

THE TRANSMISSION OF TRAUMA
An Analysis of the Possible Place of Deferred Action
in passing on the Effects of Trauma

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In her book, *The War After*, Anne Karpf (1996) gives a moving account of her experiences as a child of holocaust survivors. Detailing the background of both parents she shows the enormous influence of their trauma on the life of the family. There is a powerful description of the pervasive cold that only partly relates to the physical climate. The present paper revisits the notion of trauma as it is understood within psychoanalysis and attempts to disentangle some of the key elements. What is it that makes a particular experience traumatic for a particular subject and how is one to understand the factors in a particular personality that makes someone more susceptible to trauma than someone else? How do the effects of trauma continue to operate within the person and can one speak of the transmission of those effects or perhaps even of the trauma itself? There is a great deal of literature now dealing in particular with the trauma suffered by holocaust victims and survivors, even literature that deals with the continued effects of the trauma into the third generation. Some of the recent very interesting work of Fonagy and others in this area is examined and an evaluation is attempted (Fonagy et al., 1993). It is suggested that further attention needs to be given to Freud's notion of "deferred action" in this context and that the particular traumatic effects that result when the threat that is involved is precisely the threat of death need consideration. It is argued that trauma arising from an immediate threat to life itself needs to be considered as a very special case of traumatic experience that is resistant to psychotherapeutic work in a particular way.

History repeats itself

Freud introduces the notion of deferred action very early on in his work (Freud, 1950a [1895]: 356). It was offered as an explanation of the persistence of trauma in the sense of history repeating itself, that is to say, as the effects of the trauma being operative in the later life of the subject. It was clear that there continued to be some effects of trauma and it was sometimes referred to as "the ghost in the kindergarten". The persistence of those effects was such that the trauma of parents could also be considered to be present in the experience of the child. But how did this mechanism of the transmission work or how could the trauma be passed on? The carrying on of the effects of trauma happened because it was not worked through and it remained operative. Fonagy et al. (1993) have been involved in related work on studying the impact of traumatised parents on their infants. In a very detailed study they attempted to relate the reported experience of the parents' own childhood to how their infants experienced their parenting. Its most important finding was that the security of the infants' relationship with both parents at twelve and eighteen months could be predicted on the basis of qualitative aspects of the parents' accounts of their own childhood collected before the birth of the child. It could be said that there exists an intergenerational concordance in relationship patterns and this is a fundamental assumption of the psychoanalytic model (Freud, 1912-13: 159). The observation is confirmed in epidemiological research. Parents with a history of deprivation, neglect, or abuse appear to be more likely to encounter problems at all stages of family life and these problems, or related difficulties, reappear in their children. It is to be expected that those who have been traumatized will be, for that very reason, less effective as parents in a general sense unless they have been enabled to work through the effects of that trauma. More particularly, it is important to attempt to understand something more of the mechanisms of trauma and its transmission in individual cases. It is to be expected that the trauma of parents is obviously experienced indirectly by their children, or perhaps one should say, that the trauma of the children is actually a different kind of trauma and therefore to be responded to differently. One might not be justified in thinking of trauma at all in the case of the children, or at least not in the same sense. Of interest in the present context is the observation that there appeared to be indications that the trauma of the parents was actually passed on in a more direct manner and that it wasn't merely a matter of the parents' parenting capacity being negatively influenced by their experience. Is it possible to think of the Freudian "deferred action" operating not only in the life of the individual

subject alone but also as a process which operated over and across the generations?

Dissociation and psychic equivalence

For Fonagy it is suggested that what is operative in the traumatised subject is a kind of splitting or dissociation that results in the trauma living on in the subject and also in his or her children. It is suggested that this might be what Freud meant when he says that we may safely assume that no generation is able to conceal any of its more important mental processes from its successor. The present instance of passing on the effects of traumatic experience from one generation to the next may be a case of that failure of concealment. Is this a case of traumatic reactions in the children of survivors of the Holocaust? Are these reactions the result of a specific early emotional environment created by the survivors for their offspring? In this context Kestenberg speaks of a transgenerational transposition of trauma which is tantamount to the patient's immersion in another reality (Fonagy, 1998). It resurrects the murdered objects which the caregiver – the survivor – cannot adequately mourn. Fonagy also quotes the work of Ilse Grubrich-Simitis who speaks of the traumatized ego's incapacity to use metaphor and the related incapacity to structure past, present and future time (*Ibid.*). There is said to be operating a timeless concretism in psychic functioning which manifests itself in the second generation. The anxieties of the victims find expression in their effect upon the object relationships of the second generation. Levine, also mentioned in Fonagy, speaks of "the child of survivors complex" and points to the ways in which Holocaust victims have a diminished parenting capacity (*Ibid.*). This expresses itself in depression, poor control of affect (including guilt and aggression), unrealistic parental expectation, over-protectiveness and the undermining of individuation. Constructs are needed to explain how transmitted trauma may impact on parent-infant relationships. Basing his discussion on attachment theory, Fonagy suggests that parents with an insecure and incoherent view of their childhood attachment experiences are highly likely to build an anxious attachment relationship with their infants. He suggested that what's important is the lack of resolution of the trauma, i.e., its unmetabolised character. The anxiety in the parent leads to dissociation. Disorganized attachment creates a predisposition for a dissociative response. There is a failure in making the necessary distinction between concrete and psychic

reality. The risk does not only persist for the children of the survivor but also for the grandchildren. The effects of the trauma may indeed persist into the third generation. This may even be the case when there is no manifest psychopathology evident in the parent. And it may also account for the apparent "transmission" of specific memories and related affects across three generations.

A case of transmitted trauma

Fonagy discusses a case history (the story of Glen) and suggests that the basic transference issue in that work was the child's concern that the analyst could not contain and tolerate his rage and mad thoughts (*Ibid.*). The analysis was completed in three and a half years. Mother had wondered before birth whether it was worth bringing a child into this world, given the suffering and trauma that might be involved. Of particular interest is what Fonagy refers to as the "staggering" match of psychic material between Glen and his mother, who incidentally was also in therapy. To say there is a match of psychic material is not to say that it was the same; there was a very different neurotic constellation in the case of the mother. His images were focused on castration and homosexual concerns and there was some preoccupation with violent sadism. But when mother's conflicts became introjected into Glen, they impacted on his own expectable conflicts in relation to sexuality and destruction and, as such, they had a profound effect.

Glen's history is a good illustration of transgenerational vulnerabilities associated with severe trauma. On the basis of attachment theory the key construct postulated here is that of mentalisation or reflective function. This function underlies the capacity to understand behaviour by postulating thoughts in terms of what Fonagy calls the intentional stance. The infant's observation of the self becomes meaningful in the context of the caregiver's reactions to his or her expressions of intentionality. In line with Winnicott, the child is likely to internalise the mother's actual state as a part of his own self structure, when he fails to find his current state mirrored (Winnicott, 1967: 26-23). When confronted with a frightened or frightening caregiver, the infant takes in, as part of himself, the mother's feeling of rage, hatred or fear and her image of him as frightening or unmanageable. This image must be externalised for the child to achieve a bearable and coherent self-representation. This lack of integration of the self gives rise to a potential for dissociation, which is a converse of reflective function or mentalisation. It amounts to a disjunction between

related mental contents that would normally be integrated. The child then has awareness of the stimulus but is unable to become aware of that awareness; he has feelings and thoughts, but cannot represent these as such. Without the ability to reflect, the normal meaning of experience is lost. It could be argued that what was operative here was repression into the unconscious of experience which couldn't be managed by the child. This experience was traumatic in a real sense. Perhaps this is what Fonagy implies when he says that the experiences of the self exist in limbo, separate from other aspects of mental function. In Glen, there was a vulnerable breach in his self-structure created by his lack of contact with his experience of himself. This collapse came about through a dysfunction in his self-representation due to what were described as the profound psychological absences of his mother in infancy. The dissociated core of the self is an absence rather than genuine psychic content. It reflects a breach in the boundaries of the self, creating an openness in the self to "colonization" by the mental states of the attachment figure. This is not an identification, as it is not a modification of the self-representation which matches the established representation of the other. The dissociative core permits the direct transmission of unconscious traumatic fantasy from mother or father to child. It is to be noted that Glen's ideas of the Holocaust appeared to be his own in spite of the distance of two generations. Fonagy reports that his thinking was permeated by specific images which could be traced to his grandmother's experiences as imagined by his mother. This applied to many of his symptoms as well as to his fantasies. One could say that he was living in his grandmother's world in the way it had been mediated to him by his mother. The images of horror were transposed into the self and re-emerged due to the selectiveness of moments of non-responsiveness of the caregiver. This non-responsiveness was in turn due to elements of the symptomatology of mother. This is the case where there were clear connections between this symptomatology and what she had heard or imagined of her own mother's experience. It is suggested that the moments of inattention of mother were due to associations being triggered in her by the child which linked to her own mother's traumatic experiences. For Fonagy this resulted in the representational boundary between self and other in the child's mind becoming permeable and in the child's model of the caregiver's mental state becoming part of the dissociative core of the child's self.

The notion of psychic equivalence is central to Fonagy's discussion (1998). It is a mode of subjectivity in which there is a direct correspondence between inner and outer reality. Patients operating in this

modality frequently regard what they have to say as "thing-like". They appear not to regard what they have to say as something imagined or remembered, as something having sign-character. The open-ended quality of fantasy life is missing and their expressions have a peculiarly fixed and unalterable quality. It is reminiscent of the crucial difference between word-representation and thing-representation in Freud. In the aforementioned case, Glen's mind provided a kind of wax mould for his mother's representations of traumatic experiences and also there was a correspondence between inner and outer reality. It amounts to a failure of the activity of re-presenting. Or, perhaps one could say, a failure in language? In this mode there is a marked concreteness, a failure of metaphor. The words are the things and the things are the words. The representations of mother's traumatic experiences, (her words), acquired a reality and force that are indistinguishable from that of externally perceived events (as Fonagy puts it). Ideas and fantasies deriving from what the gathered mother experienced became just like events in the physical world. It could be said that Glen was living in a psychotic world in which aspects of reality were foreclosed from him. The response of the analyst eventually was to change his technique to a playful one in order to confront this dead structure. The work with this approach gave rise to a psychic reality in which feelings and ideas were known as internal, whilst at the same time closely connected to what was outside without being identical with it. There was space for mediation between inner and outer reality. In other words, there was a place for metaphor. Glen could begin to become his own subject and separate his world from that of mother and others around him. The mediation took place through a sort of playful activity that allowed him the space to be and move into in his own world, thereby at the same time remaining in contact with the world around him.

It is being suggested here that the very nature of trauma itself can be clarified by invoking the concept of deferred action in Freud and also that it can contribute to a more adequate understanding of what is involved. It too could be seen as a failure of metaphor or a failure to achieve a distance between the event/experience and its understanding through the mediation of language. It will be helpful to examine in some detail what is meant by Freud in order to throw some light on what is experienced in trauma and indeed how it might be transmitted.

Trauma and deferred action

There's a clear statement of what is meant here in Freud. Deferred action arises in a situation where a memory arouses an affect which it did not arouse as an experience because, in the meantime, changes had made possible a different understanding of what was remembered. Freud finds a number of instances of this mechanism, most clearly perhaps in his case of the Wolfman (Freud, 1918*b* [1914]). At the age of one-and-a-half he receives an impression to which he is unable to react adequately. He is only able to understand it, and to be moved by it when the impression is revived in him at the age of four. Only twenty years later, during the analysis, is he able to grasp with his conscious mental processes what was going on in him at the time. The patient justifiably disregards the three different periods of time and puts his present ego into the situation of the past long gone. It is not clear here why Freud's translator speaks of simply another instance of deferred action when Freud writes, "ein zweiter fall von nachtraglichkeit", which is a second case. In the present context the difference might well be significant. However, the sequence illustrates very well what is meant by repression and forms part of what is referred to as the psychological theory of that process (Freud, 1896*b*: 167). Here Freud speaks of the inverted relation between experience and the memory of that experience. This inverted relation, he suggests, seems to contain the psychological precondition for the occurrence of a repression. It is characteristic of sexual life that one finds there the possibility of the relative effectiveness for this inversion. The traumas of childhood operate in a deferred fashion as though they were fresh experiences. However they do so unconsciously. It is being suggested that an understanding of repression involves the notion of deferred action as the result of that repression and that it is a profoundly unconscious process. The deferral of the action is a typical response to the trauma of the immediate situation. This obviously raises the question as to whether this is part of all trauma and therefore critically part of the transmission of trauma? In fact, it raises the question whether passing on the effects of that trauma is, in some way, itself a kind of deferred action? It is important to recall that the expression "deferred action" is not a happy translation of *nachtraglichkeit*. Freud's word carries with it an important sense of hindsight or retroaction, a sense of looking back and being burdened by something from the past which hasn't been dealt with. It might be more appropriate to speak of indebtedness to – and/or resentment of – something in the past. A very literal sense of the term would be the carrying-after (or behind) oneself of something.

In his detailed discussion of the Wolfman case, Freud gives central importance to his fantasy or memory of the primal scene and is concerned to establish its place in the generation of the neurosis. His concern with the position of Jung and others who denied the place of infantile sexuality was also related to his wanting to insist on the place of unconscious dynamics and the fact of repression. It is too easy to suggest that the Wolfman was merely fantasising the primal scene and that what is involved is really a concern with more present, immediate conflict. There is a question for Freud in this case study that what is being denied is not only infantile sexuality but also the operations of the unconscious. That this mechanism of *nachtraglichkeit* is operative here is very significant. The translation refers to such a mechanism repeatedly.¹ It may be important here to note that Freud speaks of *Wirkung*, which means effect or impact. It is suggested that only now the original experience became effective by having a powerful impact. Just a little earlier Freud had suggested that there are possibly also some immediate effects of the scene such as not eating (*Ibid.*: 107). However, in the case of the threat by Gruscha, there is no immediate effect but a powerful retrospective one (*Ibid.*: 112). It is suggested that trauma can be understood as an experience which, because of its intensity or the threat evoked in the subject, can make the subject incapable of reacting in that situation. If there is to be any reaction at all, it can only come as deferred. It is postponed and at the moment of the anxiety-provoking experience, there is a failed enactment or a failure to respond in any appropriate way. This does not mean that the experience has no *wirkung* or effect, it only means that there is a delayed or deferred reaction. It is plausible to think of such reactions as being delayed and being transmitted to the next generation, rather than being reacted to in the lifetime of the subject. This might be expected to be the case particularly in the situation where the traumatic experience was a direct and immediate threat of death. It may be the case that the threat of death is a particular kind of trauma: one that is not amenable to repression in the manner in which lesser trauma might be, precisely because the unconscious knows nothing of death. It would follow therefore, that, for this reason, this trauma of the threat of death was especially prone to a response of deferred action in the form of transmitting it to the next generation. This is a way of denying death itself in a real sense.

1. On page 58 there is deferred understanding of the primal scene in the light of the patients observations of the dogs; on page 77 there is the deferred comprehension of the scene, this time related to some of mothers symptoms; on page 109 it is said that the dream brought into deferred operation his observation of the primal scene (Freud, 1918b [1914]).

Life in death

Walsh has offered a most interesting analysis of the trauma associated with the threat of death in the present context (Walsh, 1996). Drawing on the work of Lifton he analyses the presence of death in life as operative in extreme trauma. He goes on to suggest that one can also speak of life in death. The theme of death is very present in Lifton's work and death is considered to be part of life (Lifton, 1979). From the trauma of separation at birth, through the later separations involved, life is accompanied by death at every significant step. The subject copes by means of "death images" which are attempts to symbolise the fact of death. It is of interest to note that for Lifton, the notion of image is part of the phenomenon of intentionality. This is an idea not unrelated to what can be found in Fonagy's work. Through the use of intentionality, the subject attempts to give meaning to his life and this is especially the case in the face of traumatic situations.

In the case of a man being involved in a hold-up at work, Walsh describes the sense of psychic numbing. The person reported "not feeling anything, becoming more like a spectator" the moment a gun was put to his head. It is a kind of anticipation of death and the subject experiences himself as if he is an object. He feels as if he is already dead. This experience is preceded by mounting anxiety and accompanied by thoughts such as the following: "now they are going to kill me, and I do not want to die, I do not want to leave my wife and children". The man survives, but in hospital he developed insomnia and nightmares because of the physical injuries inflicted. During waking hours he had frequent intrusive recollections of the robbery. He would wake up suddenly with sensations of the gun being placed to his head. He became hyper-alert, irritable and sensitive to noise. He later described feeling detached and withdrawn and did not respond in his usual manner to visits from his wife, family and friends. He remained fearful of the dark and noticed a general decline in energy levels, a loss of libido and a general loss of interest in life. The man in question experienced the proximity of death and in that sense was traumatised. Trauma is here related to death or anxiety about death and these events were traumatic to the extent that they evoked something of that anxiety related to death. Freud speaks of the subject imagining his or her own death. When the subject attempts to do so, he or she is still present as spectator. In other words, death is denied. But it is often suggested that there are "death equivalents" (as Lifton calls them) such as

separation, disintegration and loss or rejection. One could perhaps speak of the loss of early maternal attachment to objects as being such a death equivalent or as something that is a precursor to death. But the fact remains that there is ambiguity in this sense of death and trauma.

Corresponding to the separation from the mother, there is the consequent achieving of independence or building up of a position for one's self. There is the attempt to bring about a reversal of the rejection and the reestablishment of a similar situation through finding a substitute. Life reasserts itself in the face of death and the subject who has been traumatised repeatedly searches – often in a fantasy way – for partial solutions to the traumatic situation. The infant seeks to re-establish the initial bond that has been broken or it seeks to reverse the rejection that has been experienced. But this is doomed to failure because castration is not reversible; it is a step towards independence and it leads to life in a different sense. Trauma is also opportunity in that solutions will inevitably be sought and – more or less adequate ones – found. There is the exception of what Freud called helplessness or impotence to affect the situation. It is possible to suggest that helplessness is the key word in Freud's conception of trauma. The essence and meaning of the traumatic situation consists in the subject's estimation of his own strength and in his admission of helplessness in the face of it. This is physical helplessness if the danger is real and psychological helplessness if the danger is instinctual. There is an important distinction made here between mere anxiety, due to the reaction to a possibly avoidable danger, and the surrender which results when there is passive acceptance of its inevitability which includes the resulting numbing and inhibition of affective responses. This again concerns a failed enactment when, for whatever reason, there is no adequate response to the danger. This may be accompanied by feelings of guilt and shame. It is suggestive of a situation which forces the subject to resort to something like Freud's "deferred action". Traumatized people will not infrequently report fantasies of revenge against their assailants and express powerful feelings of anger directed against them. These reactions are subsequent to the original numbing in the immediate traumatizing situation that was passively experienced. The patient is trying to act now even though the traumatic situation is, strictly speaking only a memory. It is remembered as if it were present. The victim is engaged in repeated acts combined with fantasies of actions that were impossible in the original situation. These are attempts to overcome the trauma. In the above example of trauma it is clearly the case that there is a direct link between the traumatic elements of the experience and the impossibility of action at

that time. It is interesting to note that there is also reference made here to a process of mental dissociation. This is reminiscent of Fonagy. The subject's feelings are dissociated from the event and they are deferred because of the dread invoked by the anticipation of death (or some equivalent). There is a cessation of feeling, but not only of that; psychic action is also inhibited and all action in the real world is stopped. The threat of death is specific. It is a threat that attachment theory cannot deal with as there is no positive side to it. There is nothing to which one can be reattached and therefore there is nothing to which the subject can anticipate being attached. Death is a more radical end than the end implied in all other losses. It involves a particular kind of numbing experience that reduces the subject to an irretrievable object. The subject simply doesn't exist any more. At least, it is unimaginable how the subject is to exist beyond death. In other words, it could be said that according to Lacan, death was the Real, something that is essentially unspeakable and therefore incapable of being symbolised. In that the Freudian unconscious doesn't know death, it is impossible to suggest that the fear of death can be repressed in the usual sense. On death Freud has this to say: "Our unconscious (...) does not believe in its own death; it behaves as if it were immortal. What we call our 'unconscious' – the deeper strata of our minds made up of instinctual impulses – knows nothing that is negative. It knows no negation and in it contradictories coincide. For that reason it does not know its own death. Death can only be given a negative content. Thus there is nothing instinctual in us which responds to a belief in death" (Freud, 1915b: 296). It is suggested here that if there is no representative of death in the unconscious, the trauma presented by the apparently imminent threat of death is dealt with by deferred action in general and by transmission in the history of the particular subject. One imagines one's life continues in the lives of one's children, in the memories of friends, or in the fruits of one's own creative endeavours. In short, the trauma of death is dealt with by transmission to the next generation in some form or other. It will be helpful to conclude these considerations with some comments of Lacan on the notion of *nachträglichkeit* in order to understand more particularly what is operative here in this special case of the transmission of trauma.

Nachträglichkeit

Lacan suggests that while Freud is concerned with the objective truth, he himself is much more interested in the re-subjectifications of the event

that explain its effects at each turning point where the subject restructures himself (Lacan, 1953: 48). It is put forward that the times of understanding are far less important than the moments of concluding which move the subject towards deciding on the meaning to be attached to the original event. The subject is constantly reinterpreting the past in the light of the present and giving a new (or different) meaning to particular events. Freud too speaks of a reordering of historical events in that new connections are made (Laplanche & Pontalis, 1977: 314). The past of the subject is being continually reordered in the light of events. More particularly for Freud that event, which is primarily subject to deferred action, is the traumatising event that cannot be situated in a context of meaning. It is also important to consider that reordering will take place not only in the context of traumatising events but also in the light of new developments that make particular earlier experiences more understandable. Ensuing developments which have taken place in the intervening period help the revival of earlier traumatic events. This is true in a particular way of sexual development. An event that occurred earlier in the history – for example, sexual abuse – will only become traumatic in the light of later sexual development. In the case of the Wolfman, it was the dream of the wolves that occurred at four years old which retrospectively turned the earlier experience of the parental coitus into a traumatic event.

What is crucial for Lacan in this context is the manner in which the subject restructures his or her experience and thereby his or her subjectivity. There is the progressive retrieval of the past. This past is structured in the context of the symbolic order in which the subject exists but it is also structured in the inter-subjective context in which the subject is located. For Lacan, this context is predominantly the context of language. The subject articulates his or her own subjectivity on the basis of meaning available in the language and learns to speak with ever greater accuracy. This is carried by the subject's desire and it is limited by the Real that is experienced by the subject. That experience is by its very nature cumulative. There will be much that remains opaque to a particular subject. That is, there is much that will remain unspeakable and irretrievable from both the past and the present. Much of the past and the present remain in the impenetrable Real. Hence, there is a lot that continues to limit and castrate the subject. What limits the subject par excellence is the notion of death as something that is contained in reality. This reality can be set aside only at the level of the imaginary. Whatever attempted symbolizations are engaged in, it remains unsymbolizable as

well as unspeakable. There is of course no direct experience of the subject's own death, only that of particular others. But that experience can be experienced by the subject as a kind of ultimate castration or limit experience, that is to say, as an experience of the Real. This experience is mediated for the subject in a particular way when there appears to be a threat of one's own death. Perhaps it is not helpful to speak of that experience being mediated at all; it is in fact very immediate and incomprehensible in its realness. Does this account for the trauma of that experience being subject to deferred action in a particular way? In other words, an experience that is subject to denial and negation in a manner so total that even deferred action is not a possibility anymore, as it might be in the case of a less catastrophic trauma? Is it a trauma such that its effects can in no way be worked through and that the only option left for the subject is to transmit it to the next generation? This might not be expected to be the case when the event is the death of a loved one, or when a relative could not be provisionally symbolised (in a community of some kind) through the normal course of events. However, it is very much the case in the event of a totally unsymbolizable death such as the aforementioned aspect of the Holocaust. In that situation there is no possibility of ritualising the death and there is no possibility of even attempting to work through it in the context of some communal mourning. It is the most inexplicable experience. The only other option for working through is its transmission to the next generation. In this context the subject can experience the next generation as an imaginary overcoming of his or her own death. The subject can speak of continuing to live on in the lives of the children. This is one way of achieving immortality. To transmit the unspeakable experiences related to the incomprehensibility of death would be a valid and appropriate manner (and perhaps the only available mechanism) of acting out the impossible burden placed on a subject by such trauma. It is like deferred action; deferring the action of mourning into the next generation. If, as Freud suggests, everyone is unconsciously convinced of their own immortality, this would give a further reason for passing on the trauma (that was caused by experiences of imminent mortality) to those who were involved in the imaginary construction of immortality. It offers a plausible hypothesis for thinking about the basic reactions to the Holocaust which are explored by some of the writers on this topic.

It is being suggested here that a more detailed account of the fundamental trauma together with a more psychoanalytic focus could help to amplify the fascinating work of Fonagy, his collaborators and others.

The dynamic unconscious, in particular its structuring by the symbolic order (as suggested by Lacan), needs to be brought into consideration. Relying on the earlier topical model of Freud remains inadequate to the task of working through. Working through will always be to some extent partial and provisional. It is to be expected that there will always be a residue. But to the extent that the working through is achieved, there is a greater likelihood that the effects of the trauma – and indeed the trauma itself – will not be transmitted to future generations. Subsequently, these will not have to deal with too much history.

Tom McGrath

Summary

The Transmission of Trauma

Arising from the work of Fonagy and others, the question of the transmission of the effects of trauma is examined, particularly in the context of holocaust trauma and the survivors. Possible mechanisms are explored and the place of Freud's notion of deferred action is discussed and the mode of its possible operation in this context. It is suggested that this notion offers a more specifically psychoanalytic and more adequate approach to exploring what is operative here. Transmission is considered as a possible case of *nachtraglichkeit*, which might offer a better account of the phenomena being explored. The implications of the above for the particular trauma that is the reality of death are alluded to and it is suggested that the trauma is commonly dealt with through the mechanism of deferred action.

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