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THE FALSE SELF, THE DEAD FAMILY, AND THE ALIVE THERAPIST: CHANGING GHOSTS INTO ANCESTORS

(*Hans Loewald originated the phrase: "Changing ghosts into ancestors", referring to the aims of individual psychoanalysis)

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Introduction

In the 44th Congress of the International Psychoanalytic Association, John S. Kafka (2006) made a statement related to time and history in psychoanalysis that has specific relevance for intervening in multigenerational unanalyzed family trauma. In brief he noted: 'clinical psychoanalysis is an experiment in disorientation, especially temporal disorientation' (p 252), where new information can change the judgment of the past and sense of duration in past phases of one's life. His words concern the relativity of time and I would submit that each generation assigns fixed meaning under certain unbearable conditions that make such meanings timeless. When fixed meanings are not subject to later revision, when life might be safer to live, there is a great price to be paid by the family's current and future members.

This paper features a family case of intergenerational trauma and the theoretical and practice ideas that found their way into the work. One task is to trace the unconscious transmission of traumatic events across generations that left the family unable to accurately mentalize affective disturbances in current life, or to provide a blend of memories

with historical perspective on past lives for overriding affective wounds.

The second task is to describe how the family's blocked history and resultant massive projective process produced a struggle between the false self and alive self in the therapist, since the therapist's lost and found object relations paralleled the falsely found and truly lost (Poland 1996) in the family's unconscious history.

In psychoanalytic work therapists are customarily used as a variety of objects, lost and found, obligatory or confiscated; however, will they be able to contain the family's terror-laden object usage when permeating the space, and as a new object, a healing heart to the family, promote the search for meaning-making?

Psychoanalytic family practice and enactments

In my clinical experience theory alone does not substitute for trusting one's psychoanalytic intuition, or sensibility. Therapy is basically an emotional situation. The most egregious breakdown in the original human environment is revealed by containment problems in the therapeutic one. A holding environment is needed when analysis breaks down. A flexible frame is sensitive to group and individual emotional process, approachable through discerning transferences and countertransference. Use of self is affected by *enactments which are the pressured secrets unfolding in the analytic space*. Enactments are stimulated by therapist- family interactions. The therapist evokes the previously unknown driven in the here and now. When enactments occur I draw on the relational-unconscious, meaning my phantasies and my non-verbal behavior. When I am frozen, or behaving in an uncustomary passive or aggressive mode, I may be invaded by paralyzing superego dominant valencies. Joyce Mc Dougall (1993) offers that the discovery of non-analyzed traumatic events is indirectly accomplished through countertransference reactions. Traumatic events are part of one's "psychic capital" (p. 98). I am reminded that some colleagues adhere to a narrow stance on the frame, which I believe leads to therapist denial of unconscious influences on treatment process. That approach offers the therapist a false security as though the therapist is no more than a scientist, observing and behaving rationally at all times.

Countertransference theory guided my work with the family, not so much as an unaltered grounding of my technique for the family to fit into, but when I felt stuck, or disturbed, the dual process of reflection and personal suffering revealed what was missing in my approach. I drew on what psychoanalytic colleagues and ancestors have provided in our professional knowledge base.

For example, when in the throes of emotion-laden sessions, I held to the notion of a *psychoanalytic* family as a supra-individual system, in which unconscious group process *and* individual psychic structures receive what Ivan Boszormenyi-Nagy (1973) calls “multidirectional partiality”, and what H. Stierlin (1987, p. 309) and the Scharffs (1987) refer to as “involved impartiality” .

In the countertransference the therapist struggles to maintain observational and empathic stances, under the onslaught of terror, fragmentation, abandonment and helplessness. There was an intersection of my personal family history which would first conceal and then reveal important aspects of the family introjection-projection process.

The Initial Contact

The wife contacted me for help with her marriage. On the telephone she reported suffering from life-long depression, which was often activated when her spouse was volatile and moody; she and her sons were suffering from the husband’s instability, and violent couple fighting. The violence consisted of pushing and shoving, throwing dishes and the wife reported slapping him to stop him a few times. She went on to state her husband had a history of two near suicide attempts over a ten year period and hospitalizations. Both suicide threats had to do with driving his car into a wall. He was medicated for anxiety and depression, but did not have ongoing therapy with the psychiatrist he was seeing. I wondered silently if he was bi-polar, or borderline.

She had been on Zoloft most of her adult life, having first been diagnosed at age 17. She expressed helplessness and was relying on the children for support during the current crisis. He was not. The wife had been in individual therapy for eight years and reported it ended when the therapist started to share her personal life and issues with the patient.

Early Going

First it was necessary to determine suitability for couple therapy, and could containment be accomplished to reduce home-based violence. Both assessments were positive. I saw the couple first several times over two days, and recommended an immediate combination of concurrent couple and individual therapies with medication re-evaluation for the husband, who was confirmed to be bi-polar. An eventual goal was for family treatment including the two children.

In the early sessions they appeared temporarily worn down by strife and accepted the plan for treatment. The couple volunteered little about history, but when asked complied easily, speaking in halting tones, mechanically, with an alexithymic overlay. Collecting family intergenerational information was laborious and took about three months. It was accomplished by careful questioning of the spouses. In contrast, when each spouse talked about current life, they alternated between the husband's defensive self deprecation for putting his wife in crisis with the volatile threats and tantrums, and the wife depressively looking to the therapist for rescue as the sacrificial lamb who could not continue taking the hostilities; it was revealed over time the wife was as volatile as her mate, but she would withdraw totally after her counter-tantrum, while her mate would pursue her in total disarray, ashamed and despondent. They would sometimes end up having violent sex as a mutual attempt to repair the damage. In early sessions his apologies had no credibility, with the wife, or in my own sense of him, as they seemed insincere. She seemed as insincere, remaining cold, seething, and as threatening to him with abandonment as he threatened her with self destruction.

Family Information

The nuclear family consists of four members: Jill, 49, Jack, 52, and two sons, three years apart; Able is 21 and Clark, 24. The sons are living in other states and doing well, completing undergraduate and graduate studies. Members are in touch by telephone, E-mail and visits. The couple appearance is striking in that they could be interchangeable, looking very similar, in height, coloring, hair and facial expressions.

Ethnic-cultural background

Jack is Greek-American, a proud atheist although reared as Greek Orthodox, born and raised in a village in Northern Greece, in a barren mountain region. He came alone to attend a university in the US at age 18. He intellectually admits to fleeing his mother, an engulfing individual whose intrusiveness was felt from birth. He completed graduate school in business, courted and married Jill and dropped out of a Ph.D. program in advanced studies after Jill gave birth to Able, when full time employment was needed. The newly married couple had been relying on Jill's parents for financial help until after Able was born, when Jill exerted much pressure on Jack since she could not bear her mother's intrusiveness. Their fighting began at that time and has continued since then.

Jill's background is Russian-Jewish, second generation American. Jill has a Ph.D. in cultural anthropology and is a part time consultant to museums specializing in antiquity and artifacts. Both sets of parents are alive. Jack's parents live in Athens. His father is sixteen years older than Jack's mother, having dated her when she was fourteen, when father was thirty. The odd couple married one year later, and Jack's brother was born when mother was just sixteen. Jack was born two years later. Jack's brother died at age 26, from cancer. The brothers were estranged at the time, with brother living in Switzerland with a new wife.

Jack has not grieved his brother's death, and it appears mother instilled great shame before and since brother's death by attacking Jack for not bringing his brother to the US to study and live with him and Jill many years before. Mother and Jack did not speak for six years as a result. Father would call and put mother on the telephone asking

Jack to make peace, which Jack eventually did, after father was ill for a time. Jack's father was a municipal accountant and collects and worships religious icons, (*the concrete-non-symbolic*) which took up much of his spare time after he came home from being a prisoner of war in a German camp on a Greek island. Father's ship had been torpedoed and he was rescued and interned for two and one half years; he walks with a limp from the injuries sustained having received poor medical care during the war. Father's icon obsession caused much distance with Jack during Jack's youth and continues today.

Jill's mother was an anesthesiologist (*keep the dead or nearly dead away*), father was in business, but it is a mystery what he actually did each day he left home for work. Father became chronically depressed before Jill and her brother were born, and he has remained so throughout her life. Jill's family lived off money from investments her paternal grandfather made, but they never spoke of how much money was there, or how earned. She never knew her grandfather, and says her grandmother was a bitch and a lousy cook.

Before Jill's parents met Jill's father spent World War II as a navy code expert, and he apparently broke several key Nazi submarine codes. Jill reported that mother and she are always at war, with Jill speaking out and forcing her point of view into mother, while mother blames her for being so outspoken and stubborn. Jill's father has a collection of old code books from the war choked with numbers only he allegedly understands. She discovered his stash at age twelve while exploring his dusty home office desk, which had always attracted her interest, especially since mother had always warned her not to go there. *I suspected given mother's unwillingness to speak of family history, and father's inability to speak at all, the dusty desk represented an untapped historical vessel (container) of potential symbolic meaning. Jill's deepest curiosity in making sense of father's depression through history seeking was a hopeful sign to me early on, but much time elapsed before we could pursue the symbolic and concrete together. It took many sessions for Jill to relate her life-long depression to father hunger.*

Mother's early recollection of Jill as a baby was that she was inconsolable, and cried for two years. Jill feels mother blames her for being a difficult child. Jill's parents live in the same county as Jill; her father has been chronically depressed as far back as Jill remembers,

and subject to occasional tempers outbursts. Jill has one brother, Tom, 44, married with two children, both boys, ages 18, and 25. Tom is employed as a career subway dispatcher and works underground; he lives in the same county but they see Jill rarely; however, Jill's sister-in-law E-mails Jill frequently with many urgent emotional problems. Jill describes Tom as an undiagnosed Asperger's syndrome, even autistic. He is described as withdrawn, prone to outbursts but mostly uncommunicative. He loves his little dog, *a miniature schnauzer* named Fritz (*notice the choice of a German breed*). Tom's 25 year old son has pervasive developmental difficulties, and lives at home receiving special schooling. Jill is close to her nephew who complains his parents will not allow him to be on his own or get into a group home.

Many associations, puzzlements, and questions arise, not because there is no verbal history available, as in some cases of severe trauma, but because there is obliteration of desire to know, and no elaboration with which to make emotional connections. The effect on the current situation is annihilation of lived experience, which results in an oscillation within, and between spouses of destructive action and corrosive language, with depressive withdrawal into the Paranoid Schizoid state. Bollas has explained the important difference between lived history and that which is relegated to an eradication of the self by having merely a past. In his book *Cracking Up*, (Bollas, 1995, p. 119) he states: ... "The passing of time is intrinsically traumatic".

In the early sessions this couple gave me the information I have reported, but as a chronological sequence of events, without a revival of selective recollection with personal or hand me down meaning. It felt as though catastrophic memory loss was not so much repression in this case, but selective amnesia. When each spouse described the other's current marital behavior, little emotion was present in the report. Any reference made to aloofness, self centeredness, provocation, clinging, or hostile attack, produced immediate intellectual reactions with "dead" certainty that what was being said was really about the other.

The numbing of affect contrasting with the violence in the case reminded me of Andre Green's (1999, p. 207) notion that an absent object is de-cathected, absent in the transitional space. This couple's chaotic interactions indicated an inability to tolerate the negative. The

absent mother is an intrapsychic experience causing patients to seek revenge for pain rendered but not recalled.

According to Modell, (1999, p. 78) the *dead mother* with whom the child identifies may not have had a time-limited depression. There may have been a long term characterological problem rendering her emotionally absent; the child takes on the “badness” associated with the loss, cannot recognize the mother’s absence, and may become the reverse of the mother’s unresponsiveness. In the treatment couple the husband’s abandonment fears are reactions to the wife’s emotional coldness; however, the wife’s seething insistence at being correct on all matters pertaining to the couple’s current problems, are related to unconscious spousal identifications with their combined maternal introjections reflected in the narcissistic prohibition of “*don’t go there*”. The child part of each spouse is the cause of its own distress. There is no linking. Blaming the victim and withdrawing destroys insight or understanding of current interpersonal or intergenerational meanings for their troubled circumstances. The husband forces the wife to respond to violent threats and can be clingy, while he also is otherwise absent. He prevents her from getting close in him, and his history is full of frozen desires, since he also carries feelings of “badness” having had a mother who was engulfing, chaotic, humiliating and in charge of what was reality. In both spouses the mother’s failure renders the child feeling it should be dead. What is killed off is the aliveness of linking, of making meaning, of play, of mutuality, and of feeling pleasure. Both spouses suffer from these features of the dead mother. The depressed and pre-occupied fathers cling to their icons allowing the pathological mother-child attachments, having no interest in such matters as they might stimulate the father’s traumatic experiences pertaining to war or early lives.

I am wondering if the reader is becoming overwhelmed *and* seduced as I was by the dynamic possibilities carried in the material thus far; we have a bit of each spouse’s history and family relations across two generations, including countries of origin, each father’s wartime whereabouts, mother-father-child-sibling relations, etc. suggesting mysteries and pathologies located in pre- and post-war family experiences. The *alexithymia* can be thought of as a shared survival defense (Sifneos, PE, (1995) in which there is a lack of desire, emotional lifelessness, and emptiness. A narcissistic object may have been idealized, long ago, but it was so full of pathology that the child

has been doubly betrayed, hence the couple's obligations to its objects but with questionable devotion.

Couple Session Vignette Illustrating "Dead" Mother Identifications

Four months of intensive individual and couple treatment helped calm the home situation. Emerging were bits of interest during sessions in pursuing the relationship between current circumstances and untapped histories. Individual sessions were detoxifying triangular primitive anxieties and each spouse's history of infantile relations to maternal and paternal figures were shared; as time passed aspects of these matters were spoken about in the couple sessions. The dyadic to triadic treatment formats set the stage for traumatic experience to surface although I continued to wonder about the generations before Jack and Jill's parents.

In one couple session Jill mentioned the coming anniversary of her deceased brother-in-law's death. She asks Jack if he ever thinks about him, indicating her own reluctance to bring up forgotten matters, but says that maybe Jack's depressions come from forgetting too much and then he "blows". Jack appears surprisingly eager to explore this making me wonder if he might be a bit manic today. To my surprise he recalls a memory when he was 13 and his brother 11. The boys were walking in the woods beyond their village, and they heard what they thought was the cry of a wolf. Terrified and speechless, they ran over rough terrain to the safety of the village and their home. Out of breath Jack and brother spilled out their fright and excitement over the close call, but mother silenced them, insisting it might disturb father, who was in the next room. Mother then went on with a story of hers which captivated the boys about an experience at age twelve during WWII, when the allies bombed her village soccer stadium. Germans were occupying the village and often brought villagers out for soccer matches against the troops. Many were killed. Mother fled for her life. There was no affect in the story as Jack recalled. Nothing more was said. Later that evening Jack physically bullied his brother over a trivial matter. I asked if the wolf was alive inside Jack, forcing it onto younger brother, given the experience with mother, who appeared in my sense of it to be *a sheep to father but transmitting her terrors to her children without recourse*. Jack looked down, clasping his hands.

He was quiet for a moment, and shook his head with disbelief, and then said he was often mean to brother never considering the circumstances beyond his impulse to exert power over him. Jill now became agitated at this slightest display of remorse, and began to yell at Jack, berating him for treating her so badly. I interrupted by holding up my hand between them, saying directly to Jill I thought she was having difficulty holding onto Jack's painful admission, given her own past and current experiences with hate and persecution. She glared at me, contemptuously, but delayed her attack, giving me another moment. I said to the couple there were ghosts in the room that had not been considered in the marital turmoil.

I asked Jill if she could resist going after Jack for a moment longer and think about what his experience might have stirred for her besides the anger toward him. What followed was Jill's memory of being cut off by mother when her aunt (mother's sister) was stricken with cancer. Jill was thirteen and was sent to California to look after her. Jill had no choice. Jill remembered feeling scared, unable to speak of it, and related to the anger that accompanied Jill from that time forward. She tried to speak of it years later after the aunt died, but to no avail. Hence Jill's continuing war with mother over proving mother wrong. While little feeling accompanied the two memories there was a beginning of screening potential relative to parallel archaic traumas and affects, signaling in my mind a potential for a couple trajectory less discordant and more reparative than before.

Movement to an Extended Family Session

I was thinking about what the generations had wrought on the lives of the couple, and appreciated the slight opening up of memories and new thinking about dynamic history. The issue of secrets was an issue given the fact that when generations talk about very difficult times there is some letting go of the suffering, allowing the generations a healing and hope for a future not born of the past. This had not occurred in this family. Considering each spouse's childhood history and traumatic overlays led to an idea that children in each generation carried an inordinate amount of unmetabolized trauma. The dissociative protections prevented a worse breakdown; however, depression, violent outbursts and the destruction of intimate connecting were the results. I generally thought in terms of three

generations when processing deep trauma, and wondered if the couple's two sons had fared any better than their parents, and more-so could they shed light on the mysteries and unburden the current family from the massive hold of the past. I also had an idea that the couple might have protected the sons to a better extent than they had been, and perhaps the sons could provide another perspective for furthering the couple work. I would maintain the couple work but wait for a proper time to invite the sons in for an extended family session. The clinical task was to unblock the links of each family member to the generations by bringing the siblings into the treatment.

Four months into the couple therapy the boys were in from college and I invited them in for an extended family session. I learned from the parents that each son had begun therapy since the parents and I started to work together. For some time I had been wondering about the prior generations influences on Jack and Jill's parents, especially the role of exposure to war in each generation and possible transmissions of the unspoken, uncorroborated effects of tragedy and suffering. The boys' perspectives, curiosities and outlooks interested me and I chose to have the interview more focused on them with Jack and Jill as witnesses. I would then follow up with the parents in future sessions.

The image of the wolf in the couple session remained in my mind as we proceeded. The wolf symbolized the intergenerational derived impending violence hovering at the edge of the fragile family ego, always threatening to obliterate the search for truth. Linking the generations was dangerous.

Able (21), and Clark (24) entered first and I was struck by their physical differences and non-verbal uses of the space. Able was slight, effeminate, all smiles, pressured, talking quickly, engaging and expansive, choosing the *love seat* on my left for his own, sprawling on it closest to me while Clark, taller, constrained and serious looking spoke quietly and carefully, and sat between the parents more to my right. Ordinarily, I view family patients who sit nearest me as needing protection, but in my countertransference I felt invaded by Able, forced to keep my attention on him, feeling his grandiose counter-dependence, and I was nervous about his manic behavior, feeling he could pounce (*the wolf in the room?*). I wondered if his extreme self presentation represented one side of a group split. In contrast, I noticed Clark's strained, protective maneuver that placed him between

the parents. Clark, I felt, represented inhibition, the Oedipus, and defenses against feared desires, hidden beneath the explosive side of the family; while Able exhibited anxiousness spilling over, forced into the space, disguised as good natured charm. *Later on in the session I had another thought about Able. Given his sitting position farther from the others I thought he might represent a capacity for differentiation.* I wondered what narratives might emerge from this rather odd couple. Able resembled Jill in appearance, Clark facially resembled Jack. The boys knew about the parents' therapy, based on telephone and E-mail communications, and each expressed support for their efforts. I wanted to know their history including relations to grandparents and so forth, especially any overheard stories, mysteries, scary times or impressions about the generation's influence on their parents or themselves.

I was thinking any forthcoming information external to the parents' particular psychic realities could engage the parents better if coming from the sons. This would be less difficult to manage as is often the case when I solicit dream material in family treatment. Like art work, dream material is not subject to right or wrong, factual or discrepant. Material obtained in this way has the effect of bringing a more benign and symbolic potential for dealing with emotional suffering and fears. If the parents corroborated any of their son's impressions, memories or feelings, this could have a cohering and healing effect. If not, the sons would still have the opportunity to leave in the room with us individual or collective sibling experiences that could be useful later on in couple work.

Before they could speak freely each looked over to the parents for permission, which they received. Among the themes that emerged was a scary time Able remembered with grandma, when he was seven, during a family trip to Jack's village in Greece. The others went out leaving grandma and Able together, and Able got into some old pictures in the grandparent's bedroom while exploring. One photo was of grandpa in a suit as a much younger man with a cane, with medals on his chest standing in a town square. Grandma came in behind Able and alarmed him she was so quiet. She took the photo from him and sat him down on the bed and told him about her life in the war, when she was twelve, sitting with a German officer who had taken a fancy to her, driving up a mountain road, when the car hit a road bomb. They were thrown onto the side of the road and fortunately no one was seriously hurt. Grandma spoke more about what happened. They were

soon picked up by a troop carrier and returned to her family's Inn where the Nazi's were staying. The officer was very kind to grandma, but they rounded up ten villagers and lined up the local people to watch as they shot the ten as reprisals for the road bomb. After grandma finished her story, she asked Able if he wanted some lunch, which shut down the experience. Able spoke very fast and I was caught up in the emotional trauma of the moment, but more-so, it was as if the traumatic had been in cold storage until now. Able had never told the story because grandma said it was their secret, and he should not upset his father.

In my countertransference, I felt blown away by Abel's account, feeling intensely sick, and multiply identifying with the small child's helplessness, along with rage at the grandmother, with grief over the murdered villagers.

I tried to remain focused on the family's experience. Jack was shocked, and soon he launched into a raging tirade that his mother would use his son this way; he was so hurt he cried, to which Clark responded with a glare at his brother. Jill was silent.

The family was detoxifying the unknown, bringing the transpsychic into the pre-conscious (R. Losso, 2006) and able to consciously identify with the lost, now found; but I worried could they contain the vengeful results of the collusion required by grandma of Able in the past, who was instructed to protect the prior generations, grandma, father, and himself. *(In my silence I wondered was I insufficiently bearing witness without an empathic response, given the traumatic affects I had to deal with in myself).*

Although the extended family session was very stressful the members stayed with the task of listening and responding as the unspoken began to have a voice. When a secret is no longer buried the family is more able to give new life to another generation's experiences and reduce the denied terror associated with one generation's traumas colonizing the child without recourse. Once the collusive effects are removed each family member is now freer to address all aspects of the missing affects. This process detoxifies the traumatic continuum by naming it (D. Scharff, 1987).

A personal memory gripped me through the extended session. My grandfather had been a soldier in the First World War, and his frontline exposure to death had taken a toll; he had seen action and death, which drove him Mad, setting the stage for my father's legacy, and during my early life his violent outbursts with my mother signaled terror, silence, and loneliness in me that could never completely heal. My experience of Able flooding the family space, and Clark struggling to protect the others from the affect he could not locate had connected me to the audible, but it was through the resonance of my memories, that I summoned the courage to persist in encouraging the family to face its terrors. Perhaps, there might be a re-connection with experiences as lived, rather than acted out, as had been in my own early life, when my role was to protect mother and sisters from the madness of my traumatized father. It was clear that I was carrying a personal meaning through my identification with the wolf, as it represented fear of rage against my parents who did not protect me or my sisters. I further realized in my countertransference that my father had usually made insincere apologies, only to repeat intimidations, and I had not recognized my earlier valence for rejecting Jack's apologies, although I had recovered. Jack developed a capacity for differentiating remorse, from deep suicidal shame for the past tragedies of the generations, but that was for another time in the treatment.

Follow-up family sessions promoted experiencing the past in the here and now. Clark's protectiveness was less necessary as Jack and then Jill felt less alienated from the material. Able gradually calmed down. This family had rarely spoken of the ravages of the war, much less recognizing its effects on those who lived it and those coming after. The subsequent sessions consisted of enlarging a transitional space for thinking about both sides of the family's inheritance. It was later admitted that Jack had been sexually molested by his mother until age fifteen; a repetition of her molestation by her grandfather and the Nazi officer. Mother had been silent about this history, but would tell Jack it was a mother's duty and pleasure to tend to the needs of her son, reversing her trauma and converting its terror into a pleasure and duty (*A wolf in sheep's clothing*). Jack had a series of dreams in the following months that were essentially abuse dreams that released more of his split off memories, eventually placing his adult borderline impulses in context. Jill discovered she carried a shameful feeling that her father and aunt might have had an affair, prior to the aunt's cancer, when mother had sent Jill away. Jill now wondered if she was

sacrificed to care for the aunt as an obligation to cover up mother's repressed hatred and guilt. Jill eventually brought this to mother who denied it, but admitted she had thought of leaving Jill's father, but without explanation.

Concluding Comments

Psychoanalytic ancestors and internalized mentors de-toxified my anxieties and had a mitigating affect on opening space for thinking and elaboration. This process was healthier in contrast to what the family was living out, as they were stuck with ancestors, ghost-like and mystical, in adherence to unnamed and powerful repetitive pathological identifications. When ghosts displace ancestors, under the torment of long-suffering obligations, the ancestors cannot be retrieved, and until they have some whole object value, the family pathological adjustments plague the generations. The darkest recesses of the family unconscious alters "going on being" and interferes with elaboration of the self.

In this case blocked affect was re-framed as obligations to the primary objects. Family members developed the means to identify and contain the unconscious transmission of tragic and traumatic losses, address the pathological consequences, and mourn each member's losses. This was accomplished because the psychoanalytic space replaced the ordinary deadness and falseness of the family. As Eiguer (2005) has shown, the tyranny of debt for the gift of life can be overtly or with subtlety infused with trauma. As a final point I believe there are many dynamics available in this case that could have been important to acknowledge and perhaps dealt with. My own history had a bearing on what I selectively chose, and I am still discovering the benefits and liabilities of my choices.

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