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THE TOMBS OF THE EGO:

TRANSGENERATIONAL TRAUMA AND FAILURES OF INTROJECTION

By Andrea Ciacci

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Contact the author:

By mail: Via Noce, 7 – 50028 Tavarnelle Val di Pesa (FI) – Italy.

By email: andrea.ciacci@libero.it Tel: +39.377 4129444

ABSTRACT

The author approaches the theme of transgenerational transmission of psychic trauma and sequella of parental suffering for subsequent generations, individuating in the concept of introjection as the keystone of comprehension of the development and the transmission of psychic life. Through a few clinical examples, he shows how this process and its failures can present themselves, and how these can be individuated in the analytical treatment.

Keywords: introjection; incorporation; unconscious identification; transgenerational transmission; traumatic reproduction; dis-identification.

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I will start by introducing two clinical vignettes in which – after months of fruitless drawn out sessions and discussing issues of little interest – the analytical work comes alive by the sudden intrusion of a dead person on the scene.

FIRST VIGNETTE

Being in front of Conrad, I felt a sense of annihilation. I found it extremely difficult not to be pulled into the heavy atmosphere that surrounded the early sessions, while he was talking about his anxiety and his fears. These symptoms seemed to coincide with his attempts to free himself from his heavy family inheritance. And when they diminished, his depression would emerge. After some hesitation, I decided to communicate my impression to him. To my surprise, he revealed, in tears, that his greatest fear was to end up like his mother, who had died a year before. He spent his youth close to her, void of any social life. He stayed by her side for endless afternoons in which she was very seriously depressed; she remained in bed smoking cigarettes and taking psychiatric medication, swinging unpredictably between the moments in which she wanted him close to her and others, where she pushed him away.

SECOND VIGNETTE

Diana felt that her life was stagnant. She felt that she wasted her best years. After several months of flat sessions, she revealed that, for as long as she could remember, she had made up the life of a great uncle who had disappeared many years before she was born. When she was a small child, she used to accompany her mother on visit to the cemetery, where on the headstone of the great uncle, it was written “missing in action.” Over the same period, she recounted a dream in which she was walking in an uncultivated field close to her parents’ home. There were mounds of earth from which emerged flames when she scuffed them. Further along in the therapy, a tragic event – the suicide, by hanging, of a neighbor – allowed to be disclosed some unrevealed, important aspects of her family history tied to a traumatic loss which had touched her father.

A DEAD MAN AT THE DOOR

I could give other similar examples, but I will stop here and try to extrapolate a common pattern. Each of these patients was greatly limited by the inability to take forward their own life projects.

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Their limitation in following any personal desires corresponded directly with the difficulties in the treatment. In their lives, something extraneous seemed to determine many of their choices, or their inability to choose. Yet, we risked never addressing this and just going around in circles.

My feeling impotent in relation to helping them vanished only following the burst of the images of the dead persons into the scene. Their history touched the lives of the patients in an apparently peripheral way, and yet was able to arouse in me some emotive responses that allowed the entry into an otherwise unexpressed dimension, which was full of fantasies, and which it would now be possible to explore. In this way, an unthinkable scene – condensed in the effigies of the deceased – was able to begin unveiling in a more direct way, and to find its own narration, filling the void left by an un-integrated experience.

THE SUFFERING OF THE OTHER

In my work with Conrad, the death of the mother brought me to fantasize about how it must have felt to be in a relationship with a parent who was so gravely ill. It was about a year after our first meeting that an image seemed to reveal this.

Conrad panicked every time he suspected having breathed dust. Whenever this happened, he suffered for days of terrible stomach pain. In one of these periods, while he was talking about these illnesses, an episode from many years earlier resurfaced. His mother was preparing dinner and she was leaning over the stove. She often spat as she went about, and Conrad, on that occasion, had the impression that the drool that fell from her mouth could end up in the pot. He was disgusted, but he forced himself to swallow the soup she had made. He felt ill as soon as he was alone.

The feelings that must have accompanied the patient's relationship with his mother began to take shape through this image. The image of the drool made these sensations tangible. His mother's depression was hard for him to digest. So, I started to suspect that his symptoms took the place of the pain of loss that he had not been able to feel.

Also, in my work with Diana, after a long period in which I had to tolerate not being able to assign meaning to her suffering, it began to appear that it was closely connected to the suffering of a parent.

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Diana often said that she felt suffocated. In the session after the news of the suicide, she said that she didn't believe that her neighbor had suffocated, as it was rumored. Suddenly, an episode that took place many years before came to her mind. She was away with her team, and her father was also there. A fire broke out in the hotel, and everyone was evacuated. Just as she got to the exit, she panicked at the thought that her father could be left inside and that he was asphyxiating amidst the flames.

This sequence of associations appeared to me as revealing an unconscious identification with the parent. This prompted me to seek some elements in their life story, which would help to attribute sense to Diana's suffering.

In her dreams, the images of a sky often appeared divided into two halves, one of which was sunny and the other dark. There also appeared images of calm seas that suddenly became stormy. The course of her association leads to talk about the sudden and incomprehensible darkening moods of her father. This happened for reasons that she did not understand and that she often attributed to herself. Her paternal grandmother died after being run over when Diana's father was still a child. He realized that something was wrong only when, upon returning home, he saw a line of cars piled up in front of his house. It was only in coincidence with the suicide that he spoke about this, explaining why he would not be able to visit the deceased's family, and confessing that he still couldn't tolerate the sight of a similar scene.

So, I started to think that the loss incurred by Diana's father had prevented him from conveying to his daughter this important part of her family history, which was too difficult for him to elaborate, because of how much it was charged with excessive suffering.

A Search for the genealogy of these identifications led me to the idea that some symptoms presented by my patients were the product of the failure of elaboration of trauma experienced not by these patients, but in prior generations (also described by Faimberg, 1987; Keilson, 1979; and Kogan, 1995). Therefore, I had to question the ways in which the suffering of the patients' parents, related to unresolved aspects of their relationship with their own parents, might have been transmitted to the patients.

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DEFECTS AND EFFECTS OF TRANSMISSION

These phenomena can be understood by considering that the child's *ego* can form and grow rich only through the mediation of the adult. It is by this that he can bring into himself his feelings towards the object. For Ferenczi (1909; 1912), this constitutes the *process of introjection*. In the work of Abraham and Torok (1978), it is on the basis of this process that psychic life unfolds. But, if this process can only be accomplished in the relationship with the parent, events in their life that are too painful to elaborate, could render it difficult or impossible. In its place, a compensatory mechanism will take place, which involves a magical annexation of the object and of its suffering. This mechanism of *incorporation* (Torok, 1968) also appeared to work with my other patient.

In his thirty years, David had never had any sentimental relationship, nor experimented with masturbation. His sexual fantasies were about the same event, which happened when he was 6 years old, with an older cousin, with whom he practiced fellatio. In a dream, he attempts to appropriate some precious jewels that he associates with the "family jewels." In the same session, he talked about a television program he saw, in which the contestants had to eat a dish of bulls' balls. I found myself explaining to him that, in some countries, children were fed with bulls' balls, because they were considered nutritious. It is often the case that popular beliefs sometimes are without grounds, as in this case, where it is now proved that they are mostly fat, and thus, of little nutritional value. And so, he returned to talk about the experiences of fellatio with his cousin, recounting his thought that his actual fantasies could be a way of appropriating the penis and virility of another. Such voracious images seem to me an expression of a patient's attempt of compensating his own lack.

One way or the other, the individual psychic life eats at the table of one's previous generations. Trauma and suffering of a parent can continue to weigh down on the life of the descendants, leading them to attempt at elaborating what is left to be elaborated, not introjected, and only partially symbolized in the previous generations.

THE TOMBS OF THE EGO

Inadequacy of the external object, failure of introjection, repression of desire, and incorporation of the object, lead to an impossibility of presenting to following generations, in an assimilable form, unelaborated elements of their own history. I maintain that this sequence, recursive and capable of

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replicating from generation to generation, could describe the transmission of a defect of symbolization (Kaës, 1993a, b; Botella & Botella, 2007). Although such transmission is based on a *lack*, it results in something compensatory and excessive, which does nothing to rectify the deficiencies, but rather attempts to gloss over it. I think that keeping this sequence in mind, which could also be defined as *traumatic reproduction*, allows a greater understanding of the material brought by the patients, especially in the cases where we assist our patients in dispossession of their subjectivity, like in the cases of Diana and Conrad.

It began to appear, in later stages of our work, that being able to help these patients was closely connected to the possibility of them re-appropriating something essential. This attempt of re-appropriation seemed to be traced in their dream work (Sandler, 1976; Ogden, 1997).

Diana dreamt she was in her parents' home with her father. There were malicious people lurking outside. She summoned up the courage to go outside and recovered something that she knew had been buried in the garden. With someone's help, she extracted a precious object from her past.

I argue that in therapeutic work, such re-appropriation must proceed hand-in-hand with the gradual *acceptance* of what cannot be recovered, because of its belonging to a past developmental phase. I believe, in fact, that it is precisely the nostalgic illusion of damages, and the secret and misplaced faith in the possibility that their relationship with their childhood objects was different from how it really was, that give way to those attempts of compensation, which appeared to be responsible for the greater part of the symptomatology in some patients.

I then came to believe that it is through these processes that the above identified sequence can be aborted. In the last phase of the therapeutic work, some dreams and tales of external events seemed to express their *dis-identification* (Faimberg, 1993) from the suffering of the parent.

A MISSED-OUT-ON BULLY

It was only after several months that Conrad began to regret that he couldn't be close to his mother during her last days. He slowly began to accept that he couldn't change the past. At the same time, a completely new image of him began to form in my mind, relating to the period of his childhood prior to his mother's illness. He revealed that in his childhood, despite his subsequent acquiescence, he was considered a little bully. This brought back memories of his liveliness, which he now seemed to begin to regain possession of.

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In a more recent dream, he was running barefoot in the street. He passed through an open-air market and saw a pair of wooden clogs. They appeared too tight for him, and not the shoes that he wanted. He tried them on anyway, and realized that they fit him.

It seemed that Conrad had finally started to accept his origins, that he was raised in a very poor environment, especially from an emotional point of view; and started to integrate experiences, which were initially dissociated, into a more complete self-image.

THE TOMBS OF OTHERS

In Diana's case, some external events finally allowed the circle to be closed, in regards to her missing great uncle. Through his last letters, she reconstructed his story, and the place and date of his death. After the discovery of his military dog-tags in a prison camp, it was Diana who dealt with the commemoration ceremony. More or less at the same time, it was also she who managed the practicalities on behalf of the neighbor's family following his suicide. Once again, I got the impression that she took care of this as if it were something closely personal. Through these efforts, Diana expressed, at the same time, her attempts to give a decent burial to her father's suffering. I believe that this will allow her to unearth her desire and begin to regain her life.

CONCLUSIONS

I have tried to show how the emotive responses of the therapist, triggered, in these cases, by the story of a deceased, may be able to reveal an otherwise unexpressed dimension of the patient, with the effect of bringing to life a hitherto uninteresting work.

The hatching of this dimension has allowed the unveiling of unclear aspects of their family history, shedding light on what made it possible to connect some symptoms, at first incomprehensible, to the suffering of a parent. The unconscious identification with a parent's suffering appeared to be the reason for the patient's suffering.

I considered the distinction introduced by Torok (1968) between *introjection* and *incorporation* as appropriate to describe these phenomena. Since the enrichment of the *ego* can occur as a result of a transmission, which can be done only through the mediation of the adult, his inability to take on that

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role can cause this process to fail. The individual may attempt to compensate for the difficulty of introjection taking on their parent's suffering inwardly.

I observed how these defects in the transmission can be carried on into subsequent generations. I showed how this chain can be broken through therapeutic work aimed at supporting the acceptance of what cannot be recovered, and at the same time, the dis-identification from the parent's suffering. These are the preconditions that enable the patients to begin to reclaim their vitality and express themselves in their own existence.

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