THE TEXTURE OF TRAUMATIC ATTACHMENT: PRESENCE AND GHOSTLY ABSENCE IN TRANSGENERATIONAL TRANSMISSION

BY JILL SALBERG

Work on the transgenerational transmission of trauma refers to unspoken stories across generations, but the actual mode of transmission has remained somewhat mysterious. Utilizing examples from her own life, the author illustrates how attachment patterns are a primary mode of transmission of trauma. When trauma revisits a person transgenerationally through dysregulated and disrupted attachment patterns, it is within the child's empathic attunement and search for a parental bond that the mode of transmission can be found. This will become the texture of traumatic attachment: *how it feels to this child to feel connected to the parent.*

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When I was five or six years old, I had a recurring dream, actually more a nightmare. I dreamt that I was with my parents and older sister in what looked like a smoke-filled saloon from a 1950s Hollywood Western. The atmosphere was tense and I was aware of a legend about a witch who had a brown paper bag filled with cancer. If she put it under your chair, you would die. The witch entered the saloon and placed the bag under my

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chair. I would wake up terrified, paralyzed with fear. I never understood why I kept dreaming this dream. In time it faded.

I was fortunate to know my grandparents as an adult. One day, in speaking with my mother's mother, she told me of a recent nightmare she had had. She said she dreamt it often. She dreamt that she would walk out of the subway in Brooklyn and not know where she was. She would feel terrified in the dream—not just lost, but terrorized by *lostness*. As she told me this dream, I could sense her real panic, her terror at being alone in the world. I was in my thirties and wanted to reassure my terrified, beloved grandmother; I tried, although I was not sure I could.

I did not yet know my grandmother's trauma—her own mother's death during childbirth when my grandmother was just four years old— or how to understand its entrance into my childhood and my dreamscape. It was only during a second analysis, one more open to the occurrence of transgenerational transmissions, that I came to know and understand that multiple generations and their trauma histories inhabited my world, my nightmare. It was only then that the witch with death in a paper bag stopped haunting me.

How does one explain the occurrence of anxieties, terrors, and nightmares that inhabit the children and grandchildren of trauma survivors (who have been called the second and third generation) when the content fits the actual experience of the first-person trauma survivor? The process, as discussed in the literature, sounds almost magical: passage from grandparent to parent to child, extruding unconscious toxic contents. It feels mystifying.

I propose that the mode of transmission is much more understandable if we utilize the lens of attachment theories and research as a through line to weave together multiple literatures. The intersection that I want to focus on is how a person carries within his or her mind and inscribed on his or her body numerous histories of experiences within the family's legacy of traumas and losses, along with the family's culture and external world. How do trauma survivors transmit these unspoken fragments to their children? Given my dream, this question was deeply

personal, a psychological imperative for me. However, I came to believe that it was also an imperative for psychoanalysis.

The growing literature on transgenerational transmission of trauma has begun to provide a much-needed expansion of the psychoanalytic field. Ogden (2008), in writing about Bion's ideas on cognition, suggests that one of Bion's central ideas was that "it requires two minds to think one's most disturbing thoughts" (p. 20). I would elaborate on this, drawing on Faimberg's (2005) idea that what occurs is a history of identifications, what she has termed a *telescoping of generations,* and I would suggest that it may take three generations to contain disturbing feelings and events. This has been a central feature in the concept of the transmission of traumatic experience from the first to the second or third generation: that parents extrude the traumatic contents of their minds into their children.

The work on transgenerational transmission of trauma often refers to these unspoken stories, but the mode of transmission has been shadowy and poorly defined. In proposing attachment as the mode of transmission, I hope to integrate theories and thus clarify our own and our patients' experiences. Understanding the role of attachment and the mutual regulation and/or dissociation of affects within human relationships opens the door to deepening our conception of how transmissions occur implicitly and explicitly. Parents and children form an attachment unit that allows for deep unconscious communication of fear and safety, of anxiety and security, of closeness and distance, love and hatred, and so much more. All of this is often transmitted through the registers of attunement and misattunement and the active processes of self-other regulation of affects.

Children are constantly observing their parents' gestures and affects, absorbing their parents' conscious and unconscious minds. In the shifting registers of attunement and misattunement, children adjust and adapt to the emotional presence and absence of their caregivers/parents, always searching for attachment. These searches begin at birth and occur before there are words, when there are gazes, stares, sounds, and touch—as well as the absence of these. This is how stories are told, even

when not spoken, in the nonverbal and preverbal affective realms—silent and vocal, yet played out in subtexts, often on the implicit level.[1]

My own thinking reflects a zeitgeist shift in the field from the nuclear orbit of the primal oedipal family—two parents and a child, in what I would term a *one-generation model*—to a broader view that incorporates the influences of disrupted attachment across multiple generations. Additionally, the burgeoning field of epigenetics, which looks at the "bi-directional interchange between heredity and environment" (Gottlieb 1991, p. 33) offers much-needed explanatory power as to how environmental factors and historical time may affect gene expression and possible inheritable aspects of these expressions. For example, recent research in neuroscience suggests that epigenetics may account for some of the findings of transgenerational transmission of stress as measured by increased cortisol levels. Lyons-Ruth (2002) writes that findings from the research literature on rats

> . . . converge with findings from human attachment studies that have also documented the link between disorganized attachment strategies and elevated Cortisol levels to stressors. In addition, human attachment studies have documented the intergenerational transmission of attachment strategies over two and three generations. [pp. 108-109]

Kohler (2012), in summarizing research findings on the effects of environment on epigenetics, writes:

> Some epigenetic "marks," i.e., specific chemical attachments such as a methyl group, can be transgenerationally transmitted . . . . In the context where epigenetic changes can be inherited and passed on to subsequent generations, the "nurture" of one generation contributes to the "nature" of subsequent generations.

In this way, I believe we must conceptualize transgenerational transmissions in multiply determined and nonlinear ways: transmissions are

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[1] A vast literature on this topic includes contributions by the following: Ainsworth (e.g., Ainsworth et al. 1978), Beebe and Lachmann (2013), The Boston Change Process Study Group (2010), Bowlby (e.g., 1958), Coates (2004a, 2004b, 2012, in press), Fonagy (1999), Hesse (1999), Lyons-Ruth (2002, 2003), Main and Solomon (1986), Seligman (2000), Slade (2014), and Tronick (1989).

always multigenerational and richly influenced by context, both historical and personal, and are carried in the mind and in the body. No one theory can begin to explain this, and for that reason we must draw from many sources and interweave various points of view to understand the complexity of experience.

TRACING HISTORY, EMERGING THEMES

I have come to realize that I think of psychoanalysis today—and what may someday be referred to as the *transgenerational turn*—as a kind of paradigm shift. Until recently, psychoanalytic focus had been on intrapsychic and interpersonal relationships, often evolving its ideas split off from the applied world of psychoanalysis—the world of cultural, political, historical, and trauma studies. Psychoanalysis has simultaneously addressed and denied the *wounds of history,* thereby enacting what Herman (1992) termed our "episodic amnesia" (p. 8) about trauma. We are now at a moment when theories of transgenerational transmission of traumas, formed through the epochs of great wars, famine, dislocation, the Shoah and other genocides, slavery, immigration, and now climate catastrophes, coincide with the volumes of scholarship within individual psychoanalysis, attachment research and theories of attachment disorders, and studies on the neurobiology of the mind–body experience, along with our contemporary understanding of dissociation and affect regulation.

Psychoanalysis has always been divided in conceptualizing the genesis of human suffering. I think of Charcot's work studying the enigma of hysteria and Freud's brief time studying in Paris before taking his ideas back to Vienna, first to Breuer, then Fliess—while Janet's work on dissociation remained separate, taken up again only recently (Davies 1996). There was Ferenczi's pioneering work on trauma and mutual analysis, and his prescient understanding of dissociative phenomena, all of which put him at great odds with Freud. His work clearly demonstrated that he understood a child has had to bear two traumas (Ferenczi 1932), the first of which is the pain of an actual reality event. Ferenczi's focus on real acts carried out by grown-ups put him in opposition to Freud's insistence on unconscious fantasy, as did his resolve about the harm caused by adults' disavowal and denial.

Ferenczi's focus on real events and the refusal of acknowledgment by those whose care matters the most to the child is what I would term a *failure of witnessing* and the serious damage that it causes. Freud's re-action against Ferenczi's ideas (and the forces that Ernest Jones would later bring to bear) allowed the suppression of Ferenczi's work for many decades after his death. This permitted psychoanalysis to develop without a recognition of the significance and reality of trauma, while trauma studies and the intergenerational transmission of trauma evolved as an isolated area of study outside the field of psychoanalysis. Imagine our historical course if Ferenczi's work had entered mainstream psycho-analysis in 1932.

The arrival of Bowlby's work (1958) stands as a watershed moment to many in the attachment field, with his understanding of the traumatic effects of children's enforced separations from their mothers during hos-pital stays. While in supervision with Klein, Bowlby became interested in a mother's extremely anxious state and its impact on the child. Despite Klein's absolute indifference to this, Bowlby forged ahead in exploring the "intergenerational transmission of attachment difficulties and how unresolved issues in one generation can be visited on the next" (Coates 2004a, p. 577). Nonetheless, a rift was apparent, and instead of allowing an interpenetration of ideas, the British Psychoanalytical Society alien-ated Bowlby, viewing his ideas as nonpsychoanalytic.

I imagine that Bowlby's rift with Klein was seen as a betrayal not only of Klein's ideas, but also of the entire psychoanalytic enterprise. Klein's dedication was to expanding Freud's intrapsychic developmental vision to early infancy. It is interesting to note that Klein's alignment with Freud in drive theory—specifically, the death instinct and internal phantasy over reality/trauma—was antithetical to the view of her first analyst, Ferenczi.[2] However, her persistence in disregarding the actual mother and the real environment were directly in opposition to Bowlby's experiences during the war years, when he helped evacuate children out of London. Anna Freud and Dorothy Burlingham were also part of this

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[2] Early deaths of siblings cast shadows over Klein's life, as was also the case for Freud. Although not within the purview of this paper, I wonder about how the disavowed trau-matic losses in both Freud's and Klein's early lives may have contributed to a refusal to incorporate trauma into their theories.

group aiding children; they allowed for what Fonagy (1999) referred to as *multitrack* developmental networks.

Bowlby believed that there had been clear evidence that a singular focus on internal phantasy without regard for the mother or the context was misguided. Despite the lack of support from the British Society (Holmes suggests that Bowlby was "virtually airbrushed out of the psychoanalytic record," 1995, p. 20), Bowlby maintained that his work on attachment as a separate and primary motivational system was indeed psychoanalytic.

Concurrent with some of these developments in England was the work being done in the United States by Sullivan (1953), whose interest in cultural forces and the immediate interpersonal interaction held sway over the intrapsychic. The toxic effect of the mother's anxiety on the child was critical in the development of Sullivan's ideas about defensive operations—specifically, personifications of *good-me, not-me,* and *bad-me.* Although not a direct theory of multiple self-states or an explicit study of attachment, this conception of Sullivan's is a clear precursor to what we now call *relational trauma.*

Intersecting all these streams of thought were the great societal changes and historical upheavals of the twentieth century. It is undoubtedly an understatement to say that both World War I and World War II massively disrupted tens of thousands of lives. Psychoanalysis has been altered in ways that have taken decades for us to begin to comprehend. Prince (2009) believes that, here in the United States, "psychoanalysis is a survivor of the Holocaust" (p. 179), and that many of our analytic ideas reveal a delayed or incomplete mourning. Also in this vein, Kuriloff (2010) wrote about the silence that ensued after postwar analysts—many of whom were Jews who had been subjected to great hardship—fled Europe and immigrated to the Americas. She noted that our analytic theories show a lack of evidence of—or perhaps it is more appropriate to say a *missing presence* of—what had just transpired and been endured.

Aron and Starr (2013) also investigated the flight of Jewish analysts from Europe and the ensuing silence regarding the trauma they and their patients had endured. Aron and Starr extended Prince's (2009) idea of psychoanalysis itself as a trauma survivor, arguing that it was born out of trauma to begin with and grown during the developing seeds of

virulent anti-Semitism in a Europe pervaded by enduring racism, misogyny, and homophobia.

It is interesting to posit that, with any trauma, it often takes the passage of some time before processing can take place. Time was certainly needed for metabolizing the trauma of the Holocaust in order to be able to study it, and perhaps this further delayed a more generalized transgenerational transmission study of other historical traumas. Davoine (2007) believes that it takes half a century to process a war, suggesting an even longer gestational period of silence. Analysts did not start writing about the effects of World War II and Holocaust-related trauma on psychoanalytic theory and practice for quite some time—until, as Laub and Auerhahn (1993) suggest, subsequent analytic generations started to metabolize this wound of history. Bergmann and Jucovy (1982) located the earliest writings in psychoanalysis regarding the effects of the Holocaust on its survivors in the early 1960s and on the second generation several years later.

In 1967, the International Psychoanalytical Association held the first symposium on this topic, entitled "Psychic Traumatization through Social Catastrophe." Early contributors found common features in survivor families. Kestenberg (1972) investigated the effects of the Holocaust on the second generation and was instrumental in highlighting the idea that survivor-parents can transmit conflict and psychopathology to their offspring as a result of their own trauma incurred during the Holocaust. Kestenberg, along with Epstein (1979), initiated scholarship on the transgenerational transmission of Holocaust-related traumas to subsequent generations.

The focus of the early transgenerational literature was on the transmission of one person's experience to his or her child or grandchild, whether positive or negative. This process has felt static to me, limiting our view of the nuanced and fluid dance that actually occurs between parent and child. In moving to an attachment-based theory focusing on mutual affect regulation between mother and child, we can more easily recognize the constant interchange between parent and child around mood, affects, and their intensities. This process, and the ways in which it penetrates the clinical situation, have been explored by the Boston Change Process Study Group (2010).

THE IMPACT OF TRAUMA AND HISTORY

Laub (1998), director and primary investigator for the video testimony project at Yale University's Genocide Studies Program, coined the poignant phrase *the empty circle,* drawing on a dream element of one of his patients. The motif of *the empty circle* captured "the absence of representation, the rupture of the self, the erasure of memory, and the accompanying sense of void that are the core legacy of massive psychic trauma" (p. 507). Despite knowledge of their parents' trauma, the children of trauma survivors experience a hole, an absence, in their family member survivors, Laub found. I would add that this hole or absence is part of the traumatizing effect on the child. I wonder, what does it feel like for a child to attach to a parent with a hole, an *empty circle*? Laub's *empty circle* affectingly captures the oddness of these traumatic transmissions from parent to child. There is a strange amalgam here of absence—of a gap of knowledge and of emptiness, simultaneously mixed with over-fullness or an excess of certain affects: often fear, dread, and even terror.

What are the affective aspects and psychic consequences for the child of an emotionally absent or fragmentary parent? Green (1972) was the first to describe a version of this experience for the child. He termed this kind of absent parent a *dead mother*—someone alive but not present, once enlivened but now, due to depression, lost to the child in what must seem an inexplicable way. Does the child feel fear? Longing? Grief? Green terms this a *psychosis blanche*—a blank or white state, absent anxiety, or mourning. This state of blankness causes the child's premature disillusionment with the mother. In Winnicott's (e.g., 1953) terms, this is *the catastrophe*, while for Green it entailed a further loss of meaning. The child detaches from this *dead mother* while simultaneously identifying with her. In the unconscious psyche, deadness and the loss of meaning are now installed.

In the past ten to fifteen years, this scholarship has been extended to other political and social traumas and genocides, as evidenced by the work on war by Davoine and Gaudillière (2004). Apprey (1996, 2003) and Gump (2000, 2010) have specifically added a great deal to our understanding of the traumatic legacies of slavery for African Americans. Grand (2000) wrote movingly about the experience of trauma survivors,

enabling us to feel firsthand the moment of *dying without dying* that the survivor has felt and the awful sequelae of loneliness. She traced how trauma is then "reproduced" and visited on the next generation: "Evil is an attempt to answer the riddle of catastrophic loneliness. Unlike all other forms of human interaction, evil alone bears witness to the contradictory claims of solitude and mutuality that haunt traumatic memory" (p. 5). Grand helped us see how children become trapped in their parents' pain and trauma, endlessly seeking a parent who remains just out of reach.

Children are hungry for emotional/psychological contact with their parents, whether this is conceptualized as their being compelled to seek safety (Bowlby, e.g., 1958) or as their having a kind of attachment imperative (Bromberg 2011). In line with Grand, I believe the child will need to seek out even the parent's traumatized self. In this vein, Laub's *empty circle* can be seen as a form of Harlow's wire monkey (Harlow 1959). I believe that in the absence of a fully emotionally vital and present parent, the child nonetheless attaches not only to what is present, but also to what is absent—what is alive as well as what is deadened. This is Gerson's (2009) significant contribution: helping us understand that the imprint of absence on the child, the legacy of the trauma and loss without someone to empathically witness these experiences, becomes what Gerson termed—referencing Green (1972)—a *dead third*. He noted that the final experience for such a child is a "not-there-ness [that] constitutes both the 'gap' or absence as well as what fills the absence" (p. 1347).

While working in Israel, Gampel (1996) described losses that could not be symbolized and were not put into narrative form, becoming what she termed *psychic holes*. Perhaps even worse than Laub's *empty circle*, these empty internal spaces may then be filled with "only some radioactive remnants that can't be transformed into memory" (Gampel and Mazor 2004, p. 547). Given the lengthy half-life process for metabolizing trauma, likened to the time it would take for radioactive material to decay, we might expect that multiple generations will inevitably be exposed to some derivative of the trauma.

Faimberg (2005), in writing about this type of transmission, this *telescoping of generations* from parent to child, found in her patient Mario

someone absent from his own life and experience—while he was in fact present in the secret lives of his parents prior to his own birth. However, for Faimberg, the interior of the child of a trauma survivor is not so much empty as it is filled with a condensed history of the parent, causing an "alienated identification" in the child. She writes, "The identifications constitute a 'link between generations,' which are alienating and opposed to any psychic representation" (p. 15). Furthermore, Faimberg believes that the child inhabits an unacceptable part of the parent, an unconscious *not-me* experience.

This is quite close to what Bromberg (1994, 2006, 2011) explicates in his work on dissociative experience, attachment, and relational trauma. Both Faimberg and Bromberg utilize and extend Sullivan's (1953) early concept of *not-me* personifications to highlight and explain dissociative transmissions. Undergirding this is Sullivan's early focus on transmissions of anxiety through the mother–child bond, starting in infancy. Sullivan, in focusing on anxiety as a key stressor in the early bonds of childhood, asserted that anxiety was inevitably transmitted from mother to child and was the key disruptive force. I believe this occurs to an even greater degree if trauma underpins the anxiety and becomes part of the fabric of the mother–child attachment.

Trauma work continued to be split off from mainstream psychoanalysis for many decades and, as a result, the prevailing analytic model was a *one-generation* model. We are often taught to ask our patients about early experiences in growing up with their parents, but we are not necessarily encouraged to look further back than one generation, resulting in a kind of myopia that limits our field of vision. It is interesting to note that, even with the paradigm shift from a one-person to a two-person psychology/model of mind, our discipline did not make a naturally analogous shift to a multigenerational model. It is very possible that ideas about transgenerational transmission of trauma could not enter into psychoanalytic thought until the field became more expansive, embracing new configurations of family, cultural issues, and problems with attachment. Reis (2007) reminded us that "American analytic literature continues to fail to bear full witness to the gravity and meaning of catastrophic world history" (p. 623).

With this in mind, how are we to understand the kind of behavior exemplified by the individual who tattooed his upper arm with an image of the Armenian flag and the number of people killed in the Armenian genocide of the early twentieth century, or a young man in Israel tattooing his grandparent's number from Auschwitz on his wrist? Rudoren (2012) suggests, "The ten tattooed descendants interviewed for this article echoed one another's motivations: they wanted to be intimately, eternally bonded to their survivor-relative" (p. 1). How are we to think about a desire to be, as those interviewed reported, "eternally bonded" to a parent or grandparent, particularly when trauma is part of their lives? How can we begin to understand how a horrific trauma, one that for many could not be talked about yet was never forgotten, now appears in this form of remembrance—a kind of skin memorialization, a sign of attachment and love? Apprey (1996, 2003) has written extensively on the transformation of negative forms of degradation from African American slave generations (tattoos, piercings) into similar practices found in modern black ghetto culture.

I think that, for the most part, we now accept the notion of unconscious transmission of trauma, but how do we understand how trauma, once it has been transmitted to successive generations, can be transmuted into positive experiences grafted onto attachment phenomena? What happens transgenerationally to diffuse or transmute what once was horrific—concretely embodied on an arm by a number denoting how many died, or a concentration camp number—into something to be desired and perpetuated by a family member of a subsequent generation?

Young (1993) highlighted an important distinction between memorials and monuments: "We erect monuments so that we shall always remember and build memorials so that we shall never forget" (Danto quoted by Young, p. 3). Perhaps we can think of such a tattoo as a skin memorialization—one that, in never allowing us to forget, keeps in check the destructive aggression of the trauma, but additionally celebrates survival and even resilience.

Alternatively, Abraham and Torok (1975; see also Torok 1968) described a place of internal memorialization that they termed a *crypt,* inside of which is a beloved corpse. Although their work is not explicitly focused on attachment, the search for the lost bond is at its core. Might

this explain the new generation's tattoos as an externalization onto the skin, the body ego—like a carving on a headstone? Harris (2007) invokes Abraham and Torok (1975) in discussing Davoine's (2007) therapeutic work that tracks history, war, and multiple internal worlds. She writes:

> Once you begin to think this way about the shadowy line between the living and the dead, about the active absence and presence of spectral figures in our consulting rooms, in our dream lives, and in our lives, a rich experience of self and others opens up. [Harris 2007, p. 663]

GHOSTLY ATTACHMENTS: THE VEHICLE OF TRANSMISSION

I want to try to unpack how a child inevitably becomes intertwined with, and then comes to bear and live out, the family's trauma legacy. Bowlby's (1958) original work on attachment and the subsequent literature that elaborated his ideas have long shown the primary need for children to have a safe base in order to establish secure attachment, and how this underlies later social development. However, if a parent has self-states that are dysregulated or even dissociative, I think we can assume that he or she will be in some way emotionally compromised, and thus at times inaccessible to the child to help with self-regulation, self-soothing, and mentalization of feelings and thoughts.

As early as 1975, Fraiberg, Adelson, and Shapiro described trauma transmission in the attachment relationship between mothers and their children. These authors identified cases that included multigenerational trauma histories with dysregulated affect and problematic mother–infant attachments. In what I read as a description of the early treatment of transgenerational attachment trauma, Fraiberg, Adelson, and Shapiro offered the traumatized parent a deeply empathic witness in the form of a therapist who could allow the parent/patient to slowly come out of dissociation and become able to experience pain, grief, and terror for the first time. Furthermore, what was demonstrated was how this kind of therapeutic intervention around transgenerational transmission of attachment trauma allows for resilience to be fostered in the mothers.

More recently, Schore (2001) and Fonagy (1999) have written at great length regarding the necessary function that caregivers provide to

the emotional and cognitive growth of children. When there are absent parts of the parents that the child cannot emotionally touch, what might a child have to do to attach to the parent? Grand (2000) wrote about the child's craving to connect to the absent space in the traumatized parent, speaking explicitly to a nexus of attachment, absence, embodied transmission, and unconscious fantasy. She described the resultant holes in parental bonding and the second generation's search for the parents' traumatized and pretraumatized selves. As she put it:

> To search for one's parent and to find fear in a handful of dust: such a dilemma precipitates a hunger for visceral contact with the parent's traumatized self . . . . To bond with the survivor's state of infinite nullification, the child may attempt to meet his parent in the intimate specificity of bodily torment. [pp. 25-26]

Gerson's (2009) further elaboration and contribution to these ideas help us understand the nature of the imprint of absence on the child. How does this child find a way to attach and feel connected to the parent who has had to detach from his or her own experience and mind?

I propose that we turn to the knowledge gained from attachment theory and infant research (Beebe and Lachmann 2013; Coates 2004a, 2004b, 2012, in press; Lyons-Ruth 2002, 2003; Slade 2014; Steele and Steele 2008; and others) and our relatively new emphasis on empathic attunement (as described by the Boston Process Change Group 2010), as well as work on relational trauma (Bromberg 1994, 2006, 2011; Schore 2001). Absence, deadness, and dysregulated attachment are common features of survival, as discussed by Bergmann and Jucovy (1982), Faimberg (1996, 1998, 2005), Gampel (1996), Grand (2000), Davoine and Gaudillière (2004), and Laub (1998). We can now apprehend the dilemma of second and third generations who, from birth, have been cared for by parents with dysregulated affects and possibly dissociative self-states.

As a consequence of the unmetabolized trauma of actual events, attachment is inevitably affected, and what we have come to call *relational trauma* ensues (Coates 2004a, 2004b, 2012, in press; Fonagy 1999). In their primary attachment relationships, these children have had to manage fragmentation resulting from parental traumatization. (The ca-

veat here is that this is not true of *all* such children, since survival resilience can also be transmitted.)

In longitudinal work, Lyons-Ruth (2003) has researched and documented the effects of contradictory maternal behaviors with infants who show disorganized attachment behaviors. She has found that:

> To the extent that the parent cannot acknowledge and respond to affectively salient aspects of experience, and to the extent that those aspects cannot be integrated into a verbal and interactive exchange with the child, dissociative lack of integration will occur. [pp. 900-901]

Lyons-Ruth likens her findings to what Bromberg (1994) argued: that dissociative states are the result of the parent's nonrecognition of the child's feelings—what Bromberg, drawing on Sullivan, calls the *not-me*. It is this fragmentation directly resulting from the parent's incapacity that is transmitted to the child, who must not know what he/she actually does know.

Additionally, Slade (2014) argues that we need to rediscover Bowlby's clear emphasis on *fear* as the motivational basis for attachment and a significant factor in the organization of internal psychic experience. This is key, Slade believes, to understanding the biological underpinnings that Bowlby tried to integrate. It is *fearful arousal* that propels the child to seek the mother for safety, both physical and relational. Bowlby felt this was a reciprocal system: the complement to the child's need is the caregiver's response. When caregivers fail to soothe, do not reassure, or are in fact abandoning or in some way scary, the child's attachment suffers. Slade urges us to keep in mind that since fear is so primal in our evolutionary biological/social being, anything that increases fear is problematic. Trauma clearly complicates attachment, and when it is transmitted transgenerationally, the person of safety may also be the person to be feared.

Lieberman (2014) underscores this, writing:

> Dysregulated and traumatized parents can be very frightening to their children . . . . They transmit their internal disorganization to their children, not only by directing their anger, punitiveness, and unpredictability towards the child but also by exposing

them to a cacophony of daily, real-life situations that are help-lessly witnessed or experienced by the child. [p. 278]

Halasz (2011) utilized the techniques of infant–mother attachment research on himself and his mother. Using a split-screen format, he videotaped his own reactions while he watched his mother's Holocaust testimony. Tracking subtle changes in his facial expressions, gaze, voice, and breathing patterns, Halasz made evident the ongoing attachment mechanisms involved in trauma transmissions from parent to child. Drawing on the work of Bromberg and Schore, Halasz argued that the changes he saw in himself on video revealed his emotional movement from moments of matching his mother's affective states to moments of detaching from her states. He believes that his facial expressions were suggestive markers of his attunement and dissociation.

Harris (2014) incorporates Slade's underscoring of fear in attachment with Bromberg's development and elaboration on dissociative self-states. She writes, "The intergenerational transmission of trauma in which fear states linked often to unrecognized experiences of disrupted safety in one generation leak into and terrorize the next, often in non-verbal and early unmetabolized forms" (p. 270). Halasz's work demonstrates this so well.

When the traumatized parent remains resilient and alive, this state-shifting or fragmentation may be tolerable and fleeting for the child. I suggest that, in order to bond and attach in ever-more dysregulated circumstances, the child must attune to procedural communications about the trauma story, much as Halasz learned to do. The child must do this in order to have an attachment relationship, thereby becoming attached to a parent's presence and absence.

The matching and tuning "dance" done by the child is often what attachment researchers like Lyons-Ruth (2002, 2003) consider a form of role reversal—that is, the child is attempting to affectively regulate the parent in lieu of the parent regulating the child. I believe this is the child's ongoing attempt to repair the parent from the outside—a repair that can never be complete since the damage is actually on the inside. This will become the *texture of traumatic attachment*—how it feels to this child to feel connected to the parent. This textured affective experience

is one in which the child shapes him-/herself to fit a parent's wound of history, be it war, rape, slavery, death—the list goes on. This may also be the place in which the child grows a kind of resilience, since in role reversal, the child is called upon to grow up sooner and to be, in a precocious manner, the more affectively regulated one.

Fundamentally, attachment is the oxygen of our emotional lives, serving to create a feeling of safety and security, allowing us to learn how to be socially human and operationally teaching us how to self-regulate our affective lives. It is because of attachment's primal aspect in our psyches that trauma and its impact constitute massive disruption and disorganization of the parent–child bonding system. When trauma revisits us transgenerationally through disrupted attachment patterns, it is within the child's empathic attunement and bond that the mode of transmission can be found.

The parent's deep bond and affective intensity may be generated from within an unmetabolized trauma scene. As a consequence, the child—in order to attach to this parent and get this parent attached to her/him—will need to enter and become enmeshed in the trauma scene. Through empathic mirroring and what Hopenwasser (2008) called *dissociative attunement*, the parents' trauma story enters the child's cellular makeup before there are words, and thus before a narrative can be told.

Harris (2006), in writing about ghosts, captures the haunting quality of transgenerational transmissions and believes that ghosts always suggest where mourning has not occurred. Much in line with Harris, and with Coates (2012) and Fraiberg, Adelson, and Shapiro (1975), I believe that these transmissions, our "ghosts," will always involve textured attachment patterns that then encode the wound of history.

MY GHOSTS, MY STORY

I return now to my recurring nightmare from childhood. I am making this dream a focus now because it clearly haunted my childhood, was briefly discussed in a first analysis, and returned as material in my second analysis. My first analysis began in the mid-1970s and continued through the '80s as part of my analytic training. This analysis in many ways focused on classic oedipal themes, with this dream as one of many pieces

that my first analyst believed elucidated and gave form to the shape of oedipal dynamics in my family. Deep understanding led to many changes in my life, and by the end of that analysis, I hardly recalled the dream. It became more completely part of the past, belonging to childhood, as so many things do post-analysis. Or so I believed.

A decade and a half later, I decided to enter a second analysis, and my dream resurfaced and allowed me to see it as a focal point of trans-generational transmission work yet to be done. I can no longer recall the order in which I learned the following facts about my own birth and my grandmother's mother's death. I had known that my mother had hemor-rhaged a great deal in giving birth to me. She was kept in the hospital for nine days, and once home she suffered from a serious postpartum de-pression. Within weeks of my birth, her parents—my grandparents—sug-gested that she go away with them on a vacation. She agreed and left me with a baby nurse, departing with her parents, my father, and my older sister. My father returned after two weeks, but my mother was probably away for a month during the first two months of my life.

These are details I have now been told, although on the implicit procedural level, I believe I had always experienced and known of this maternal abandonment and the difficulty my mother consequently had in attaching to me. (I have found it oddly interesting that my mother never spoke about this.) One way of my "knowing"—in Bollas's (1989) term, an *unthought known*—was an extremely unsettling, physically ex-perienced anxiety that I have repeatedly felt around certain separations. The experience was so intense that at times it destabilized me, and I now more fully understand that these events specifically corresponded in some direct manner to my original abandonment and attachment trauma. The story continues.

My maternal grandmother, the person with whom I began this paper, was someone I often talked with when I was in my thirties. By this time, I had my own children, and I had learned from my grandmother that her own mother had died in childbirth when my grandmother was only four years old. (I also have found it oddly interesting that my mother never spoke about this.) The family lived in a *shtetl* outside Krakow, Poland. Since they were poor, I suspect their home was small, and my grand-mother could have heard what was happening at this very young age; she

may even have suffered the shock of seeing her mother die. This would have been terrifying.

My grandmother's father was then in mourning and left with three daughters, ages four, three, and two. I do not know who helped care for my grandmother and her younger sisters until their father remarried. I do not know when he remarried, although I suspect that, given Eastern European *shtetl* life, it was sooner rather than later. I do know that my grandmother's stepmother would soon have five children of her own. Who could this four-year-old have turned to for comfort while grieving, for mothering and reparative soothing? Eventually, my grandmother came to the United States with her father, before World War I. Both she (who would have been between the ages of twelve and fourteen) and her father worked in garment-industry sweatshops, sending money back to the old country to bring the rest of the family over—a typical immigrant story.

My grandmother often awoke screaming from her dreams, I have been told, although she never recalled, or at least did not tell her children, what the nightmares were about. She did tell me a recurring dream from later in her life in which I sensed her panic and terror, as described earlier. I know that somehow I recognized a terror in it that I intimately knew as well. Bromberg (2013) believes that recurring dreams are less dreams in the sense we typically think of them than they are actual dissociated states of experience—that is, unmetabolized experiences of great fear, loss, or terror.

Richman (2006, 2009) movingly detailed how writing her memoir had helped transform her, restoring her voice by reclaiming what trauma had silenced. Writing my own memoir piece (Salberg 2005) had its own deeply therapeutic space in which the connection between my grandmother's anxiety dream and my own recurring nightmare has come more clearly into focus—that is, the link between her own mother's death, her experience of abandonment that deadened something in her, her decisive role in my mother's reenactment of maternal abandonment (these grandparents suggested and invited my mother to go away with my father and sister to "get over" postpartum depression), and my own childhood dream of death at the hands of a witch/mother.

The many levels of repetition and reliving of traumatic maternal loss are hard not to see in my personal history, and yet in my first analysis all this remained in the background. I have come to realize that there was a ghost in my primal life and attachment experience. I can see how my mother's abandonment of me as a newborn was a death within a family trauma story that was being relived in some compulsory way. I now believe that my early nightmare carried the trauma of my mother's postpartum depression (a deadened mother as witch) and her abandonment of me as an infant, along with her anxious attachment to her own traumatized mother, and, finally, my grandmother's early trauma of her own mother dying in childbirth along with a dead baby (death in a paper bag). Generations of death in a paper bag were delivered to me in my infancy.

I have been haunted by and have continued to live out a familial history of traumatic attachment and loss. If the primary evolutionary purpose of attachment is protection, my grandmother's early loss was traumatizing and violating of secure attachment, as was my own early experience of abandonment by my mother. Of significance is that my grandmother, whose own mother died when she was four years old— at an extremely young age, and in a world without resources to help her mourn this loss—then invited and became the agent of my mother's abandonment of her own newborn to effect her recovery. It is this kind of unconscious enactment of trauma that is reproduced across generations, often without reflection or questioning. Further, I have come to realize that the attachment/loss trauma in my family history has penetrated and altered what attachment feels like and how it was mediated in my family.

In this way, I believe that enacting trauma is less a discrete event and becomes more of what we refer to as relational trauma, and what I have been referring to as the *texture of traumatic attachment.* We can sometimes err on the side of believing that transgenerational transmission is a clear transmission of something, be it content or experience. Perhaps we need to think of it more as the sequelae of a traumatized person's fragmented states of mind, a person who is then parenting a child. It is the dysregulated affective states of the parent that infuse the child's attachment experience and can evoke fantasies of the parent's missing stories. There

are often missing pieces of the trauma: sometimes it is the narrative, sometimes the affect, and sometimes both.

This is for me the nexus of where trauma meets attachment theories. The child needs to feel that he or she has access to and can live inside the mind of the parent. If part of that mind is deadened, hidden, and/or dissociated, the search for the parent becomes dire. In many ways it is a search for a missing bond, an attachment to an absence (Gerson 2009; Grand 2000). Both my grandmother's and my own recurrent nightmares recall states of abandonment and early terror: a child searching for the absent or dead mother (Green 1972).

In preparing to write about the ghosts in my life, I asked my mother for more information from that time. What I learned was another story of trauma and ruptured attachment, but also a story of possible mutual repair. I was born in December 1952, and most likely my mother's month away took place in early January. In the summer of 1953, no longer as depressed as she had been, she moved upstate with my sister and me to spend the summer with her parents, my father commuting on weekends. She hired a nanny to help take care of me: a Polish woman in her early thirties, tall with blonde hair and not Jewish like my family. She had left Poland after the war to immigrate to the United States. During the war, she had been forced into a death march in an attempt to escape the Nazis, and her baby daughter died. One can only imagine the wound inside this woman.

The nanny spent four months caring for me, and I have recently learned that she then met and married the local baker; she stayed in this town and went on to have another child. All of this I have been told, none of which I can remember. However, I am left wondering if in some crucial way, the nanny found a baby to love and to come back to life with, and I found a maternal figure whom I could revive.

Did we heal each other? I cannot really say for sure or know how important an event this was for me. I would like to believe that this young woman's caretaking of me helped restore her so that she could now imagine loving, marrying, and having another child. Perhaps it altered something in me, left a seed or kernel of the capacity from which healing grows. I believe that disrupted attachment marked by loss and trauma needs to be healed through reparative actions and experiences,

through holding, witnessing, and recognizing attachments. I know that caring for someone or something restores all of us in untold ways.

We need to keep ourselves alert to how we can foster testimonies and narratives, as Laub (1998) has created, that will undo the silencing enforced by trauma. Psychoanalysis has begun to integrate trauma into its theories and methodologies. However, historical trauma—both outside and inside psychoanalysis—still needs to be witnessed so that we can move from absence into presence in our theories and praxis. In doing so, we will all be better equipped as witnesses for each other and our patients, nurturing seeds of resilience where we least expect to find them. Ultimately, we need each other to share, live out, and transform our stories.

REFERENCES

Abraham, N. & Torok, M. (1975). The lost object-me: notes on endocryptic identification. In *The Shell and the Kernel: Renewals of Psychoanalysis,* ed. & trans. N. T. Rand. Chicago, IL/London: Univ. of Chicago Press.

Ainsworth, M., Blehar, M., Waters, E. & Wall, S. (1978). *Patterns of Attachment.* Hillsdale, NJ: Erlbaum.

Apprey, M. (1996). *Phenomenology of Transgenerational Haunting: Subjects in Apposition, Subjects on Urgent/Voluntary Errands.* Ann Arbor, MI: UMI Research Collections.

——— (2003). Repairing history: reworking transgenerational trauma. In *Hating in the First Person Plural: Psychoanalytic Essays on Racism, Homophobia, Misogyny, and Terror,* ed. D. Moss. New York: Other Press.

Aron, L. & Starr, K. (2013). *A Psychotherapy for the People: Toward a Progressive Psychoanalysis.* London: Routledge.

Beebe, B. & Lachmann, F. M. (2013). *The Origins of Attachment: Infant Research and Adult Treatment.* London/New York: Routledge.

Bergmann, M. S. & Jucovy, M. E. (1982). *Generations of the Holocaust.* New York: Columbia Univ. Press.

Bollas, C. (1989). *The Shadow of the Object: Psychoanalysis of the Unthought Known.* New York: Columbia Univ. Press.

Boston Change Process Study Group (2010). *Change in Psychotherapy: A Unifying Paradigm.* New York: W. W. Norton.

Bowlby, J. (1958). The nature of the child's tie to his mother. *Int. J. Psychoanal.,* 39:350-373.

BROMBERG, P. (1994). "Speak, that I may see you": some reflections on dissociation, reality, and psychoanalytic listening. *Psychoanal. Dialogues,* 4:517-547.

——— (2006). *Awakening the Dreamer: Clinical Journeys.* London/New York: Routledge.

——— (2011). *The Shadow of the Tsunami and the Growth of the Relational Mind.* London/New York: Routledge.

——— (2013). Personal communication.

COATES, S. (2004a). John Bowlby and Margaret S. Mahler: their lives and theories. *J. Amer. Psychoanal. Assn.,* 52:571-601.

——— (2004b). The role of maternal state in mediating trauma and resilience in preschool children after September 11. Paper presented to the Jewish Board of Family and Children Services, October.

——— (2012). The child as traumatic trigger: discussion of Laurel Silber's "Ghostbusting Transgenerational Processes." *Psychoanal. Dialogues,* 22:123-128.

——— (in press). Can babies remember trauma? Pre-symbolic forms of representation in traumatized infants. *J. Amer. Psychoanal. Assn.*

DAVIES, J. M. (1996). Linking the "pre-analytic" with the postclassical: integration, dissociation, and the multiplicity of unconscious processes. *Contemp. Psychoanal.,* 32:553-576.

DAVOINE, F. (2007). The characters of madness in the talking cure. *Psychoanal. Dialogues,* 17:627-638.

DAVOINE, F. & GAUDILLIÈRE, J. M. (2004). *History Beyond Trauma: Whereof One Cannot Speak, Thereof One Cannot Stay Silent.* New York: Other Press.

EPSTEIN, H. (1979). *Children of the Holocaust: Conversations with Sons and Daughters of Survivors.* New York: Putnam.

FAIMBERG, H. (1996). Listening to listening. *Int. J. Psychoanal.,* 77:667-677.

——— (1998). The telescoping of generations: genealogy of certain identifications. *Contemp. Psychoanal.,* 24:99-117.

——— (2005). *The Telescoping of Generations: Listening to the Narcissistic Links between Generations.* London/New York: Routledge.

FERENCZI, S. (1932). The confusion of the tongues between the adults and the child. *Int. J. Psychoanal.,* 30:225-230, 1949.

FONAGY, P. (1999). *Attachment Theory and Psychoanalysis.* New York: Other Press.

FRAIBERG, S., ADELSON, E. & SHAPIRO, V. (1975). Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant–mother relationships. *J. Amer. Acad. Child & Adolescent Psychiatry,* 14:387-421.

GAMPEL, Y. (1996). The interminable uncanny. In *Psychoanalysis at the Political Border,* ed. L. Rangell & R. Moses-Hrushovski. Madison, WI: Int. Univ. Press.

GAMPEL, Y. & MAZOR, A. (2004). Intimacy and family links of adults who were children during the Shoah: multi-faceted mutations of the traumatic encapsulations. *Free Associations,* 11:546-568.

GERSON, S. (2009). When the third is dead: memory, mourning, and witnessing in the aftermath of the Holocaust. *Int. J. Psychoanal.,* 90:1341-1357.

GOTTLIEB, G. (1991). Epigenetic systems view of human development. *Developmental Psychol.,* 27:33-34.

GRAND, S. (2000). *The Reproduction of Evil.* Hillsdale, NJ/London: Analytic Press.

GREEN, A. (1972). The dead mother. In *On Private Madness.* London: Rebus Press.

GUMP, J. (2000). A white therapist, an African American patient—shame in the therapeutic dyad: commentary on paper by Neil Altman. *Psychoanal. Dialogues,* 10:619-632.

——— (2010). Reality matters: the shadow of the trauma on African American subjectivity. *Psychoanal. Psychol.,* 27:42-54.

HALASZ, G. (2011). Psychological witnessing of my mother's Holocaust testimony. In *The Power of Witnessing: Reflections, Reverberations, and Traces of the Holocaust,* ed. N. R. Goodman & M. B. Meyers. New York/London: Routledge.

HARLOW, H. F. (1959). Love in infant monkeys. *Sci. Amer.,* 200:68, 70, 72-74, June.

HARRIS, A. (2006). Ghosts, unhealable wounds and resilience: commentary on papers by Sandra Silverman and Maureen Murphy. *Psychoanal. Dialogues,* 16:543-551.

——— (2007). Analytic work in the bridge world: commentary on paper by Françoise Davoine. *Psychoanal. Dialogues,* 17:659-669.

——— (2014). Discussion of Slade's "Imagining Fear." *Psychoanal. Dialogues,* 24:267-276.

HERMAN, J. (1992). *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror.* New York: Basic Books.

HESSE, E. (1999. The adult attachment interview: historical and current perspectives. In *Handbook of Attachment: Theory, Research, and Clinical Applications,* ed. J. Cassidy & P. Shaver. New York: Guilford, pp. 395-433.

HOLMES, J. (1995). Something there is that doesn't love a wall: John Bowlby, attachment theory, and psychoanalysis. In *Attachment Theory: Social, Developmental, and Clinical Perspectives,* ed. S. Goldberg, R. Muir & J. Kerr. New York: Analytic Press, pp. 19-45.

HOPENWASSER, K. (2008). Being in rhythm: dissociative attunement in therapeutic process. *J. Trauma Dissociation,* 9:349-367.

KESTENBERG, J. (1972). Psychoanalytic contributions to the problem of children of survivors from Nazi persecutions. *Israel Ann. Psychiatry & Related Disciplines,* 10:311-325.

KOHLER, B. (2012). Relational psychosis psychotherapy: a neuropsychoanalytic model. Paper presented at a meeting of the Amer. Assn. of Psychoanal. Physicians, Washington, DC.

KURILOFF, E. (2010). The Holocaust and psychoanalytic theory and praxis. *Contemp. Psychoanal.,* 46:395-422.

LAUB, D. (1998). The empty circle: children of survivors and the limits of reconstruction. *J. Amer. Psychoanal. Assn.,* 46:507-529.

LAUB, D. & AUERHAHN, N. C. (1993). Knowing and not knowing massive psychic trauma: forms of traumatic memory. *Int. J. Psychoanal.,* 74:287-302.

LIEBERMAN, A. F. (2014). Giving words to the unsayable: the healing power of describing what happened. *Psychoanal. Dialogues,* 24:277-281.

LYONS-RUTH, K. (2002). The two-person construction of defenses: disorganized attachment strategies, unintegrated mental states, and hostile/helpless relational processes. *J. Infant, Child & Adolescent Psychother.,* 2:107-119.

——— (2003). Dissociation and the parent–infant dialogue: a longitudinal perspective from attachment research. *J. Amer. Psychoanal. Assn.,* 51:883-911.

MAIN, M. & SOLOMON, J. (1986). Discovery of an insecure disoriented attachment pattern: procedures, findings, and implications for the classification of behavior. In *Affective Development in Infancy,* ed. T. Brazelton & M. Youngman. Norwood, NJ: Ablex, pp. 95-124.

OGDEN, T. H. (2008). Bion's four principles of mental functioning. *Fort Da,* 14B:11-35.

PRINCE, R. (2009). Psychoanalysis traumatized: the legacy of the Holocaust. *Amer. J. Psychoanal.,* 69:179-194.

REIS, B. (2007). Witness to history: introduction to symposium on transhistorical catastrophe. In *Psychoanal. Dialogues,* 17:621-626.

RICHMAN, S. (2006). Finding one's voice: transforming trauma into autobiographical narrative. *Contemp. Psychoanal.,* 42:639-650.

——— (2009). Secrets and mystifications: finding meaning through memoir. *Psychoanal. Perspectives,* 6:67-75.

RUDOREN, J. (2012). Proudly bearing elders' scars, their skin says "never forget." *NY Times,* Oct. 1, Section A, pp. 1, 6.

SALBERG, J. (2005). Etudes on loss. *Amer. Imago,* 62:435-451.

SCHORE, A. N. (2001). The effects of early relational trauma on the right brain development, affect regulation, and infant mental health. *Infant Mental Health J.,* 22:201-269.

SELIGMAN, S. (2000). Clinical implications of current attachment theory. *J. Amer. Psychoanal. Assn.,* 48:1189-1194.

SLADE, A. (2014). Imagining fear: attachment, threat, and psychic experience. *Psychoanal. Dialogues,* 24:253-266.

STEELE, H. & STEELE, M., eds. (2008). *Clinical Implications of the Adult Attachment Interview.* New York: Guilford.

SULLIVAN, H. S. (1953). *The Interpersonal Theory of Psychiatry.* New York: W. W. Norton.

TOROK, M. (1968). The illness of mourning and the fantasy of the exquisite corpse. In *The Shell and the Kernel,* by N. Abraham & M. Torok, ed. & trans. N. T. Rand. Chicago, IL/London: Univ. of Chicago Press.

TRONICK, E. Z. (1989). Emotions and emotional communication in infants. *Amer. Psychol.,* 44:112-119.

WINNICOTT, D. W. (1953). Transitional objects and transitional phenomena—a study of the first not-me possession. *Int. J. Psychoanal.,* 34:89-97.

YOUNG, J. E. (1993). *The Texture of Memory: Holocaust Memorials and Meaning.* New Haven, CT: Yale Univ. Press.

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