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The Transmission of Trauma from Mother to Infant: Radioactive Residues and Counter-Transference in the Case of a Haitian Mother and Her Two-Year-Old Son*

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ABSTRACT

Close observation of the interactions between a traumatised mother and her infant son provides information on the modes of transmission of psychic trauma in the mother–infant dyad. Following the presentation of a current literature review on the theme, the subject of "radioactive residue" and counter-transference in the transmission of psychic trauma from mother to infant will be illustrated through a clinical case study that focuses on a Haitian mother and her two-year-old infant son who has been referred to a "transitional care nursery" in urban Paris. The encounter with this mother–infant dyad is analysed through observing the quality of the interactions that take place between the mother and infant in order to determine how a particularly traumatic narrative impacts the mother–infant relationship, in addition to relations with the clinician. Mother and infant respond to one another through the *emission* and reception of "radioactive residues" as hypothesized by Gampel. This clinical case study shows that there is a need to consider transcultural factors and collective experience and history when analysing traumatic events. Additionally, the case study shows that counter-transference can be an effective clinical tool for gaining access to an infant's experience as the recipient of a traumatic narrative.

KEYWORDS

Trauma; mother–infant dyad; mother–infant transmission; transcultural; counter-transference; radioactive residue; attachment theory

Literature Review

In a literature review on the trans-generational transmission of trauma, recent work on direct transmission between mother and baby is viewed as giving prime importance to the attachment theory. This review also revealed that the field requires developing a more rigorous methodological research approach as, for the most part, theoretical elaborations on the subject have been derived from individual clinical case studies.

Winnicott (1939), Spitz (1945), and Freud and Burlingham (1970) paved the way for new research and theorisation on the concept of the transmission of psychic trauma

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and its impact on children. Their collective work converged on the representation of the mother as a shield protecting her infant from trauma. But, what happens when the mother herself has undergone a traumatic event? Is this trauma transferred to her infant? If so, can it be observed?

Building on Bowlby's attachment theory (1989), a large body of research confirms conclusions on the risk factors of intergenerational transmission of trauma—disorganised attachment (Hesse, Main, Abrams, & Rifkin, 2003; Lyons-Ruth, Yellin, Melnick, & Atwood, 2003), parental dissociation (Egeland & Susman-Stillman, 1996) and/or frightening parental behaviours (Schuengel, Bakermans-Kranenburg, & Van IJzendoorn, 1999). Research also confirms that distorted maternal mental representations transmitted to the infant (Lyons-Ruth & Block, 1996; Schechter et al., 2005; Schechter et al., 2008) particularly favours frightening behaviours in the mother's response to the infant, who then counter-reacts with disorganised attachment. Finally, the infant's distress and reactions can then reactivate traumatic memories in the mother, risking a lapse into a vicious cycle.

Other observation models also explain the transmission of trauma. Schore (2001, 2002) describes how different patterns of mother–infant interaction can be negatively affected when the mother has undergone trauma. In his research, Schore (2001, 2002) shows that the inability to modulate stimulations and responses according to the needs of the infant can lead to hyper-stimulation or to neglect of the child.

The psychoanalytic perspective (Abraham & Torok, 1978; Ciccone, 1995; Faimberg, 1993; Tisseron, 1995) has focused more on unconscious transmission, where the psychic development of the infant is shaped by the parents' expectations with respect to the infant, and the parents' fantasies and planned projects, which are then transmitted to the infant. In these cases, traumatised parents often have representations of their infant child that are darkened by the memory of traumatic elements from their own past, or what Fraiberg, Adelson, and Shapiro (1975) call "ghosts in the nursery".

In the concept of "affective tuning", Stern (1985) proposes a mode of transmission based on the sharing of emotional states between mother and infant via inter-modal exchanges. In the case of affective tuning, the mother tends to complete the actions of the infant with gestures and the infant, in turn, accepts the mother's gestures as confirmation of her affective state. This theory suggests that through their gestures, traumatised mothers can transmit their affective state to their infants with this state then internalised by the infant. Bailly (2006) suggests that a mother who is not "available" can also be a source of direct rather than transferred trauma for her infant, further establishing how adults can be the agents of transmitting or transferring their trauma to their infants.

"Radioactivity" in Trauma Transmission from Mother to Infant

The contribution of Gampel (2003) to theories of transmission of trauma is unique and particularly interesting in the case of the mother–infant dyad. In Gampel's work, radioactivity is used as a metaphor for inter-subjective social violence. As is the case with certain individuals exposed to real radioactivity, "radioactive residues" remain latent and only emerge years later in the form of illness—mental or physical—in the subjects concerned or in their children. In this sense, radioactivity operates at a distance, and its effects are not limited in space or time.

In studying intergenerational trauma transmission (Ciccone, 2003; Kaës & Faimberg, 1993), the premise remains that having a place in a lineage of belonging does not merely mean being included in one's genealogical tree in a symbolic manner. It also requires feeling the presence of the parents and grandparents in one's body, and feeling that one's own body is living in that of one's children. In her theory of "radioactive residues", Gampel (2003) hypothesises on the modes of trauma transmission among Holocaust survivors. She suggests that trauma in the form of "radioactive residues" can be transmitted from first-generation survivors to the second generation, who experience the trauma in a fantasised mode, the "residues" of which are then transferred to the third generation. During the course of these intergenerational transmissions, certain processes can occur that will then give rise to specific disturbances. "Radioactive identification" as coined by Gampel (2003) presents a novel attempt to model an unpredictable, unconscious phenomenon in a manner that has not been previously considered by any other psychoanalytic theorist.

Mother and Infant: Transmitter-Receiver

When individuals experience violence and overwhelming events, they remain trapped in the form of foreign bodies where "efforts of assimilation or expulsion" can appear to be fruitless (Crocq, 1999, p. 215). Violent experiences and the subsequent considerable psychic encroachments of this experience on the individual means that the individual—and in this case the mother—emits "radioactive residues" of the trauma experienced. The infant has not experienced the violence or overwhelming event, but as he or she is close to the mother and depends on her for care, he or she becomes the receiver of this (residual) "radioactivity".

Other exchanges between mother and infant link to this theory of radioactive "residues", such as the mirror-effect (Winnicott, 1964) where the mother has a reflective function for the child, who sees himself or herself as if he or she were reflected in the maternal face. When a mother has been traumatised, the infant is also involved in that the mother and the infant become respective transmitters-receivers of these "radioactive (trauma) residues" (Gampel, 2003) by way of this mirror effect. In these exchanges of "radioactive residues" (Gampel, 2003), maternal functions—or the mother's "holding" abilities (Winnicott, 1964)—become liable to change or damage rendering the dyad disharmonious, with psychopathological risks for the infant.

The Functioning of "Irradiated" Individuals

The factor of time is also an important parameter in trauma: there is the time before the trauma and the time after it. To return to Gampel (2003), "irradiated" individuals function by behaving according to two modes: the "secure" and "uncanny" backdrops, linked to the before and the after. The "secure" backdrop derives from a feeling of security that develops in the mother–infant relationship in a reassuring family or in an organised social context with secure attachments. On the other hand, the "uncanny" backdrop is experienced as "meaningless" and/or cannot be put into words. The latter is thus linked to the violence endured. In one's life, the functioning can alternate between the "secure" and the

"uncanny" mode. However, when in the uncanny mode life segments cannot be assimilated or integrated into pre-existing structures or experiences in one's present life.

In the mother–infant relationship, this behaviour or alternate mode of functioning can appear in the mother's attitudes (Gampel, 2003). A mother's attitude is suited to her infant and her infant's needs when the secure backdrop predominates the mother's state; and, conversely, it is unsuited when the "uncanny" predominates. In this alternate mode of functioning there may be a juxtaposition of both presence and emptiness, or mental availability followed by unavailability—or, in other words, incoherent modes of being with and for the infant (Gampel, 2003). In this mode, the mother is a "composite" (Tauber, 1996): that is to say she has numerous facets and splits (Gampel, 2003, p. 110) which reflect or lead to conflicting psychological states in the infant.

Sharing Radioactivity

In the triadic setting of mother, infant and clinician, traumatic "radioactivity" is shared by all three partners (Lachal, 2006, 2015). In this triad, the clinician will be affected by the mother's traumatic narrative as much as the infant. In fact, the encounter with traumatised patients leads to varied reactions in clinicians that are often triggered from the start of their encounters with patients.

These varied reactions to a trauma patient have been theorised for their emotional, representational and cognitive impact on clinicians by writers on the subject (Brothers, 2008; Dalenberg, 2000; Lachal, 2006, 2015; Mccann & Pearlman, 1990; Pearlman & Mac Ian 1995), under the term "emergent scenarios". The "emergent" scenario is presented as a spontaneous response to the narrative of a patient's traumatic experience, which impinges on the clinician between the boundaries of the conscious and unconscious. For the clinician, this scenario will manifest in an empathetic, affective atmosphere that leads to a re-writing of the traumatic scene, so as to deprive it of its traumatic potential. However, its "emergence" is still conditioned by the traumatic nature of the patient's experience, which is imprinted in the narrative that he or she provides the clinician of that experience.

A Haitian Mother and Her Two-Year-Old Son

The interview presented in this article is an example of a research protocol. First, the nursery's manager agreed on being a field for the recruitment of participants. Then, she asked the potential participants for their consent. The research was presented to the participants specifying that the interview was to be conducted by a researcher-psychologist who wished to interview mothers who had been through difficult and painful life events in order to better understand the impact of such experiences on their relation to their children. It was also highlighted that the interview was to be conducted with their child present.

The researcher-psychologist got in touch with the consenting mothers and scheduled appointments for the interviews. Before starting the interview, the researcher-psychologist explained again the perspective of the research and asked the participants to sign a consent form which indicated the detailed modalities of the participation, notably, that the interview was video-recorded and all the data used was then anonymised. Participants could withdraw from the research at any point during the interview or after, until the publication.

The semi-structured interview is composed of three axes. The first axis explores the mother's present representations of her child, the pregnancy and the delivery experience. The second axis explores the narrative of the traumatic events. The third axis explores the coping strategies of the mother and her child and the role of the child's father and the larger family.

Anita, whose narrative is presented below, is part of a sample of 25 participants in this study. The following details and information are from here onward derived from researcher observations' notes of the clinician's setting and case files. The authors obtained Anita's consent for the use of the material for publication.

We met Anita, the mother of an infant boy named Eleazar, following the infant's placement for several months in a transitional-care nursery in urban Paris. Transitional-care nursery services in France address the needs of newborns and infants up to three years of age whose parents are facing social, educational, psychological and/or medical problems. This care offers a flexible setting that can host infants on day shifts, as well as night shifts and weekends as needed. It also provides support and home visits with parents that are conducted by a pluri-disciplinary team of experts. Most families are referred to transitional-care nurseries by external health-care services (such as psychiatry departments, maternity departments and so on) where a team has identified a dysfunction in the early interaction between parents and their infant/s (Feldman, Champion, Bitu, & Gayraud-Vergier, 2012; Feldman, Navarro-Maous, & Ahovi, 2013).

Eleazar, who was two and a half years old at the time of referral, was under the care of the transitional-care nursery during the day, but spent his nights and weekends with a host family. Eleazar's case was not a matter of fostering in the traditional sense, but rather a form of preventative fostering.

Anita's Background

Anita was born in Haiti. As a child in Haiti, she lived with her maternal grandmother and her half-sister. Her mother, who had started a new life with another man, lived near by, so Anita saw her from time to time. Anita's father had immigrated to France when she was an infant.

When Anita turned six, her father had her brought over to live with him in France. Without any preparation or explanations, she was placed on a plane, by herself, and arrived alone in a country with which she was totally unfamiliar.

As soon as she arrived in France, she was subjected to acts of extreme violence by her father. He beat her, forced her to take care of the household, and prohibited her from speaking Creole, the only language she knew how to speak before moving to France.

Anita and Eleazar: Interview and Observations

> He hit me as soon as I arrived because I was crying. But, I was crying because I did not understand why I had come to France. I wanted my mum. After that first beating, I was never again allowed to say my mother's name … .
> He would lock me up in a room all day with a blackboard that he had bought. I was … illiterate … . I could not read at all. I knew nothing because I never went to school before coming to France … So what would he do? He would take off his belt and write down something on the blackboard that I was supposed to repeat. If I said the word he wrote down incorrectly, he

> would hit me, […] It went on like this for entire days – from morning until evening. It was like that all the time. And, it went on like this until I was 14-years old.
>
> […] He controlled everything I did. Once, he strangled me until I passed out because I was ten minutes late getting home. He strangled me until my stepmother begged him to stop … He was saying "I'm going to kill her, I'm going to kill her."
>
> — Anita (June 2015)

When Anita was nine, she arrived at school with her face "covered in bruises". The school reported the incident and a judge ruled to put her in foster care. Anita explained that when she turned 15 her father insisted she return to his care, which resulted in extended physical and sexual abuse.

When she turned 18, a youth employment organisation called the Mission Locale found employment for Anita. She began to work during the week and spent weekends at her father's house.

"Vehemently opposed" to her integration into a profession, Anita reported that her father continued to abuse her and eventually "cut her off from the outside world". She said she decided one morning to leave the house definitively. A few months later, her father found out that she was pregnant and insisted on her coming back. She returned for a time but the violence escalated which led her to leave her father's house for good.

Today, Anita has two children, the elder is four years old and the younger sibling (Eleazar) will soon be three. Both of the children's respective fathers left Anita during her pregnancies. During her second pregnancy, Anita went through a "denial of pregnancy". She established a link between her difficulties in becoming a mother to her painful past.

At the end of the interview conducted with Anita, she reveals that she had recently asked for temporary foster care for both her children. She says that she asked for their foster care in order "to protect them from her and her overwhelmed mental state". She says she requires space so that she can take better care of herself and that she needs "to rest".

The interview with Anita was videotaped and Eleazar was present during the interview. This recording allowed the research team to gain repeat access to the interaction between the mother and child so that detailed observation and study would allow for identifying the different possible processes in the transmission of trauma from Anita to her infant. Observations of the clinician's reactions to Anita's narrative were also very informative regarding trauma transmission. The research team used the Bobigny RAF Observation Grid (Lebovici, Mazet, & Visier, 1989) as the method for recording our observations. Developed in France, this grid has been used to highlight interactive pathologies among infants aged three months to three years old.

The use of this grid in evaluating the interview and the interactions between Anita and Eleazar reveal that the exchanges between the two are initiated exclusively by the child, both in terms of eye contact and bodily approaches. In fact, Anita does not respond to her son's exchanges except for at the end of the interview when the conversation turns to her present-day life, and specifically when there is a particular emphasis on the relationship between her and her children.

Sadness seemed to be the dominant emotion expressed by both Eleazar and his mother throughout the process. Anita weeps much of the time but still manages to smile occasionally. Most of the time, Eleazar plays by himself and his mother rarely engages with him as he plays. She also does not encourage him to explore his surroundings. Meanwhile, Eleazar

alternates between staying away from and clinging to his mother. The dynamic reveals disruption in Anita's maternal preoccupation on the one hand, and Eleazar's adaptative strategies to cope with this disruption on the other.

Towards the end of the interview, when Anita is left to speak more freely, particularly about her children, a more intimate interaction begins to develop between the mother and her son around the dressing of a doll. Anita begins to respond to her son in a more harmonious manner, playing with him. A special relationship and interaction seems to be established at that time.

When she is asked questions or left free to talk, Anita's speech flows freely. Her language and responses are easy to follow and feel authentic. Sometimes her responses are overwhelmed by emotion, but the manner in which she relays events is mostly restrained and organised. She is aware of her subjectivity and her responses appear appropriate. She also recalls painful events from her past without too much difficulty and in a fairly chronological and coherent way. Although she is emotionally implicated and involved, she is able to distance herself from her narrative. Her accounts are rather elaborate and her memories of events are expressed in good detail. It is a lively and factually transmitted account, nuanced with emotions that express a wide range of feelings.

While reviewing the interactions between Anita and Eleazar at a later stage in the interview, we find that Eleazar's reactions become quite marked, particularly at points when Anita is recounting different parts of her traumatic history. Throughout her narrative, Eleazar places himself behind or under his mother's chair; and he expresses varied attitudes, emotions and behaviour, in concordance with the themes exposed by his mother.

The following example is to illustrate the concordance of Eleazar's interaction with his mother: when Anita cries, he brings a doll to her, intimating that she should do something with it. Then, he takes the handkerchief she just wiped her tears with. He looks for another handkerchief and begins to wipe the table. When Anita expressly shows certain strong emotions, Eleazar comes closer to her and calls out to her, saying "mummy". When his mother talks about being sexually abused by her father, Eleazar undresses the doll. At other points when she talks about her father's ill treatment and physical abuse, Eleazar becomes noisy and throws toys on the floor.

When she talks about her traumatic past, Anita rarely looks at Eleazar. She glances at her son from time to time. She only responds occasionally when he calls out to her and mostly without really looking at him. At times, she shows an apparent and emotional indifference to Eleazar's actions and reactions. When she talks about her present-day life and her children in the present, she turns to look at him much more. She reacts in a direct manner giving him orders like, "No, shut the door" or "Get down from the chair".

We were unable to evaluate the quality of maternal physical care or "holding" during this session because Anita did not attempt to hold or carry Eleazar at any point during the one-and-a-half-hour interview. In Haitian culture, physically close interaction between mothers and their children often pervades the mother–child relationship. However, in this situation, the physical relationship between Anita and her son is particularly distant. Also worthy of note, Anita makes no mention of any specific maternal techniques she learnt or inherited from her mother or grandmother, as if there never were a transmission of any maternal techniques. In the situation of migrant mothers as Anita's, the analysis of the interactions encompasses the anthropological dimension of mothering, also coined the "cultural cradle" (Moro, 1994). Each society has its mothering techniques

(feeding, holding, massaging and so on). Particular attention is brought to the absence of cultural indicators with migrant mothers as in Anita's case. It seems like this mother has been Europeanised, and hence experienced a rupture in her original affiliation (Feldman, 2016).

Discussion

Modes of Transmission of Psychic Trauma: Mother–Infant Interactions

We are confronted here with a traumatised mother, both in the categorical sense of the DSM IV and in the Freudian sense. In the DSM V (American Psychiatric Association, 2013) psychic trauma is defined by Criterion A as: "A sudden, unexpected, terrifying encounter that plunges the subject into a state of mental numbness; an encounter with an unprocessed reality that breaks into the psyche, and remains there as a foreign body." Meanwhile, Freud describes trauma as an event that is experienced in a short lapse of time, which generates such an excess of excitation in the psyche that its removal or assimilation by normal means becomes an impossible task, and this results in lasting disturbances in the use of energies (Freud, 1916).

What is particularly evident in the analysis of the interaction between mother and infant in the case study of Anita (mother) and Eleazar (infant) is the predominance of negative affects on the part of the child in juxtaposition to efforts to solicit a response from his mother, and the difficulty on the part of the mother to respond to her son's solicitations. In this mother–infant dyad, Anita is deeply affected by her painful experiences. She exhibits difficulties in taking on her maternal functions, failing to ensure holding, containing and liaising functions. The raw elements of the trauma are still encysted, and "radioactive residues" seem to be present in the mother–infant interaction and seem to pervade their relationship.

Meanwhile, the child, Eleazar, repeatedly attempts to approach his mother. However, his mother's response to his approaches are replete with negative affect. When the child moves away from his mother, he does not appear reassured, shifting from one exploration to another, and from a frozen to an agitated state. At the same time, there are moments when Anita does appear to be more attuned to her son, particularly towards the end of the interview when a "secure" rather than "uncanny" backdrop seems to predominate her state. When talking about her traumatic experiences, she seems absorbed by vivid emotions disconnecting her from the bonding with her son. When back to her present life, Anita connects gain, as if she is propelled again into the current reality.

The Mother–Infant–Clinician Relationship

In this case study and in the course of this encounter, the triadic mother–infant–clinician dynamic appears harmonious. The clinician identifies sometimes with the mother and at other times with the child. The clinician particularly identifies with the child when Anita is talking about him (the child).

During the encounter, the child listens attentively and appears to accompany his mother in her narrative. He even appears to take part in the narrative. There is little mobility and he "mirrors" his mother. He maintains this position throughout the interview.

Anita looks at the clinician throughout the interview, and Eleazar looks at the clinician at very specific moments, and even stares at the clinician during these times. Twice Eleazar approaches the clinician to take tissues from the table. At one point, the infant crawls under the clinician's chair (as he did at the beginning of the interview when he crawled under his mother's chair).

Singular History, Collective History

This family situation structured by extreme violence is obviously singular; but it is also impacted by the violence of a shared, collective history. Haiti's history is deeply affected by the extreme violence of its colonised past which extended for centuries, from 1492 until Haiti's independence in 1804 (Raphaël, 2010). After independence, the country continually suffered political coups and rebellions that further contributed to the impoverishment of the population. A virtually permanent state of insurrection led to continued political instability and a succession of dictatorships, accompanied by rampant corruption and repression.

On a transcultural level, it is often customary for children in the Caribbean to be raised in an extended family. But, there is also the *restavek* system (meaning "*reste avec*" or "stay with") for boys and the *lapourça* system (meaning "*là pour ça*" or "there for that purpose") for girls. In these systems, a segment of the population's children live and are raised by a family other than their biological family.

These terms are also used to refer to children—as well as adults—who are treated with little respect for their dignity and as servants by their families and their host families. These children all come from underprivileged social strata in urban and rural areas across Haiti. They are trafficked by their families and placed with host families that recruit these children as forced labour. These children often suffer severe abuse, including sexual abuse, with the geographical distance from their parents being a major factor in putting these children at risk, as biological parents are not present or able to protect their children (Bijoux, 1990; Derivois, 2016; Trembley, 1995).

Anita appears to have been treated as a *lapourça* by her own father. Once she is cut off from her roots and from her links with her mother, grandmother and homeland, she no longer has the solace and protection of these two women, as mother and grandmother. As a child, Anita's father prevents her from speaking her language and from maintaining any psychological link with her own mother. Today, Anita no longer speaks Creole. She no longer has any links with Haiti and does not want to return there. She seems to have undergone a violent acculturation process in the form of an initiation process, or a trauma leading to a metamorphosis of identity: What made up her original identity as a child was taken away from her overnight and in a context of intense fright. Her filial links are affected (Feldman, 2016): she can no longer be her mother's daughter. Anita was not permitted to attend her mother's funeral when her mother died two years after she was sent to France. Her affiliation links are also affected: she is no longer in her country; she is prohibited from speaking her native tongue; and her passport is confiscated by her father. Additionally, the fathers of both of Anita's children are French. Apart from links with an aunt and uncle living in France, who provide her with some support, her relations with the fathers of her children are broken, and her relations with Haiti are broken, placing her and her children in an "affiliation drift" (Feldman, 2016). This drift

becomes all the more acute as she is about to entrust her children to the foster-care system and the welfare of the state. The only possibility of affiliation for Anita is to her father, and this affiliation is associated with total submission in a slave-to-master relationship. In fact, Anita's father seems to repeat the violence of Haiti's colonial system within his filial relationship.

Conclusion

The detailed observation and analysis of the interactions between Anita and her infant son, Eleazar, show that something occurs in the child when the parental model is compromised and the mother is unresponsive to her child's needs as observed in this case. The uneasiness experienced by the child and the feelings aroused in the course of the traumatic discourse suggest that the counter-transference of the clinician and his analysis could enable an evaluation of the transmission process.

Clinician's counter-transference in the care of traumatised mothers has several specific aspects. There is a form of communication between the traumatised individual and the person providing care, based on empathy. Counter-transference can become a genuine clinical tool, helping us to propose interventions to strengthen the mother–infant dyad and relationship.

It is still not easy to answer the questions concerning the transmission processes involved, the content of these processes, and their impact on the infant. This is the subject of on-going research on the transmission of trauma from mother to child, where the aim is to gain a more precise understanding of these processes.

Today, there appears to be two lines of approach to interventions to strengthen the mother–infant dyad and relationship. The first postulates an analogy between the mother–infant dyad and that of the clinician–patient. This approach attempts to objectify the reactions of the clinician faced with the traumatised patient to show the specificity of the counter-transference in this setting, and to identify the transmission processes occurring. The second approach concerns the direct study of the interactions between traumatised mothers and their infants. The protocol and the first results of the second approach are presented in an earlier article (Drain et al., 2014). A third approach or future work could consider the elaboration of a systematic method to "deactivate" radioactive residues so that they no longer act within the mother–infant dyad.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Notes on Contributors

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