencies toward dissociation, identification with the aggressor—as set up by Pharaoh's dichotomous split of the boys from the girls (anticipating Nazi life-and-death selections upon arrival to concentration camps). A possible sign of such dissociation may survive within the Biblical text in Moses' description of his Levite brethren as ignoring their own parents, brothers and children (Deuteronomy 33:9).

The mass murder of so many male babies must have created specific anxieties over conception, pregnancy, childbirth, and the safety and welfare of existing and newborn children. With the particular importance male children held in Biblical times, all the bereaved individuals and families—and indeed the society as a whole—would

have been in ongoing mourning over an entire cohort of babies. The multiple sequelae of this tragedy include the potential loading of conscious and unconscious psychological expectations and roles from the murdered children onto surviving female children, or all children born before and after the genocide (Wardi, 1990). Unconscious sibling survivor-guilt, parental guilt for failing to protect their children and for bringing them into the world only to be murdered at birth, and other second and third generation phenomena may have been present as well, just as post-holocaust phenomena are still emerging today (Wardi, 1990). Finally, there would have been serious anxiety regarding the continued survival of the people as a whole.

Further impact may be surmised on the societal-demographic level: the murder of the male babies led to a severe imbalance between young men and women. Given the emphasis on marriage and childbirth, heightened anxiety, competition, and pessimism among parents, sisters and the girls themselves with regard to finding suitable husbands would have been prominent. The lack of appropriate candidates from within the fold may have led to increased polygamy, despite clear preference for monogamy in Mosaic Law and Jewish tradition (Rotenberg, 2004), as well as to increased intermarriage with Egyptian men. If large numbers of Hebrew girls married Egyptians, this would help explain the "mixed multitude" (Exodus 12:38) that left Egypt with the Israelites, and is implicated by Jewish tradition in subsequent mishaps in the desert.

It would only be natural that such mixed couples would, under stress, show less unity and confidence in their Israelite identity, as Egyptian partners may have pushed for physical return to Egypt or spiritual return to its cult (as at the Golden Calf). If such troubles were indeed related to intermarriage, we would have another strong explanation for the strict and repeated prohibition of Israelite intermarriage in the Torah, and the related ban against the nations of Canaan (Birnbaum, 2008a). Similarly, if there was increased polygamy as a result of the traumatic murder of the male babies, this could help explain the Jewish preference for monogamy, running counter to prevailing world norms for many centuries before and after Moses.

From a broad historical perspective, one may posit that the period of the wanderings in the desert was a time of mourning and healing of the traumatized and bereaved community. The inability of the "Exodus" generation to enter the Promised Land and their dying out in the desert may indicate failure to completely overcome the trauma of Egypt and work through consequent disorders of attachment and

complicated grief.

While Israel's Exodus from Egypt has become a major universal symbol of freedom from tyranny, it may psychologically represent an archetype of separation, as well. As delineated by Daube (1963), the relevant "Exodus Pattern" appears repeatedly in the Bible, beginning long before the Hebrew's enslavement in Egypt. Mesopotamia gives birth to Abraham, who leaves for Canaan (entailing exile from his homeland). He establishes himself in Canaan, but soon must leave for Egypt due to famine (Genesis 12). In our current context, exile and hunger for food parallel baby's expulsion from the womb, oxygen deprivation in the birth canal, and hunger for warmth and connection with mother after birth.

Genesis 12 is also permeated by mortal danger and the continued theme of separation (of Sarah from Abraham, and of the couple from Egypt)–as in a complicated birth. The entire story presages the later descent of the Hebrews to Egypt due to famine, threat to Israelite existence, and eventual exodus from Egypt with wealth and migration back to Canaan. Some of the Israelites leaving Egypt experienced the exodus as an exile from a comfortable homeland (e.g., Numbers 11:5; 14). The fantasy of return to the womb (Rank, 1924/1952) may have been active among all, one group perceiving its womb to be in Egypt, the other in Canaan. Modern critical scholarship indeed allows for multiple sources of the various Hebrew tribes that later combined to form the Israelite nation—each with its own birth narrative, eventually amalgamated in the unifying tradition of the Torah.

Tension over return to Mesopotamia, original womb of Abraham and Sarah, and to Egypt, in search of brides and sanctuary, continues throughout the Bible and ancient Jewish history (e.g., Deuteronomy 17:16, Jeremiah 42-44). Abraham sends to Mesopotamia to find Isaac's bride, Rebekah, who also endures lifelong separation from family and homeland. This fate is common to each and every matriarch, and the concubines. Isaac is the only patriarch who is born and lives out his entire life without leaving Canaan. Jacob flees from Esau to Mesopotamia, where he marries and builds his family.

The other traumatic incidents reviewed above are also dominated by separation themes. Jacob and family escape from Laban, who like the later Pharaoh, pursues and intercepts them. Here, too, God intervenes to save Jacob, and resolution is achieved involving clear separation (Genesis 31). In Jacob's wrestling with the mysterious figure, the two are depicted as locked in struggle through the night and Jacob won't let go without being blessed (Genesis 32). This drama is surrounded by river-crossings: the Jabbok is specified, but the Jordan

as well, both setting up the pattern to be repeated at the Red Sea and the Jordan—marking the beginning and end of the desert wanderings.

The narrative continues to deal with separation-individuation issues, with confrontation and resolution of fraternal conflict (Genesis 33), love-hate relations with non-Hebrew neighbors (34), flight, and the death of Rachel (Genesis 35). Jacob, the preferred son of his mother (Genesis 25:28; 27), apparently never sees her again after leaving, since only the reunion with his father, Isaac, is mentioned in the text. Even this seems almost an afterthought, and is presented conjoined with Isaac's death, perhaps implying that it occurred just before, or that Isaac held on to see Jacob after his 22 year absence (Genesis 35:27-29).

Benjamin's birth is surrounded by the additional physical and emotional birth trauma connected to Rachel's death, which may have caused paternal postpartum depression and/or PTSD—which might explain Jacob's inability to convey Rachel's body a relatively short distance to the family tomb (Birnbaum, 2005a). Jacob's sons move far away with their flocks (separation again; Genesis 37), and Jacob sends Joseph to inquire after them (a potential rapprochement). The brothers, however, almost kill Joseph, eventually selling him into exile in Egypt (extreme separation). Later, famine forces the brothers to make repeated trips to Egypt to obtain food. Jacob desperately postpones the separation of Benjamin as long as possible. Benjamin's psychological birth mirrors his difficult physical birth, the one killing his mother, the other both caused and delayed by the traumatic separation of his older brother, threatens to kill his father (Genesis 44:22, 31). Benjamin himself was probably at risk in both instances, physically and psychologically.

The exodus from Egypt was not a simple birth process. The Biblical account suggests that the plagues were spread over approximately a year. This was followed by 40 difficult years in the desert, and calamities such as the Golden Calf. Finally, the desert gives birth to the nation that enters the Promised Land, with symbolic birth metaphors of the divided waters of the Jordan and the falling walls of Jericho. Since the Patriarchs made Canaan their home centuries before, the return represents reconnection with parental figures.

Analytically, conquering of the motherland is also pregnant with sexual associations. Interring the bones of Joseph in the Land (Exodus 13:19; Joshua 24:32) may symbolize a reuniting of father figure with mother earth. By doing so, the sons Oedipally facilitate paternal penetration into mother, as well as mother's consuming the father. The children are left to play on mother's surface—with the eventual

promise of following in father's footsteps and penetrating mother upon their death. This reunion with father within mother recreates the moment of fertilization, the only time of perfect physical union of the ultimate trinity: father, mother, child. We note that the Biblical term for death and burial in family tombs is 'sleeping with one's fathers' (e.g., I Kings 11:43, 14:20,31, etc.). Thus the Bible provides a foundational unity of birth and death on physical and psychological levels.

Discussion

The Biblical narrative of ancient Israelite history includes numerous traumas that cumulatively can be conceived as collective birth trauma parallel to Rank's individual birth trauma. This Biblical birth trauma can be identified at three major levels: (1) At the most general level there occur multiple trauma strongly affecting the entire social group during the historical period of the birth of the nation (e.g., the slavery in Egypt). (2) Specific episodes in which the fledgling nation or its founding families experience major traumatic incidents with symbolic relevance to traumatic birth and separations (e.g., the Ten Plagues, the Red Sea). (3) Traumatic birth-related incidents at the individual/family level, with central inherent themes of birth (Moses), threatened death and rebirth (Issac, Joseph), and death of leading personalities (Rachel). This collective birth trauma apparently had significant short and long-term effects on Israelite history, as will be discussed below.

Extending Rank (1924/1952) on enuresis, encopresis, and masturbatory pollution can be relevant to present-day individual and collective environmental behavior. Pollution of the environment may represent unconscious regressive attempts to recreate ideal, carefree prenatal conditions—in which waste products were disposed of without any effort or concern whatsoever. Simultaneously, aggression toward mother earth may represent resentment toward the mother figure for forcing us out of her womb, into life, and the death this could bring to the human race would entail mass, permanent reunion with the beloved mother. Enhanced understanding of the psychological underpinnings of such phenomena may help optimize community and global environmental interventions toward more realistic and sustainable behavior in light of the Torah's injunction that we "choose life" (Deuteronomy 30:19).

Rank's insights regarding the connection between birth, separation and death may also provide the psychological basis for personal

fantasies of attraction to death (as in depression and suicide), as well as for religious and spiritual beliefs in life after death throughout much of cross-cultural human history. These topics merit further study.

The full ramifications of the concept of birth trauma have so far been relatively marginalized by mainstream psychiatry. Such denial of birth trauma parallels or brings us full circle with the more accepted concept of the denial of death (e.g., Becker, 1997). It emerges that we tend to avoid exploration of the liminal boundaries on either end of our lives. This may be due to unconscious anxiety among professionals and laypersons, and perhaps hints at a connection between death anxiety and birth anxiety, the latter relating to the entire realm of pre and perinatal development.

This anxiety seems particularly characteristic of the West. Perhaps it relates to the above-identified unity of father, mother and son upon fertilization and death, and the individualistic West's discomfort with such close interdependence. Additionally, the West has structured its perception and its realities surrounding birth and death in such a way that both are times of severe stress (e.g., Holmes & Rahe, 1967).

In times of stress people tend to fall back on old coping methods. Yet the application of standard quantitative scientifico-deductive research paradigms is more limited precisely at both ends of the life continuum. These areas may be more amenable to transpersonal and qualitative research, and for fuller understanding may require incorporation of spiritual approaches beyond traditional, narrowly-defined scientific method. We must move beyond the illusion that the two spheres are inherently contradictory (Birnbaum & Birnbaum, in press).

Rank (1952) contends that children and adults utilize every opportunity for pleasurable working off, abreaction and catharsis of primal dread relating to birth trauma. This article suggests that there may well be a phenomenon of collective trauma that is carried by groups and manifested in their individual members and the society at large. Following the *DSM-IV*, we might differentiate acute collective trauma (referring to recent mass traumatization, such as the collective impact of 9-11, or the 2004 Tsunami) from historical collective trauma. Presumably, historical collective trauma could be transmitted culturally (involving individuals' identification with their group's past trauma), genetically (as in Jung's transpersonal approach), or otherwise.

Acute collective trauma impacts individuals whose community has been struck by disaster. The element of collective trauma being

addressed here refers to the part of their reaction that revolves around the significance of the event for the group as a whole. Intergenerational transmission of historical collective trauma may be more difficult to prove. Given that the ancient Israelites experienced such collective trauma, can we discern signs of its presence among their living descendants?

According to one well-known aphorism, all Jewish holidays essentially conform to this basic formula: "They tried to destroy us—we survived—let's eat!" We can see in this colloquial summary of the essence of Jewish celebrations a synthesis and reflection of unconscious trauma and one of Judaism's cultural methods of collective working through. Most major Jewish holidays do indeed commemorate trauma and survival: Passover and Tabernacles relate directly to the Exodus from Egypt, Purim and Hanukah commemorate near physical and spiritual destruction, respectively. Thus, the festivities may point to the continuing effect as well as a therapeutic processing of past collective trauma.

As mentioned above, one of Rank's basic assumptions is that birth trauma causes childhood amnesia stemming from the need to repress overwhelmingly painful memories. Conversely, what is available for recall is also dependent on the child's defenses and coping abilities relating to primal trauma. The same logic also holds for the group: the primal collective trauma of Israel can help explain both what is remembered (as in the above holidays), how it is remembered (to be discussed presently), and what is not remembered.

The holiday rituals of Passover and Tabernacles lay heavy emphasis upon the happy ending of freedom, with scant attention paid to the trauma involved. The Passover Seder retelling of the exodus story is selective. It moves swiftly, often in the same sentence, from recalling the tears of slavery to current freedom, as in its opening line: "We were slaves to Pharaoh in Egypt, and God took us out of there with a mighty hand." The Ten Plagues receive attention; yet there is no mention of Hebrew suffering or anxieties surrounding them, only of God's glory, often with an attempt to empathize with the *Egyptians'* pain. The entire ritual is conducted in a festive atmosphere celebrating freedom.

Similarly, the Tabernacles, originally meant to remind Israel of the exodus and desert wanderings, are not utilized to bring up memories of trauma, but of freedom, connection to nature, and other positive themes. In the main ritual of Purim, public reading of the book of Esther, the narrative moves within minutes from threatened destruction of the Jews to their complete salvation, with hardly any

room for the months of agonizing anxiety the community bore under extreme uncertainty and imminent danger of annihilation.

On Hanukah, emphasis is heavy upon the victory of the few against the many, and the legendary miracle of the Temple candelabra; few Jews recall details of the decades-long military struggle, the fall of their leader in battle, or the horrendous persecution that preceded the revolt, and the holiday ritual does not mention these.

Further regarding what is not remembered, recent research has demonstrated that modern Israelis show very poor recall for certain dramatic Biblical events, such as civil wars between Jews, and political assassinations of Jewish leaders by Jews (Birnbaum, 2005b, 2008b). This finding is striking, since the Jews are known as "The People of the Book", and Israelis study the Bible as a compulsory subject for years from elementary through high school.

Like the cultural practices described above, these research findings make sense in the light of a Rankian approach: traumatic collective primal memories are naturally repressed, just as they are in the individual, if not more so.

Janov (1993) describes neurotic people as a-historical, their pain robbing them of their personal history. Extending this to the collective level we may posit that the same characterizes peoples and nations: those who are cut off or repress their history may be exhibiting collective neuroticism. Thus, holidays and rituals that bring people back in touch with their histories could be highly therapeutic. Individual and community reconnection with the collective past and attendant feelings could reduce neurotic defense mechanisms like avoidance, repression, or dissociation. However, cultural evolution has apparently been harnessed precisely in the service of such defenses, robbing holidays and rituals of much of their potential therapeutic effect. This topic deserves to be researched with regard to holidays and rituals of the Jews and other peoples. Cultural and religious authorities would be wise to periodically reevaluate their rituals from a psychological perspective. This might lead to incorporation of elements allowing reconnection and mourning of traumatic losses, before going on to celebrate physical survival and moral victory with good food.

The potential relevance of early Israelite collective birth trauma extends beyond understanding or treating members of the Jewish people. Since Christianity was born out of Judaism, the same birth trauma issues may have been adopted to varying degrees by all peoples who came to embrace Christianity. The extent of this adoption of collective trauma may correspond to conscious and unconscious,

individual and group attitudes toward the Hebrew roots of Jesus and Christianity, the scriptures of the Old Testament, and identification or dis-identification with ancient or even modern Israel. The work of Collicutt McGrath (2006) demonstrates that the origins of Christianity were in all probability characterized by significant birth trauma, also. Thus the issue is relevant to all of Western civilization—which is based on Judeo-Christian foundations—and through the West, it is relevant to the world at large.

Furthermore, peoples throughout the world have no doubt been born out of collective trauma, and continue to experience collective trauma, so ignoring this level of human experience is ethically and clinically untenable.

We thus return to the possibility of developing treatment interventions focusing on collective birth trauma or other collective trauma. Janov (1993) posits that primally imprinted experience can significantly influence the entire life of an individual, since it is so deeply rooted and connected to the organism's survival. For example, early imprinting of passivity due to a traumatic and helpless birth experience can lead to lifelong passive and repressive tendencies that may even predispose the individual to develop cancer.

If Janov is correct, it may be worth adding our parallel collective hypothesis to epidemiological research at the level of ethnic and national groups. In addition to divergent genetic and environmental backgrounds, there is the possibility that intergenerational transmission of early collective trauma may act to influence different groups' variable susceptibility to physical and psychological disorders. It would be worthwhile to explore possible connections between the trauma history of various peoples, their collective coping mechanisms, and patterns of physical and mental illness.

The interaction between individual birth and other trauma, on the one hand, and collective past and present trauma on the other, has yet to be studied in depth. This interaction is of import on both theoretical and practical grounds. Clinically, for instance, Janov (1993) warns against premature opening up of a patient's birth trauma, and advocates taking the person and their affective state into account in the long process of discovering and expressing personal primal pain.

Even greater caution may be required on the collective level, especially if it is attempted in a group format: premature and overly intrusive rituals designed to facilitate re-experiencing and expression of historic collective pain may be valuable for some individuals and for some groups, but dangerous for others. Therefore, if this theoretical direction is put into practice, it should be attempted with care, after

proper screening, and only by mental health professionals with significant clinical expertise and experience in the field of trauma. Individual and group resources and life situations must be taken into account, and appropriate supports must be in place.

Janov's reports on results with primal therapy would lead us to expect that some participants in any form of collective trauma work will exhibit regression, helplessness, and strong abreaction. The safest and most logical place to carry out initial trials of such work might be in ongoing primal therapy (and similar approaches) with individuals and groups already working on their individual trauma with trained professionals. Such individuals and groups, experienced in getting in touch with their primal experiences and pain, might most easily be able to access and cope with the collective pain they may carry. Similarly, their therapists are best positioned to facilitate optimal process, in order to avoid as much as possible either too much or too little contact with the pain or too much emphasis either on the past or the present, or on their individual vs. their collective trauma.

Other approaches that reconnect individuals and groups and provide treatment for past trauma (such as Eye Movement Desensitization and Reprocessing [EMDR]; Shapiro, 2001) could also be applied by trained professionals in the treatment of collective trauma (Birnbaum, 2005c). Specific elements would need to be adapted to the collective level. For instance, where standard EMDR assessment requires obtaining negative and positive cognitions relating to the target trauma or problem and oriented to the individual (using I statements such as, "I am helpless" and "I have control"), collective trauma work using EMDR might need to obtain cognitions geared to the collective experience (such as, "We are helpless" and "We have control"). Similar adaptations would be necessary and possible using other approaches for treating collective trauma.

If collective primal pain and other collective trauma is identified, it would be of great interest to research individual and group differences in its content, impact, expression, and treatment with different existing approaches. There could be individual and group differences in the relevance of the concept of group trauma. Ethnic or national groups may vary in their degree of homogeneity and perceived historic and current collectivity. Individuals will certainly show great differences in their degree of identification with their collective. Many will have multiple competing identities and may show various degrees of identification with each, especially in multi-ethnic and multi-religious societies, and in cases of families with mixed ethic, racial or religious background. Thus, research in this domain will do well to

include measures of ethnic identity and perceived connection to the relevant collective (e.g., Birnbaum, 1991; Phinney, 1992). It is also possible that new techniques geared specifically to the treatment of collective trauma will be required. Group techniques could be highly appropriate in this area.

One obvious challenge is the overabundance of current individual trauma, so the clinician may well ask: "Why should we go looking for additional collective traumatic experiences from the past?" The volume of material the mental health professions can tackle is a real issue, and it is not advisable in all cases to open up every source of trauma. Individual and group resources need to be assessed, and informed choices need to be respected in terms of clients' ability and desire to open up specific issues. Yet, there may be many cases where not working on extant collective-level trauma from the recent or distant past could impede clients' progress in therapy and in life. Avoiding collective trauma may also block connection to powerful collective resources, which would help individuals see themselves as part of something greater, and could be harnessed in narrative, spiritually-informed, or other forms of trauma therapy.

Any case in which modern modalities of trauma treatment seem not to be working ought to be assessed for the possible presence of collective trauma that could be impeding progress. Unmitigated or apparently exaggerated trauma symptoms previously misinterpreted from an individual or family perspective may actually stem from a collective reservoir of historic trauma. One of the challenges for professionals in this area will be how to assess when collective-level intervention is necessary and appropriate, and how to integrate it into individual trauma work.

Janov (1993) describes primal therapy as a voyage of discovery akin to opening one's personal history book, and becoming students of ourselves and our pain. A similar voyage of discovery and potential therapeutic gain awaits those who would open and study their collective emotional history books, to see what collective pain they are carrying, and what they can do about it. If developed and applied responsibly—and with appropriate research assisting to optimize the approach—addressing issues relating to collective emotional history and trauma might make a significant contribution toward healthier functioning for individuals, communities, religious, racial and ethnic groups, and even nations.

People's getting in touch with their collective past will enhance their ability to deal effectively and in greater unity with their collective present. Working through of collective unfinished business

may allow improved problem-focused coping with current dilemmas spanning the entire gamut from intraindividual through international levels. The resultant accessing and releasing of collective post-traumatic growth potential may prove invaluable in helping the greater human collectivity face growing challenges to its continued survival.

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