



*International Review of Couple and Family Psychoanalysis*  
**ISNN 2105-1038**

**N° 33-2/2025**  
**Developments**  
**in perinatal psychoanalytic family therapy**

**Infant transgenerational trauma: an unconscious dialogue between  
Selma Fraiberg and Sándor Ferenczi**

Ludovica Grassi\*

*[Received: September 1, 2025  
accepted: November 11, 2025]*

### **Summary**

Pregnancy and birth are profoundly transformative moments that call into question the previous psychic organisation of individuals and families. They constitute a crisis as well as opening up new potentialities and offering opportunities to process previous traumas and defences. These events can be disorganising or integrative and can heighten a specific sensitivity to therapeutic interventions.

A comparison of the thinking of Sándor Ferenczi and Selma Fraiberg reveals numerous similarities that help us to understand the traumatic origin of transgenerational legacies. Fraiberg's focus on the parent-infant relationship is particularly relevant to Ferenczi's relational theory of trauma, in which it is the adult's denial that reinforces the traumatic event's destructive effect. Similarly, Fraiberg describes mechanisms such as repression, isolation and denial, to which she adds avoidance and freezing, which correspond, for Ferenczi, to paralysis, fragmentation, atomisation and autotomy.

---

\* Child Neuropsychiatrist, member of the IPA and IACFP, trainer in the Italian Psychoanalytical Society and the Italian Society of Couple and Family Psychoanalysis; [ludovica.grassi.spi@gmail.com](mailto:ludovica.grassi.spi@gmail.com)  
<https://doi.org/10.69093/AIPCF.2025.33.02> This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](#).



*Keywords:* birth, Sándor Ferenczi, Selma Fraiberg, pregnancy, transgenerational trauma.

**Resumen.** *Trauma transgeneracional infantil: un diálogo inconsciente entre Selma Fraiberg y Sándor Ferenczi*

El embarazo y el parto son momentos profundamente transformadores que ponen en tela de juicio la organización psíquica previa de las personas y las familias. Constituyen una crisis, pero también abren nuevas posibilidades y ofrecen oportunidades para procesar traumas y defensas anteriores. Estos acontecimientos pueden ser desorganizadores o integradores y pueden aumentar una sensibilidad específica hacia las intervenciones terapéuticas.

Una comparación entre el pensamiento de Sándor Ferenczi y Selma Fraiberg revela numerosas similitudes que nos ayudan a comprender el origen traumático de los legados transgeneracionales. El enfoque de Fraiberg en la relación entre padres e hijos es particularmente relevante para la teoría relacional del trauma de Ferenczi, en la que es la negación del adulto lo que refuerza el efecto destructivo del evento traumático. De manera similar, Fraiberg describe mecanismos como la represión, el aislamiento y la negación, a los que añade la evitación y la congelación, que corresponden, para Ferenczi, a la parálisis, la fragmentación, la atomización y la autotomía.

*Palabras clave:* embarazo, Sándor Ferenczi, Selma Fraiberg, nacimiento, trauma transgeneracional.

**Résumé.** *Traumatisme transgénérationnel chez le nourrisson: un dialogue inconscient entre Selma Fraiberg et Sándor Ferenczi*

La grossesse et la naissance sont des moments profondément transformateurs qui remettent en question l'organisation psychique antérieure des individus et des familles. Elles constituent une crise, mais ouvrent également de nouvelles possibilités et offrent des occasions de traiter les traumatismes et les défenses antérieurs. Ces événements peuvent être désorganisateurs ou intégrateurs et peuvent accroître une sensibilité particulière aux interventions thérapeutiques.

Une comparaison entre les pensées de Sándor Ferenczi et celles de Selma Fraiberg révèle de nombreuses similitudes qui nous aident à comprendre l'origine traumatique des héritages transgénérationnels. L'accent mis par Fraiberg sur la relation parent-enfant est particulièrement pertinent pour la théorie relationnelle du traumatisme de Ferenczi, selon laquelle c'est le déni de l'adulte qui renforce l'effet destructeur de l'événement traumatique. De même, Fraiberg décrit des mécanismes tels que la répression, l'isolement et le déni, auxquels elle ajoute l'évitement et le *freezing*, qui correspondent, pour Ferenczi, à la paralysie, la fragmentation, l'atomisation et l'autotomie.

*Mots-clés:* Sándor Ferenczi, Selma Fraiberg, grossesse, naissance, traumatisme transgénérationnel.



The importance of the perinatal period in family psychopathology and clinical practice is rooted in the Freudian method, which uncovered the inscription of traumatic traces in the earliest, pre-verbal stages of life that would manifest themselves as trauma only later in life, *après coup*. Although Freud primarily addressed individual adult or adolescent patients (with the exception of “Little Hans”, the first supervision of a child psychoanalysis), he recognised the impact of primary relationships, and consequently of the family environment or fabric, on the development of the individual psyche. Nevertheless, he never ventured into the treatment of families, though he valued the observation as a means of learning about the earliest mechanisms by which the psyche copes with traumatic situations. The best-known example of this is the spool game, in which Freud analysed repetition as a defence mechanism to overcome separation and the associated suffering.

Pregnancy and the birth of a baby are profoundly transformative moments that call into question the previous psychic organisation, offering new opportunities for the elaboration of traumas and defences: they constitute a proper family as well as individual crisis, with the potential to be disorganising or integrative, and to heighten a specific sensitivity to therapeutic interventions.

One of the pioneers of psychoanalysis, Sándor Ferenczi, devoted his life and thought to understanding and addressing the effects of severe trauma that occurred in patients' early stages of life. He identified and defined the mechanisms by which trauma disorganises the psyche-soma, forcing it to use extreme and mutilating defences to survive. A few decades later, Selma Fraiberg introduced an original clinical intervention method aimed at protecting newborns from the onslaught of transgenerational traumatic ghosts transmitted by their suffering parents. She dared to modify the traditional setting, by moving it into the patients' home and by including in it the baby and its parents: *psychotherapy in the kitchen*. A perceptible consonance links, in my opinion, the thinking of these two pioneers, who shared a deep passion for clinical work and the belief that it was necessary to adapt theoretical tools and working methods to the specific and compelling needs of their intensely suffering patients.

### **A dialogue between Selma and Sándor**

As far as parent-infant psychotherapies are concerned, it all began in 1972 when a San Francisco newspaper announced that Selma Fraiberg's early childhood mental



health programme had received public funding. An outraged reader immediately wrote to the editor, demanding to know why taxpayers should support a crazy researcher who intended to psychoanalyse new-born babies.

Since then, infant psychotherapy has no longer been the whimsical idea of a psychoanalyst with a background in social work and experience working with blind children, which had allowed her to develop a special sensitivity to the primal relationship and the suffering that could permeate it. We have progressed from viewing the baby as a catalyst in the therapeutic process (Fraiberg, 1975), to considering the relationship as the patient itself (Stern, 1988), and from recognising *interactive symptomatic sequences* (Palacio Espasa and Cramer, 1993), to conducting proper psychoanalysis with newborns (Norman, 2001). Finally, we have reached the stage of catamnestic studies, which have demonstrated the stability of the results obtained from psychoanalytic interventions carried out with parents and their newborn babies (Winberg Salomonsson, 2015).

Selma Fraiberg, a pioneer of infant-parent psychotherapy, made an intense theoretical effort to ground her experiences in solid theory. Along the way, she encountered numerous authors researching the early stages of development, specifically the pioneers of infant research. However, in her best-known work (written with E. Adelson and V. Shapiro), *Ghosts in the Nursery: A Psychoanalytic Approach to the Problems of Impaired Infant-Mother Relationships* (1975), we find only one quotation in the bibliography: Anna Freud's *The Ego and the Mechanisms of Defence* (1936), regarding the mechanism of *identification with the aggressor*. This is surprising, since Sándor Ferenczi had spoken of the same mechanism before Anna Freud, often referring to it, perhaps more correctly, as *introduction of the aggressor*. Ferenczi devoted all his theoretical and clinical experience to traumatised patients at an early age – the same patients that Fraiberg had decided to treat promptly, before it was too late.

At this point, the question arises: had Selma Fraiberg read Ferenczi?

Both *Ghosts in the Nursery* and Fraiberg's other works, most notably *Pathological Defences in Infancy* (1982), clearly resonate with Ferenczi's fundamental concepts, such as trauma and its intersubjective roots at the origins of psychopathology, introjection of the aggressor and *intropression*, confusion of tongues between adults and children, personality fragmentation and narcissistic splitting. Yet Fraiberg never mentions Ferenczi or his groundbreaking research into the genesis and consequences of trauma, merely lamenting the scarcity of studies on identification with the aggressor.

Fraiberg's theories also paved the way for more recent psychoanalytic developments related to Ferenczi's ideas. These include Bollas's concept of the "unthought known" (1987); the function of boundaries (rupture/violation versus permeability and



flexibility); linking theory; the attack on linking (Bion); splitting; transgenerational transmission and repetition; the “téléscopage” of generations; the multisubjectivity of symptoms; the containing and thinking function of the family group; the infant’s condition as a ‘spoken shadow’ with no word of their own (making them a receptacle for what cannot be said); the role of psychoanalysis as a catalyst for transference; the complex relationship between trauma and its effects (which implies time and subjectivity, rather than being simply a cause-and-effect relationship); the function of the “word-bearer” as being quite different from speaking for the “infans”; and consequently, the violence of interpretation and the risk of alienation.

Furthermore, Fraiberg’s work reveals the dynamic use of diagnosis, the sound basis of original bonds and how these are distorted in alienating relationships, as well as the therapeutic functions of observation, bonding and relationships. It also sheds light on the processes of binding and unbinding in psychoanalysis, the prevalence of defensive mechanisms such as rejection and denial (which are closely intertwined with splitting), the role of reality as an overload or non-symbolisable excess, the relationship between negative transference and identification with the aggressor, substitution that replaces the work of mourning, narcissism in the parent-child relationship, the role of reparation, the ability to receive good food in the therapeutic relationship and affect repression as a defence that leads to repetition of the traumatic past and a deficit of symbolisation. When considered alongside Ferenczi’s clinical experiences and theories, the specific infant defences defined by Fraiberg may also gain in clarity and explanatory power.

## Ghosts

The article “Ghosts in the nursery. A psychoanalytic approach to the problems of the impaired infant–mother relationship” opens with the assertion that all children’s rooms are haunted by «visitors from the unremembered past of the parents; the uninvited guests at the christening» (Fraiberg, 1975, p. 387). However, «the bonds of love protect the child and his parents against the intruders, the malevolent ghosts» (*ibid.*). Nevertheless, even in families with strong and stable bonds of love, «the intruders from the parental past can break through the magic circle in an unguarded moment» (*ibid.*). Firstly, there is a place, the nursery: an enclosed space limited by boundaries that separate, distinguish and protect. Nevertheless, this defined boundary can be violated, confusing spaces, affects, times and generations. This is a multi-subjective topic that includes children and their parents, who carry traces of the past and its characters, who are often intruders, hostiles, undesirables and banned. It is also a topic of boundaries, where everything is played out between the inside and the outside, between expulsion and incorporation, resulting in disorganising and alienating effects on the nascent self. Christening is the ceremony



that welcomes the newborn into the world of the living, giving them a name that sanctions the narcissistic contract with the group to which they belong, along with its expectations and attribution of roles and places. The sexual excess, of which the adult is the bearer and which is often intertwined with traumatic knots that influence all forms of the work of negative put in place to cope with it (including repression and sublimation), distorts or thwarts the organising function of the narcissistic contract. Conversely, love bonds have a protective function, perhaps precisely because of the narcissistic investment they express and generate in turn, thereby strengthening the alliance between generations. Fraiberg's term – love bonds – cannot but evoke Bion's concept of the attack on linking as the basic psychopathological mechanism in the most severe forms of psychic suffering<sup>1</sup>.

What constitutes an “unguarded moment”? Is it when a baby is left unprotected and unattended? Where is the mother or parent who should be taking care of them? The mother may be absent, but more often she is caught up in her own unresolved Oedipal and pre-Oedipal conflicts as well as her deprivations and narcissistic agonies. This leaves her unable to protect her child from her own ghosts, not least due to the absence of a father figure who could offer containment to both. In other words, the mother is physically present, but not emotionally available, which Green would describe as a “dead mother”. Ferenczi spoke more of an excess than a deficiency: an excess of sexual arousal, which he termed “the language of passion”, that violates the fragile boundaries of the child who is still immersed in the “language of tenderness”. However, it should not be overlooked that, in Fraiberg's description, we are dealing with “a moment”: a sudden lack of integration that allows the emergence of fractures in thinkability due to splitting. This is a factor that we now consider central to transgenerational transmission, and which will be described as affect repression later in the text.

Parents' unremembered past appears to be not so much related to repression, but to an inability to utilise the memory function due to the failure to register their allegedly traumatic experience. In Ferenczi's relational conception of trauma, the mutilating mechanism of denial is wielded by the other – the adult abuser – preventing the subject from historicising and subjectifying the experience. The result is the creation of unrecognised, unthought and unthinkable areas of the self. Bollas's notion of the “unthought known” can help us understand this: according to Bollas, the ‘unthought known’ comprises the true self or idiom of each subject's being, as well as all that the child has learned operationally from the mother about the logic of being and relating. It is thus associated with both the most authentic core of the person and modes of functioning that were assimilated by the nascent ego in preverbal times. Bollas considers this to be the result of the operation of projective identification, in

<sup>1</sup> Morales and Stoleru's (1989) work with infants in multi-problem families is based on the concept of attack on linking.



all its possible forms, from the most constructive to the most destructive and aggressive ones. This means he already assumes a sufficient differentiation between Ego and non-Ego. It should also be noted that the ‘unthought known’ refers to the unconscious ego, which Bollas emphasises is not a content, like the id, but a form or mode of operation. It is thus a remnant of early experience that permeates egoic functions yet remains inaccessible to explicit memory.

We thus arrive at the moment when parent and child «may find themselves reenacting a moment or a scene from another time with another set of characters» (Fraiberg, 1975, p. 387). The boundaries of the ‘nursery’ therefore delimit not only a place, but also a time. When these spatial-temporal boundaries are permeable and flexible, and are solidly supported by the libidinal bonds between parents and children, ghosts merely pass through the nursery, and such events can remain irrelevant because the family group’s containing and processing function is sufficiently operative. «But how shall we explain another group of families who appear to be possessed by their ghosts? The intruders from the past have taken up residence in the nursery, claiming tradition and rights of ownership. They have been present at the christening for two or more generations. While no one has issued an invitation, the ghosts take up residence and conduct the rehearsal of the family tragedy from a tattered script» (*ibid.*, p. 388). When these boundaries dissolve, and time and space collapse, what Faimberg calls the *télescopage of generations* takes place: the irruption into the present of experiences and affects belonging to previous generations, which remain alive and active through identifications condensing several generations. This is transgenerational transmission, whereby that which could not be said, thought or represented is transmitted trans-psychically in its raw form, without any psychic processing having taken place, either intra-psychically or intersubjectively. In such cases, both the time required for psychic work and the intersubjective space needed for such processes to take place are lacking.

According to Fraiberg, even the choice of symptom follows «a historical or topical agenda» (*ibid.*, p. 388) and takes shape according to an intersubjective modality, latching onto the vulnerabilities of the parental past, while the infant becomes «a silent partner in a family tragedy» (*ibidem*). In the generative encounter of its psyche with those of his adult partners, the *infans*, the one who does not speak, becomes the receptacle of that which cannot be said. Following Laplanche, one could say that the adult’s enigmatic message in these cases is impregnated with untranslatable elements for which translation codes are lacking. In the process of constituting the unconscious, it is therefore, in Laplanche’s terms, a matter of *intromission* rather than *implantation*. And it is not only a question of content, as the working tools transmitted are also based on operations of denial and splitting: the child is loaded with a destiny from which it is difficult to escape.

Moreover, these parents, condemned to relive the tragedy of their childhood with



their baby, often fail to recognise the invading ghosts as representatives of their past. “It is easier for us than for the ghosts to appear as invaders” (*ibid.*). Negative transference, or what Cramer and Palacio-Espasa would later refer to as *pre-transference*, can be a very difficult obstacle to overcome with these traumatised and deprived families. They project negative parental images onto the therapist, adopting accusatory or aggressive attitudes and misinterpreting interpretative activity as an accusation, or even as an attack, in an overtly paranoid manner (Palacio-Espasa & Knauer, 2005, p. 79). We will see later how negative transference is closely linked to the introjection of the aggressor.

### **The origins of trauma and the origins of life**

«What is that determines whether the conflicted past of the parent will be repeated with his child?» (Fraiberg, 1975, p. 388). «How is that the ghosts of the parental past can invade the nursery with such insistency and arrogance and ownership, claiming their rights above the baby’s own rights?» (*ibid.*, p. 389). Here, Fraiberg unequivocally states here that «history is not destiny» (*ibid.*). Therefore, it is not a simplistic, two-dimensional cause-and-effect relationship, but rather an articulation of experience according to the double time of the *après-coup*, one of the specific features of the psychoanalytic method. In addressing the problem, the author begins by declaring her firm adherence to the Freudian approach, even though «the babies themselves, who are often afflicted by the diseases of the parental past, have been the last to be the beneficiaries of the great discoveries of psychoanalysis [...] This patient, who cannot talk, has awaited articulate spokesmen» (*ibid.*).

From Freudian to Ferenczian, Selma Fraiberg never ceases to amaze us! More than Freud, it was Ferenczi who denounced the psychological as well as the physical abuse of children by adults. This can take the form of *terrorism of suffering*, which forces the child to take on the burdens of adulthood; of *denial*, which causes the traumatised baby to lose trust in their feelings and perception of reality, being forced instead to identify with the reasons and suffering of the other; of adopting the role of *wise infant*, becoming the therapist of the adult and refining their sensitivity in an attempt to understand or predict the adult’s behaviour. As early as 1912, Ferenczi wrote that children consider adults to be mad people to whom the truth cannot be told, well before Winnicott first spoke of compliance and the false self.

For her part, Selma Fraiberg makes it clear that adults all too often speak on behalf of children, who lack the opportunity to express their experiences, needs and anxieties clearly. This aspect is evident in the *violence of interpretation*, which in the same year as the publication of *Ghosts in the Nursery*, Piera Aulagnier (1975) defined as a necessary and structuring process; but if excessive or prolonged



(*secondary violence*), it can be the source of serious pathologies and forms of alienation. The role of the mother as a *word-berarer* allows the child to recognise and accept their emotions by translating them into feelings and subjectivising them. However, this role can be distorted when the adult carer fails to accept the child's progressive autonomy, particularly inherent in the acquisition of speech and thought. Ferenczi also pointed out this unfortunate situation in many analyst-patient relationships, wherein the original traumatic situation was recreated without offering the patient any prospect of a transformative way out.

If we consider the nursery as a metaphor for the subject's psyche, the ghosts mentioned by Fraiberg seem very similar to the ego-alien factors described by Winnicott in 1972, or to the alienation that Aulagnier focuses on in 1979, describing it as a pathology of idealisation and, therefore, of identification (Aulagnier, 1979).

### Infants on the Couch

But let's return to Fraiberg's crucial question: «How is that the ghosts of the parental past can invade the nursery with such insistence and arrogance and ownership, claiming their rights above the baby's own rights?» (1975, p. 389) To arrive at her proposed answer, we must examine two dramatic clinical cases. The first concerns Mary, a five-and-a-half-month-old girl, whose mother had been labelled a rejecting mother. The 'rejection' is transformed through the dynamic application of diagnosis as an understanding from within, rather than a two-dimensional description: «The rejecting mother was now seen as a 'depressed mother'» (Fraiberg, 1975, p. 390). In this approach, all the senses come into play, particularly listening – the psychoanalytic tool *par excellence*. From the silent apathy of the little girl to her hoarse, mournful cries; from her uninterrupted screaming to her mother's imperceptible whisperings, hinting at a terrible secret she will never reveal, the conclusion is that «it's as if this mother doesn't *hear* her baby's cries!» (*ibid.*, p. 392). Two elements dominate the clinical picture: the pathogenic role of secrecy, and the irremediable distortion of the reciprocity of sounds in the primary bond. The description of Mary is reminiscent of Ferenczi's (1929) description of unwelcome children: «Children who are received in a harsh and disagreeable way die easily and willingly. Either they use one of the many proffered organic possibilities for a quick exit, or if they escape this fate, they keep a streak of pessimism and of aversion to life» (Ferenczi, 1929, p. 127). They are dominated by destructive impulses and can easily slip into non-existence, to which they are still very close. Mary was also in a situation of serious risk and «could not wait for the resolution of the mother's neurosis» (Fraiberg, 1975, p. 394).

This is how *psychotherapy in the kitchen* came about, where «the patient who couldn't talk was always present» (*ibid.*). Fraiberg had not read Ferenczi's



recommendations on adapting the family to the child (1927) and on the flexibility of psychoanalytic technique (1928), in which he describes how he felt the need to change the technique itself in difficult cases that could not be resolved with the usual technique. Moreover, in *Child Analysis with Adults* (1931c), Ferenczi interpreted therapeutic failures as being the result of the analyst's incompetence rather than the patient being "incurable". Similarly, Selma Fraiberg transformed the setting and technique to enable her to work with a new type of patient who could not speak. The method, which is based on transference and the interpretation of repetition from the past in the present, involves discreet interventions to help the mother recognise her child's needs and signals. Above all, it highlights the therapeutic function of observation, using all the senses to capture the events and emotions at work in each session. The new therapeutic device has been designed to address these dramatic situations: it has the characteristics of a focal therapy, directed at the relationship between the mother's traumatic experiences and her ability to be a mother. The therapist's observing mind can thereby carry out a function of linking and *word-bearer* for both the parent and the infant, who in turn is used as a link. Fraiberg highlights the catalytic function that the baby performs in the session through its presence. What could not be expressed or even felt can finally be translated into emotion and travel along the new bonds between mother and child. The analyst lends her mental functions to rebind what unspeakable suffering had unbound: "we were going to have to find the affective links between loss and denial of loss, for the baby in the present, and the loss in the mother's past" (Fraiberg, 1975, p. 399). This linking process leads to the reorganisation and strengthening of the mother/infant bond, as well as those that include the father and the whole family.

### To forget, to die

In her description of her clinical work, Fraiberg repeatedly refers to the mother's neurosis, even though the defence mechanisms that emerge most often do not fall within the realm of repression. Rather, they have the quality of rejection and denial, which are closely linked to splitting. The dominant themes were 'rejection' and 'loss', which were repeatedly referred to in the current scene without the ability to 'put things together' (*ibid.*). It had been necessary to "forget" and "replace", that is, to erase events and experiences that could cause suffering. Ferenczi emphasised the most extreme forms of such defences, as when he writes that the psychological state induced by trauma consists in the annihilation of self-awareness, of the ability to resist, to act and to think in defence of oneself. This can lead to losing one's own form, easily and without resistance assuming an imposed form: «self-destruction as releasing some anxiety is preferred to silent toleration» (Ferenczi, 1931b, p. 249). The easiest thing to destroy in ourselves is consciousness: the integration of psychic elements into a unit. Hence, psychic disorientation. However, Ferenczi does not stop



there. He proposes the concept of narcissistic self-splitting, whereby the traumatised person is split into two parts: one that is sensitive to pain and in a state of annihilation; and another that sees and knows everything but is insensitive. This “fragment of split-off dead energy” has all the advantages of the insensitivity of inanimate things and is placed at the service of preserving life, in order to take care of the destroyed and suffering part (Ferenczi, 1931a).

The predictable revelation of childhood sexual trauma takes us back to a familiar Ferenczian atmosphere: «Incest was not fantasy...» (Fraiberg, 1975, p. 401). Fraiberg and Ferenczi have in common the idea that the decisive role of reality and the patient's need for this to be recognised are essential for therapy to take place. Here, all aspects of the traumatic process highlighted by Ferenczi are evident: at the centre is the victim's unconscious guilt, despite denying it consciously, and silent denial, which leads to thoughtless repetition and the inability to work through it.

In the second clinical report, the central role of sensory perception in the mother–infant relationship is again evident, as the first identifiable element of distress in the encounter. For the baby girl, there is a mother who does not listen; for the baby boy, there is a mother who avoids touching and holding him (*ibid.*, p. 402). The sound element is manifest in the “shrill” voice of the mother, transferred (transgenerationally) unchanged into the child's laughter. It is an «alien voice» that the mother had «incorporated into her personality» (*ibid.*, p. 416). Together with rhythm, timbre constitutes the most personal aspect of the voice and becomes an expression of the *introjection of the aggressor* – the only possible defence for a fragile and terrified subject, as discovered by Ferenczi in his work with patients severely affected by traumatic situations. There is also the harsh reality as an excess that cannot be symbolised, which in therapy takes the form of words and narrative; negative transference reinforced by identification with the aggressor, which places the therapist in the position of being abandoned and rejected, just as had repeatedly happened to the patient; substitution that takes the place of processing (the new pregnancy). However, the therapist's ability to survive rejection and give voice to the patient's unformed feelings enables a gradual narcissistic investment in the child by the mother (Freud, 1914) and opens up the possibility of recovering something valuable from a reference figure and the outside world, from which paranoid projections can begin to be withdrawn.

### Infants' defences

In her posthumously published paper on pathological defences in early childhood (1982), Selma Fraiberg offers an alternative interpretation of a child's incongruous laughter in response to their mother's sharp, shrill reprimands. She also explains how painful and terrifying emotions can be transformed into feelings of pleasure and



excitement. This transformation of affect, which does not coincide with reactive formation, is a defence mechanism that is already available to nine-month-old infants. They react to intolerable distress by expressing pleasure, which nevertheless betrays a state of uncontrolled excitement. This is subsequently joined by the defence mechanism that Fraiberg defines as *reversal*, whereby the child directs the aggression of which they are the victim towards themselves. Freud had already described two primitive defence mechanisms: *reversal* and *turning on oneself* – the prototype of a negativity that is accomplished under the sole effect of the unconscious drive and prior to repression, as a basic defence of the nascent psychic apparatus (Green, 1993), which needs to negativise the excess represented by the drive. Selma Fraiberg emphasises that pain can be transformed into pleasure or erased from consciousness and replaced with a symptom well before the existence of the ego. All the early mechanisms described attempt to counteract threatening disintegrative states, which Green would ascribe to the operation of a disobjectalising and unlinking function.

### **Repression, isolation or denial?**

Here, finally, is Fraiberg's answer to the question posed in the introduction to her work. «Our hypothesis is that access to childhood pain becomes a powerful deterrent against repetition in parenting, while repression and isolation of painful affect provide the psychological requirements for identification with the betrayers and the aggressors» (Fraiberg, 1975, p. 420). The second patient described the beatings she suffered at the hands of her stepfather in chilling detail, but her affect remained isolated (*ibid.*, p. 411). The first patient 'forgot', and both 'did not want to talk about it'. The repetition of the traumatic past is attributed to the repression and isolation of affect. However, today, we give more weight to denial and splitting, which reject the perception of external reality, leaving lacerations to the mind's representational function in their wake. Conversely, as André Green has persuasively argued, affect is a primary form of representation.

In Ferenczi's theory of trauma, denial is a central element. According to him, the worst thing is when trauma is met with denial, that is, the assertion that nothing happened and no pain is felt. It is this, above all, that makes trauma pathogenic. In his *Clinical Diary* (1932), he repeatedly states that parents of traumatised children engage in *repression therapy*: "It's nothing", "Don't think about it anymore", with the aim of covering up those events with *absolute silence*. However, this is not enough: adults, oppressed by guilt, deny the children's perceptions. As a result, the children lose contact with their own experiences and their inner world. Ferenczi's theory of trauma is therefore particularly complex because it is both multi-subjective and multi-temporal. To be pathogenic, trauma requires the abuser's action and



subsequent intervention in the child's mind. The Freudian second time of trauma, which here becomes the third, is analysed by Ferenczi primarily in the patient–analyst relationship, in which both the trauma and its denial can be repeated for the patient, leaving him with no way out. Regarding affect repression, Ferenczi hypothesises that, following a shock, feelings are eradicated from representations and thought processes, becoming hidden deep within the physical unconscious while intelligence itself escapes into progression. These are important insights that we also find in Winnicott's description of the relationship between intellect and psyche-soma (1954), and later in Masud Khan's description of the consequences of cumulative trauma, which is entirely comparable to Ferenczi's proposal from several decades earlier. However, Ferenczi goes further, pointing out that, as a result of severe trauma, a part of our person may "die", and if the remaining part survives the trauma, it awakens with a gap in its memory or, rather, a gap in its personality, since not only the memory of the agony but also all the associated memories have disappeared, perhaps having been erased. This can lead to fragmentation, *atomisation*, and sometimes even the complete pulverisation of the person. Ferenczi also uses the terms "disintegration", "dissolution", "dematerialisation", and *autotomy*. The latter is an extreme defence mechanism that supplants repression by petrifying, mutilating, and killing parts of the unconscious psyche. This leaves the psyche impoverished and gripped by feelings of non-existence.

Another point of convergence between Ferenczi's and Fraiberg's work on the effects of trauma is the theme of paralysis for the former and the concept of freezing for the latter, as introduced in the 1982 article on pathological defences. According to Ferenczi, a traumatic event results in absolute paralysis, cessation of perception and inhibition of thought. As a consequence of this disconnection from perception, the individual becomes completely defenceless, since it is impossible to defend oneself against an impression that is not perceived. This total paralysis also results in the absence of any residual mnemonic traces of the traumatic impressions in the unconscious, meaning that the causes of the trauma cannot be traced through memory. In order to achieve this, we need to repeat the trauma itself and bring it to perception and motor discharge in more favourable conditions. Selma Fraiberg, who starts from the clinical observation of infants exposed to severe trauma, deprivation and danger, finds that, from the age of five months onwards, children can adopt the defence mechanism of *freezing*. This involves immobilising themselves and holding their posture, while refraining from looking at, gesturing to or vocalising towards their caregivers. The result is that they succumb to a state of total disorganisation.

Even before freezing, Fraiberg (1982) describes *avoidance*, the earliest pathological defence mechanism in young children, with which the author closes the circle of transgenerational transmission. «It is as if perception has selectively edited the picture of the mother» (*ibid.*, p. 619), as well as the sound of her voice. For these infants, the perception of the mother constitutes a negative stimulus, and the



associated affective experience remains latent and unable to be brought to light by perception. «At intolerable limits, there is a cutoff mechanism which functions to obliterate the experience of intolerable pain» (*ibid.*, p. 620). This clarifies the origin of the *repression of affect* that, in the next generation, opens the nursery door to the ghosts.

### **Therapeutic tools**

Returning to the 1975 article, Fraiberg (p. 406) considers whether «the liberation of affect in therapy» could prompt the expression of repressed feelings towards the child. However, she ultimately concludes that it is actually the forgotten emotional experience, despite clear recollections of events, that leads to the repetition of trauma in children. Thus, the analyst's task is to bring repressed emotions back to the surface and help the patient relive them in the transference relationship. Similarly, Ferenczi spoke of how the analyst working with a traumatised patient acts as a witness to what happened and what was missing, offering the patient the suitable environment, which was lacking at the time, for the constitution of the ego and putting an end to the state of mimicry, which, like a conditioned reflex, only leads to repetition. He calls it a new “couvade”, or a new beginning (Ferenczi, 1932). Using the terminology of Piera Aulagnier, who was working around the same time as Fraiberg, we could say that the analyst becomes the patient's *word-bearer*, enabling their ego to emerge. By exercising the primary violence of interpretation, he gives names to emotions, which then become feelings. This restores the subject's internal communication and confidence in the authenticity of their experiences, allowing them to be subjectivised.

This imaginary dialogue between Sándor and Selma can continue to produce resonances and insights of great theoretical and clinical value, from the clinic of the *infans* (the patient who cannot speak), which is a catalyst for the therapeutic process of their parents, to infantile analysis with adults — a game analysis that allows the patient to «abandon himself to all the early phases of passive object-love» (Ferenczi, 1931c, p. 477). In *Child Analysis with Adults*, Ferenczi again notes the need to attenuate the clear division between the analysis of children and adults: «Adult patients, too, should be free to behave in analysis like naughty (i.e. uncontrolled) children» (*ibid.*, p. 473). He adds later: «There is no doubt that the united forces of analysis and of observation of children have a colossal task still before them in this direction – in problems which the common features in the analyses of children and of adults help us to formulate» (*ibid.*, p. 477).

Although this dialogue never actually took place, Ferenczi and Fraiberg unknowingly shared a keen sensitivity and deep respect for the experiences and suffering of the most vulnerable individuals.



## Bibliography

Aulagnier P. (1975). *La violence de l'interprétation. Du pictogramme à l'énoncé.* Paris: PUF

Aulagnier P. (1979). *Les destins du plaisir. Aliénation, amour, passion.* Paris: PUF

Bollas C. (1987). *The shadow of the object. Psychoanalysis of the unthought known.* London: Free Association Books

Cramer, B. & Palacio-Espasa, F. (1993). *La pratique des psychothérapies mères-bébés.* Paris: Presses Universitaires de France.

Ferenczi S. (1929). The Unwelcome Child and his Death-Instinct. *Int. J. Psycho-Anal.*, 10: 125-129.

Ferenczi, S. (1931a). The birth of the intellect. In M. Balint (ed.), *Final contributions to the problems and methods of Psychoanalysis* (p. 244-246). London: Karnac Books.

Ferenczi S (1931b). Trauma and anxiety. In M. Balint (ed.), *Final contributions to the problem and methods of psychoanalysis* (p. 249 -250). London: Hogarth, 1955.

Ferenczi (1931c). Child-Analysis in the Analysis of Adults. *Int J. Psycho-An.*, 12, 468-482.

Ferenczi, S. (1932/1988). *The Clinical Diary of Sándor Ferenczi.* Cambridge: Harvard University Press.

Ferenczi, S. (1932). Confusion of the tongues between the adults and the child. The language of tenderness and of passion. *Int. J. Psycho-Anal.*, 30, 225-230.

Fraiberg, S., Adelson E. & Shapiro V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Amer. J. Child Psychiatry*, 14, 387-422.

Fraiberg, S. (1982). Pathological Defences in Infancy. *Psychoanalytic Quarterly*, 51, 612-635.

Fraiberg, S. (1983). Treatment modalities. In J.D. Call, E. Galenson, R.L. Tyson (eds.), *Frontiers of Infant Psychiatry*. New York: Basic Books

Freud A. (1936). *The Ego and the Mechanisms of Defence.* London: Karnac, 1966

Freud, S. (1914). *On Narcissism: An Introduction* SE XIV: 67-102

Green, A. (1993). *The work of the negative.* London: Free Assn Books, 1999

Norman J. (2001). The psychoanalyst and the baby: a new look at work with infants. *International Journal of Psychoanalysis*, 82: 83-100

Palacio Espasa, F. & Knauer, D. (2005). La tecnica della psicoterapia psicodinamica breve. Madre-padre-bambino. In A. Nicolò, G. Trapanese (a cura di), *Quale psicoanalisi per la famiglia?* Milano: Franco Angeli.

Stern D. (1988). *The Motherhood Constellation: a Unified View of Parent-infant Psychotherapy.* New York: Basic Books.



Stoleru, S., Morales-Huet, M. (1989). *Psychothérapies mère-nourrisson dans les familles à problèmes multiples*. Paris: PUF.

Winberg, M.; Sorjonen, K. & Salomonsson, B. (2015). A long-term follow-up study of a randomized controlled trial of mother-infant psychoanalytic treatment: outcomes on mothers and interactions. *Infant Mental Health Journal* 36(6), DOI: 10.1002/imhj.21536

Winnicott, D.W. (1954). Mind and its relation to the psyche-soma. *The British Journal of Medical Psychology*, V. XXVII, 201-209.

Winnicott, D.W. (1972). Ego integration in child development. In *Playing and Reality*. London: Hogarth Press.