

**“SCRIPTING” INHABITATIONS OF UNWELCOME GUESTS,
HOSTS AND GHOSTS:
UNPACKING ELEMENTS THAT CONSTITUTE
TRANSGENERATIONAL HAUNTING:**

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ABSTRACT: A distinction between transgenerational transmission and transgenerational haunting is made. The former privileges trauma that disables the executive functions of the ego, and the latter, the motivation that underlies the pathways of disturbing ancestral mandates that are implanted, stored, deferred and transferred. Developmental aspects of the psychology of conception, pregnancy and delivery align the transgenerational haunting to Freud’s metapsychology. The praxis of how humans transform the events of history into a represented sense of history is clarified through the three-fold technical strategy of determining the sedimentations of history, the reawakening of history into a representational world and, through the transference, coming to grips with the patient’s unconscious wishes, pleas, and demands in the public space between a clinician and an analysand. In the field of conflict resolution between fractured communities, the reawakening and resubjectivization of communal memory is affirmed as the corollary to

individual work in the consulting room. In scripting inhabitants of unwelcome guests, hosts and ghosts, our sense of time loses its linearity of past, present and future. Rather, pluperfect and spiral circularity of time is privileged.

Key words: Transgenerational transmission; transgenerational haunting; sedimentations of history; representational world; pluperfect temporality.

1. The most common phrase in the literature is that of the transgenerational transmission of trauma. In your own writing, you often use the phrase “transgenerational haunting”. Since your choice of words is rarely casual, I am wondering what additional meaning you seek to convey through this phrase to the understanding of unconscious, transgenerational processes.

Thank you, Bill, for asking for this clarification between “transgenerational transmission of trauma” and “*transgenerational haunting*.” The word *trauma*, taught by Anna Freud, when I was a student at the Hampstead Clinic, now the Anna Freud Centre, was at one time strictly limited to the *shattering of the ego* with *distortion of ego functions as a consequence*. The more recent plastic use of the term trauma to include multiple and painful or psychologically disorganizing consequences of a temporary nature, therefore, misses what structural damage trauma specifically inflicts on the ego and its executive functions for a subject. On the other hand, *transgenerational haunting* speaks to a sequence of happenings: (i) an injection, an implantation, of an unmetabolised unconscious mandate by a parent or by an ancestral figure; an aggressive interiorization that is (ii) subsequently *suspended inside the psyche* (iii) until it shall have found a suitable object of exteriorization. One may say that there are suitable alternative terms like identification, projective identification, intrusive identification,

incorporation, identification with the aggressor, and so on. All these nomenclatures are, to use the phenomenological term, horizontal (sic) but they are not interchangeable; horizontal in terms of proximity but not identical. A haunt stays within a descriptive and yet powerful phenomenological framework that keeps the process alive.

Anthropologically, a haunt speaks to an appropriation of a *possession*, desirable or undesirable.

I recall from my catalogue of childhood memories in Ghana, West Africa, hearing more than one elder say of a child: “this child has been here before.” In such circumstances, there may be a reference to *an ancestor who has returned and possesses an other (sic) body*. In French, the idea of a ghostly return has been preserved. A ghost is a “revenant,” one who returns. Nicholas Abraham who wrote of the “phantom” as a metapsychological construct says in “Notes on the phantom: A complement to Freud’s metapsychology” (1975) that “The belief that the spirit of the dead can return to haunt the living exists as an accepted tenet or as a marginal conviction in all civilizations, ancient or modern” (p.171). Then he adds eloquently a *motivation* for the return: “More often than not, the dead do not return to join the living but rather to lead them into some dreadful snare, entrapping them with disastrous consequences” (p171). Who are those that are destined to return, he ponders? “The dead who were shamed during their lifetime or those who took unspeakable secrets to their grave” (p.171). Abraham is here using the word haunt to make a distinction between the quotidian existence of family secrets that need not necessarily feed the creation of a symptom and what we may now paraphrase as the *mystification of secrets*; that is, the lies families tell to conceal a secret for a defensive purpose in order to mitigate anxiety. In his account, the mystification of secrets subsequently feeds pathological formations.

I use the word “haunting” as part of the work of the clinical process of Nachträglichkeit that Freud *insufficiently* translated as deferred action. *A “haunt” fills in the gap between injection and deferral. In short, a*

subject has to store and suspend for some time during an incubation period an implant, as it were, before a deferral can take place. This is a perfect time to bring in Eric Berne: “The most intricate part of *script analysis* in clinical practice is tracing back the influences of the grandparents” (Berne 1972 p. 288). I am grateful to you, Bill, for supplying this quote from Berne. A script has to have a source. Secondly, it has to be suspended for an incubation period before it can wreak havoc on its *host*. Thirdly, the *unwelcome guest must change places with the host before the onward deferral can take place.* We can now be more precise: The most intricate part of script analysis is the tracing back to *an anterior source* the transfer of uncanny psychological presences from unwelcome ancestral guest(s) to the *colonized host*. Here, we are not looking for mechanisms but for motivation for the injection; motivation for the hosting in the face of surrender. Now the injection is fixed and stable; a script. Now it is *structured* and *predictable*. Treatment must now focus on what can be fostered to emerge in the room, into the transference, where that which has been deferred, and scripted for transfer, can become resubjectivized in the present unconscious of the patient.

2. *You trained in both child and adult psychoanalysis within relatively classical models. Your attention to transgenerational processes has been a part of your writing and work from very early on. How did you first come to recognize the centrality of transgenerational haunting? How has it shaped your work as an analyst?*

How then did I come to recognize the centrality of transgenerational haunting?

I have never seen transgenerational haunting and subsequent transmission(s) as a departure from Freud’s classical models. Rather, I see transgenerational haunting as something that has always been there; almost invariably, already in the patient’s history. How a clinician

understands human development and uses that fund of knowledge to take a history of a new patient is central to transgenerational inquiry. We can elaborate on this shortly with vignettes from clinical material. Before then, let us ask some questions that emerge *when two human subjects court each other* for a meaningful relationship before children enter into that potentially stable relationship and develop.

Multiple traditions of psychoanalysis and psychology, in general, think of stages of human development after birth, usually from zero to three. Let us, then, consider starting with conscious and unconscious motivations for *recruiting each other* for marriage. Along the way, let us explore the responses of each family to each partner before a marriage takes place. When children are considered or not considered before or after marriage, what would become the manifest or latent function the children would come to serve for their parents? What is the history of the link between the parents, how much do they love and care for each other in the eyes of the child?

When, additionally--and this is pivotal-- the history of the three trimesters of pregnancy are considered in a case, we want to know what *psychical* experience of *fusion* correlates with the *physical* template of biological *fusion* in the first trimester. After kicking begins in the second trimester, we want to know what psychical experiences of *differentiation* correlate with the biological template. In the third trimester, we want to grasp what psychical experiences of *separation* correlate with the physical separation. When *the physical delivery* of the infant from its mother occurs what *psychical delivery of the young mother from her own mother* occurs?

When we give up the phantasy that the stork brought the child, when we take the psychology of pregnancy into our accounts of human development, we can appreciate a young pre-psychotic mother's cry that

she must not tell her mother she is pregnant because her mother would kill her, or the news of the pregnancy would kill her mother. I have learned so much from variations of three-generational psychological warfare, as it were, in puerperal psychosis and severe cases of post-natal depression. This phenomenon of being *taken over* by a persecutory internal object, an inside parent, is not unique to puerperal psychosis or severe post-natal depressions. We see it in recovering anorexics or bulimics who conceive, carry and then deliver a baby to term. Although these extreme conditions appear to be exceptions to the psychology of pregnancy and delivery, all these conditions I have just mentioned, nevertheless, tell us something urgent about taking in hostile internal presences that shape our lives before we are equipped to negotiate internal fields of reference to the outside and external fields of reference to the inside.

Maurice Merleau-Ponty once said, and I am paraphrasing it, human beings teach us so much with their exceptions. An exception freezes that which looks like an exception long enough for the rest of us to see ourselves in that so-called exceptional phenomenon. Psychoanalytically, *early and deep are synonymous* and therefore *we get to see inchoate forms of lived experience* when we do early infant observations and/or when we work with psychotic and near-psychotic parents of infants. Put these two ideas together: one about exceptions; the other, about early and deep and you can appreciate that seemingly “extraordinary” persecutory anxiety a regressed newborn mother might feel; that if her mother visits after the birth of her infant her mother would eat her newborn baby. Cannibalistic anxieties are exceptional, to be sure, in non-clinical spheres of life, and yet, in clinical narratives, the ordinary and extraordinary alternate.

Linking Freud’s structural theory to the idea of three generations, we get the following: (i) the id bespeaks the fullness of the fleshly illusion of “paradise” of the mother-infant relationship; (ii) the superego as the prohibition of the potentially incestuous tie and the symbolization of the

prohibition into aim and direction in life; (iii) the ego as *the mother's identification with her mother*. I would further clarify the mother's relationship to her mother as the building up of the ego in the following way: the mother as auxiliary ego to her child to whom she is *physically linked* must simultaneously work through the *psychical connections* to her own mother. The representation of that psychical connection informs what she consciously or unconsciously proceeds to do with her child. She does so with various degrees of identification and disidentification *with her mother*.

This is a very long way to answer your question about how I came to understand transgenerational transmission within a Freudian framework. *One* of the ways I came to understand transgenerational transmission, then, was through studying disturbed and at risk mothers in pregnancy and childbirth. Baldly, *we cannot understand transgenerational transmission without understanding a mother's tie to her mother and, subsequently, how a newborn mother "empties out" the contents of her unmetabolised ego into the ego of her child. It is this fragile tie between the mother as an auxiliary ego and her tie to the inchoate ego of the child that led Freud (1916) to say that the early ego is not a master in its own house.* It is subject to implantation (Laplanche, 1999). Freud's use and translation of the German word "*Zartlichkeit*" as "affection" must in this context be translated as a "*porous tenderness.*" Into this porous and tender world, an inchoate ego that is not a master in its own house must sort through and select, over time, ancestral voices, demands, prescriptions and constraints.

A clinical vignette would help to elaborate this *emptying out into a porous, tender and affectionate place.*

Jerome is a *four* year old African-American boy. He is brought to a University Child and Family Clinic by his parents at the insistence of his pre-school teacher who sees him biting, pushing and punching other children *instead of speaking out* what he desires. *He is four and still has no speech.* He is without any clear words. *Like an infant, he is without speech; he babbles.* In his first meeting with a resident, a young psychiatrist in

training, he puts his hands between the buttons of the shirt of his diagnostician and rubs his little hands against the chest of this new person he has only just met. The resident is intrigued. He ponders what this insertion of hands into an unfamiliar place means. The attending psychiatrist and a clinical team, who are watching this first interview behind a mirror for training purposes, are horrified. They insist that the resident report the case to the local Social Services for investigation of possible child abuse. The resident is now horrified by a recommendation he deems to be a premature judgement and comes to see me for supervision. Because he has not even taken a history, I invite the parents to come and provide a history. This following is what is in the history. To preserve the vividness of the history, let us speak in the present tense for a while.

Jerome's father has *a father* who is so *physically violent* that Jerome's paternal grandmother takes all his children into her house to raise them across the street. Jerome's mother has *a father* who is *both physically and sexually violent*. He insists on forcing himself on his daughters. He commits *incest with the oldest daughter*. She succumbs. In the incestuous father's mind, *the second daughter must follow suit*. *She refuses him*. *He kills her* and is now in jail. *Jerome's mother*, one of the younger daughters, *is spared*.

When Jerome's parents grow up and find each other, they pre-determine that *no violence must occur in their home*. They are *perfect recruits* for each other. They consciously do not want to see a repeat return of the violence they themselves once encountered in their own turn as parents. They have recruited each other to raise a child in *a new and perfectly non-violent home*. However, they are about to be ambushed. How? Jerome starts life with a serious case of colic. He is terribly difficult to hold and comfort. They declare that *he must not hurt or be hurt*. He must not want. They take him into their marital bed and he sleeps there until the day his parents come to see me four years later. What must I do with this situation? I insist he must stay

in his own bed and the next day, I would like to see them in order to complete taking their family history and the child's developmental history. Mother protests that he cannot sleep alone. Nevertheless, and to her utmost surprise, *he sleeps in his bed throughout the night and nothing untoward happens*. She comes to see me the next morning with her hair done, smiling happily, and very pleased with herself and her son.

Into that loving embrace of his mother, into that tender and porous matrix, an inchoate, unformed infantile ego has ingested the unmetabolised toxins *through constraints and prescriptions* of what to do and what not to do. Memories of violent fathers persist. They cannot shake off those violent and incestuous memories. Here is the ambush. Thinking they are trying to avert history, they unwittingly force an identification between a combined imago of two grandfathers and Jerome. They do not know that an extreme desire to disidentify that representation of violent and incestuous grandparents is but the surest way to pass on what is consciously rejected. They do not know that two *extreme opposites*, not any ordinary reaction formations or overcompensation, are but the same behavior; only one side thoroughly conceals the other. They therefore unwittingly ensure the return of a combined, violent and/or incestuous grandfather who respects no boundaries. I supervise the child psychotherapy case of the resident psychiatrist. I treat the parents. They must now reformulate what their new mission as a couple must be and can become. *The child can now speak his needs* and can start kindergarten and no longer serve as the host of a murderer and possibly become the murderer himself. He grew up eventually, I am happy to attest, as *himself!*

3) *Central in your clinical approach to transgenerational transmission is what you describe as the unconscious translation of the events of history to a sense of history (2006). To that end, you outline a process of the past emerging in the present from “sedimentation”, to “reactivation”, and finally “intentionality”. Can you provide our readers with a brief description of this process emphasizing the emergence of reactivation of transgenerational demands through the transference relationship, expressing both transferential demands and wishes?*

How then does a subject go from *the events of history to a sense of history*? First, and starting from the ground up, a series of *nodal points* appear in the history. They fade away like sediments into the base, as it were. The *sedimentations of history* will await resonance of contemporary material that Freud termed “identity of perception” in Chapter 7 of his *Interpretation of Dreams* (1900). Secondly, there is *reactivation* where subject will select elements from the sedimentations and mentalize them. We are now in the realm of a personal ideographic story; a personal psychology, a representation of that which has now been awakened and remembered. Thirdly, that which shall have been awakened can now serve a new purpose; an *intentional emancipatory project that through the transference will become an ethical basis for a resubjectivization, further away from the original haunt*, as it were. Here, in the transference, a patient will make a plea, a demand, a request, and nudge the clinician in order to both *repeat* and to *reconfigure*. A *re-enactment would only serve as a demand for a clinician to be a witness that she was once harmed*. I acknowledge my potential role as a witness, but I am underwhelmed. *We must move forward with the project of emancipation; a process that requires a resubjectivization that would in turn fuel a sublimation potential as we move forward with processes of transformation.*

Let us consider then, the vignette of one case that had an unfavorable outcome and contrast it with a case that came to a successful and planned termination. These two fragments will tell us the difference between *enactments as “dead ends”* and *the capacity to reconfigure and resubjectivize in the process of transformation*.

In favorable circumstances, I am able to hear a narrative revealed over time. This narrative has two parts: *a larger configurational narrative* composed of multiple, derivative, and *episodic pieces* that will in the end constitute a whole. In unfavorable circumstances, a family might reject treatment only to reenact the transgenerational narrative *without transformation of the psychological toxin*, as it were.

Now a tragic fragment.

Arjuna is an early adolescent child who is breaking into other people's spaces and causing potential harm to them: breaking out of a moving school bus; stealing his mother's bank debit card and using it to illicitly take her money; riding his bicycle into crowds and hitting a pedestrian; smoking marijuana, and so on, and so forth. The school gives his mother the ultimatum to have the child treated or be expelled. When he is referred to me, I take a history. So let us go back in history. Mother as a latency child of six to twelve years of age is sexually molested by her father, a religious man, a practicing Baptist minister in his office in the basement of a church while he exotically burns incense until an aunt rescues her and removes her from the house and restores whatever developmental functions of the executive ego are possible after repeated, sexual, and traumatic attacks on a child's mind and body.

As a young adult in her twenties, as if she deserved to be punished, she marries a man who loves her and leaves her pregnant. In the third trimester, she dreams of a Buddha figure appearing in her dream. He mandates that her son's name shall be Arjuna which he says means a “warrior.” She obediently names him so.

After the assessment, I decide that he needs in-patient treatment first before I could treat him with psychotherapy. He goes to an in-patient unit that includes a residential school in its treatment regimen and prospers. He wins a wrestling scholarship to attend a community college and thrives. After two years, he is awarded an athletic scholarship to attend a prestigious four-year college. In the gap between completing a two-year community college and beginning a four-year college, he comes back home to visit his mother. On one Friday, he witnesses a robbery at a gas/petrol station. Now a good citizen, he is going to provide evidence to convict the criminal on Monday. On the Sunday before turning in state evidence, he goes bridge jumping, a poor man's version of Bungee Jumping. He witnesses a man drowning. He jumps from the bridge to save him. He hits his head against a rock in the river. He lifts his head once. He does not survive. The "warrior" dies.

This case is relevant because the mother and the schools were so busy celebrating his external successes that the psychological toxins were not overturned. *No resubjectivization took place either with the mother herself or with the son.* They rejected psychoanalytic advice at their peril. A year later, the mother, a teacher, is expelled for child abuse for taping the mouth of *students who talk too much.* Finally, she asks for treatment. I am able to offer it. She is able to receive it. Talking too much? What is too much to talk about? What must a child not talk about? To whom? Her own incest? To her mother? An aunt? Has she now lost sight of the original transgressor that crosses the generations by molestation? Just what must remain unspoken and taped away?

Now a second fragment of a case where there is optimal transformation. In a second fragment, we have a case where there is resubjectivization of the received psychological toxin. *The script she carries with her is that a woman does not need a*

career. A good woman takes care of her husband. She grows up to defy her grandmother, the planter of that precept of a script by becoming a physician who does not practice after training. She obeys her grandmother by marrying a very wealthy man. The compromise: by marrying a wealthy man, she can afford not to practice as a physician. In the first year of analysis, an intrapsychic story is told through dreams, fantasies and other forms of representation: a mothering figure of a pre-mammalian kind must drain everything from inside of her: from the digestive, reproductive, and urinary systems. She tortures me as no one has ever done. Every interpretation must be drained out.

By the end of the first year of treatment, it is palpable in the analysis that someone must die: which one of us would it be? At the very end of the first year, she stages my death: she brings me a gift for standing still and staying alive for her while she drains out of herself all her vital fluids. A castor oil plant that contains the poison, ricin, must be in my possession. I must plant it in my garden. At the end of the second year she stages her own death when she rejects my interpretations about the harm she inflicts on herself when she singlehandedly takes care of her husband's nine Arabian horses. In her fatigue, one of the horses falls on her and seriously breaks her hips. She survives. In the third year her history is represented in the transference as follows: "You must get a supervisor to help with my case. All analysts do that." She is certain. She has had three previous analysts and fired all three, she tells me. I am destined to be the fourth that she would fire if I do not get a supervisor. A pivotal dream after a torturous nine months of analysis comes to a head with a dream where she barely survives a rain/sand storm; a dream that I privately interpret to be the story of her birth but instead of saying so, I ask her to tell me the story of her birth. She is reluctant but does so. She tells me that she almost died.

A grandmother refuses to go to the hospital to stand behind her daughter for her delivery. "We deliver babies right here in the farm. We do not have to go to the hospital." The mother survives but the grandbaby, my now grown up adult patient, almost dies, the umbilical cord wrapped around her neck three times. To repeat for emphasis, this history is represented in the transference as follows: "You must get a supervisor to help with my case. All analysts do that." She is certain. She has had three previous analysts and fired all three, she tells me. I am destined to be the fourth that she would fire if I do not get a supervisor. After my intervention and her *rediscovery* of the story of her birth that nearly ended in death she tells me that actually she fired a fourth psychoanalyst: "I told him that he looked like a Nazi before I fired him."

For three months, she would sleep like a baby, sometime holding her head as if to figure out the dimensions of her cranium and asking me to tell her the story of the mythical figure Narcissus in Ovid's *Metamorphosis*.

To sum up, a child is born. No one dies. She survives her birth. Her mother survives the delivery. Now, and for her, *there is an opportunity to work through her perilous beginnings*. For her mother *a physical delivery of her baby is simultaneously a psychological delivery from her mother*, a project of three generations negotiating their emancipation from one another. *Grandma's errand* to be nothing must be upended. I can now become a meaningful witness. The *urgent errand* to become nothing must be overturned. An *urgent enactment of self-erasure* must be replaced by *a voluntary errand that frees self from deadly ancestral mandates*. The transformation of potential death into life is now possible because by taking the negative transference of my patient by being steady and focusing on making meaning I ensure her birth. She can now be psychically born. No enactment of an abortive situation takes place. Instead, there is a reformulation that a child with normal narcissism, normal needs, and can be parented, as it were in

treatment. A new world can now be resubjectivized. A new world emerged!

4. Outside of the analytic dyad, in group and community relations, how do you see the unconscious expression and demands of the reactivation phase?

In the external world, there is still resonance with the internal world, but not identity, between individual psychology and group psychology.

Whereas we can think of the *representational world in individual psychology*, we must now consider *communal memory in group psychology*.

Let us answer this question in two ways: first, a general conceptual sense using a psychoanalytic concept; and secondly, a specific point of conflict between two feuding communities.

Consider, for instance, the psychoanalytic concept of change of function over a time horizon of multiple generations.

Heinz Hartmann (1958) suggested that we humans do not come to terms with our environment anew in every generation. Rather, through the influence of traditions and the survival of previous creations of foregone eras, we appropriate from others a good many of our methods for solving problems.

Consequently, we live in other generations just as much as we live in our own.

After the fall of the Soviet Union, I was part of an interdisciplinary team doing ethno-national conflict resolution between indigenous Estonians and Estonian Russians. One of the historical sites in Estonia is a cemetery with mass Jewish graves in Klooga. Klooga went through

multiple phases in history: a concentration camp, a Soviet Military site for deporting Estonians to Siberia, and today, a site for NATO exercises.

Originally established in 1942 in German-occupied Estonia, the Klooga Concentration camp functioned for two years as a forced labor sub-camp of the larger Vaivara concentration camp complex. However, the Germans exterminated 2000 Jewish prisoners in September 1944 before Russians could rescue the remainder. Subsequently, Klooga, no longer a concentration camp, became a Russian military camp. Here, anti-Soviet Estonians were gathered and exiled to Siberia. After the fall of the Soviet Union, Estonia became a member of NATO. Estonians transformed that same Klooga military field into a site for joint Baltic-NATO military exercises.

Shortly after Estonia *restored* its independence from the Soviet Union an interdisciplinary group of psychoanalysts, historians, political scientists and others were invited to mediate tensions between indigenous Estonians and Estonian Russians.

The practice of ethno-national conflict resolution came in at this point. In small group processes, I documented the following four-part sequence.

In my account of the small group process in ethno-national conflict resolution (Apprey, 2014) the unpacking of *communal memory* begins with *polarization*. Accordingly, the communal memory of the indigenous Estonians polarizes as follows: “We are Europeans. You Russians are Asians; some of you are even Mongolians. We will join the European Union and NATO and be with our Western European counterparts.” The communal memory of the Estonian Russians was as follows: “You are our Serfs. We rescued you from the servitude of Serfdom. You betrayed us, the new Democrats from the Russian Federation. You should have worked with us instead of breaking away completely and treating Estonian Russians as non-citizens.”

After polarization would come *irony and paradox*. In the communal memory of Estonians, we could hear something like this: “There are

Estonians who fought with you Soviets against Nazis. There are Estonians who fought with Germans against Soviets. There are Estonians who did neither. Who is more Estonian?” On the side of Estonian Russians “some of us Russians came to Estonia to *escape from religious persecution* during the time of the Czar; some of us came because we *were sent* by the KGB; others came as *military personnel*. Now, who is to blame for Soviet crimes?

After irony and paradox, further transformation of communal memory came as *the crossing of mental borders* with relative constraints like this and in their own words: “We have a long silence today. Perhaps the silence has come to serve as police so that we do not hurt each other.” Or, instead of silence serving as a group superego, if I may so translate their behavior and words as restraint of hostilities, the two sides sometimes want to play: “You Russians want us to trust you. You know, when a man wants a woman to believe that he loves her, he must say it often enough so that she can believe him.” The Russian response, “You Estonians call us the big fat elephant from *near abroad*. You are like rabbits. What will happen if an elephant mates with a rabbit? You get a mutant gene.” These observations are so transparent that facilitators do not have to interpret them.

After a depressive and pregnant silence or after playfulness that serves as an infrastructure for a new representation of new possibilities, they would arrive at a fourth place – *a gesture of mediation*-where they would say something like this: “We may never totally trust each other, but at least we can trade together for our common good.” This declaration serves as a new intentionality and respite from their hostilities.

Now, let us say something more about the question of two feuding factions remembering a collective history. I indicated earlier that indigenous Estonians and Estonian Russians needed to sort out their differences after the breakdown of the Soviet Union.

One of the bones of contention was conflict between them as to where Estonia’s boundaries ended and where that of the Russian Federation began. In 1920 Estonia had extra forty kilometers of land. Then the

Soviet Union annexed that land and populated it with Russians. During the conflict resolution period Estonians were torn. If they insisted on getting back their forty kilometers of land they would increase their Russian population that could become a significant electoral size. If, on the other hand, they forfeited the forty kilometers of land, they would feel like a part of them was torn away from their body politic. The Estonian nationalists were clearly torn: Is Estonia's identity tied to land, especially, land that is populated by an enemy? Is Estonia's identity one that is devoid of enemy inhabitants, albeit forty kilometers smaller? The two sides had to work through this. Estonia eventually chose the latter—a smaller piece of territory devoid of enemy inhabitants.

5. One of the most compelling ideas I find in your model of transgenerational hauntings is that of “urgent voluntary errands” that compel the enactment of transgenerational pressures within an individual and/or community. You argue that history itself has an urgency that cries out for repetition, recognition, and meaning and that the “urgently infused mandate” of a previous generation becomes appropriated in a later generation. What began as an urgent (dissociated?) projection and demand from one generation is taken up two generations later in a way that is seemingly now voluntary, even though it continues to carry all of the urgency of the crisis of the original generation. Could you address the question of time that is implicated in the demand to repeat?

We have touched on the developmental issue of pregnancy and childbirth as a three-generational process. In the process, we have alluded to a mother's identification with her mother as central to the process of transmission of unmetabolised unconscious matter that enters the field of a new-born mother and her infant. We know then that an infant's early ego is not a master in its own house and that it is subject to ancestral implantation. Zartlichkeit as *a fragile and porous template* has

replaced Freud's *Zartlichkeit* as *affection*. Affection, albeit correct in a different context, is insufficient when we are describing the passing through of unmetabolised ancestral wishes; porous tenderness, more cogent in helping us to describe that which passes through this permeable mother-infant matrix. Similarly, the process of *Nachträglichkeit* that Freud translated as "deferred action" was insufficient. Jacques Lacan comes closer with his translation of deferred action as "*après-coup*" (Lacan, 1975). This term refers to *the circularity of enactments* in the deferral. In this circularity, a powerful and evocative transference scene is established in the treatment long after the creation of the original and historic genetic-developmental scene. In the throes of the transference, as I have indicated above, **historic scene I catches up with transference-laden scene II** and hence *the après-coup*. Past and present are no longer linear but circular. A quick example. Let us revisit the patient above who was told by her grandmother that a woman does not have to become a physician, and so she must erase herself in order to exist for her husband. She worked through the following process with me. In the third year when she insisted that I get a supervisor to enable her analysis to succeed, she was establishing scene II. *Scene II was established in the treatment before scene I*, the history of a precarious birth was announced and came to catch up through derepression, working through, the co-creation and mutual understanding of the meaning of our work. In her unconscious phantasy, a supervised analyst, like an expectant mother with her mother behind her, would ensure the psychological birth of an adult analysand. A grandmother's sturdy presence, in her unconscious phantasy would ensure the safe and physical birth of a new-born child. In Lacan, there is then a circular temporality. We owe a debt of gratitude to Lacan for popularizing this circularity. In my own work, I observe a continuity of circles that bespeak *spiral causality*. In other words, there is circularity to be sure, but there is a repeatable closing and opening of a circle as well as a repetitive change of form and function of the transference(s); a reconfiguration, as I interpret and detoxify the implantation. At this stage of the work, there is spirality of newer and newer transference manifestations in the form of working through. This

spiral circularity is driven by two factors: (i) a mandated errand that has changed hands from an ancestral figure to an appropriating subject who will now take ownership and “pick one’s own poison” so to speak; and (ii) because there is a return to history where scene I catches up with scene II, a *pluperfect errand* is clinically established. In a past perfect tense, a human subject returns to itself. Translation: The phrase, “When I shall have done X”, and by my own hand, is but *I have been sent; only I do not know my sender, and I shall return home with the sense that I have done something for myself or for someone. That something has to be unpacked. That someone else for whom I carried out a bidding has to be disentangled from oneself.*”

A subject that returns to itself is that which the Continental French philosopher Claude Romano (2009) named an “advenant.” To be precise, sometimes when we think we have an active project, we have actually been sent on *an errand*. Here, an ancestral project, founded, and foundered, placed or misplaced, long ago, still lingers but in the hands of a new and suitable carrier. Past and present change places; subject and object change places. I, a subject, and once an object of another, *wander off* with a mandate, not of my own making but of a subject’s appropriation. It is tempting to seek further clarity here. However, we cannot force any more clarity here because the process is initially opaque, unconscious, numinous, enigmatic, and decidedly obscured with *con-fusion* (sic). Sometimes, *my errand makes me wander off*. Sometimes, *someone is in error, as in a mistake*, sometimes, *the moment I am named I have been sent off packing on a journey, on an errand and at a parent’s or grandparent’s bidding*. Whose errand is it? Whose bidding is it? Whose journey is it? *Who is held hostage on the errand? Who is mis-taken?* We humans, then are often in an *ek-static* (sic) place as we stand outside of ourselves.

Vicissitudes of transference and countertransference processes come to our rescue to find our bearing and eventually anchor us as *we dramatize and transform the events of history into a represented sense of history in a new and public space called a clinical relationship*. Henceforth, a new

and potential errand of our own making, by our own hand and mind; one that carries *a sublimation potential*, can be cultivated in treatment.

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