

A mosaic of transmissions after trauma

Howard F. Stein

Introduction

This chapter is a study of the *transmission of trauma in virtually any direction*. It is a mosaic or montage of vignettes that cumulatively illustrate the horrifying ease by which this transmission can take place. Studies to date focus on the intergenerational transmission of trauma, specifically in families from parents to children. What cannot be contained, mourned, and worked through in one generation is transmitted, for the most part unconsciously, as affect, mission, and task to the next generation. It is an amalgam of “deposited representation” (Volkan, Ast, & Greer, 2002) and identification. The fate of repression and dissociation is enactment. Among the most exemplary studies of this process are Volkan’s *Bloodlines* (1997); Volkan, Ast, and Greer’s *The Third Reich in the Unconscious* (2002); Brenner’s *Dissociation of Trauma* (2001) and “On genocidal persecution and resistance” (2005); a series of papers by Apprey on intergenerational transmission of trauma among African Americans (“The African-American experience: forced immigration and transgenerational trauma (1993), “Broken lines, public memory, absent memory: Jewish and African Americans coming to terms with racism” (1996), “Reinventing the self

in the face of received transgenerational hatred in the African American Community" (1998), and "From the horizon of evil to an ethic of responsibility" (2000)); an important paper by Hollander (1999) on the experience of totalitarianism during the Argentine "Dirty Wars" of the 1980s; and a moving essay by Katz (2003) on intergenerational transmission of trauma due to war and state terror.

In this chapter, I broaden the horizon of trauma transmission, and through a mosaic of portraits, suggest that trauma can be transmitted both "vertically" (and over non-generational time in organizations) and laterally or "horizontally". I draw my examples from the 19 April 1995 Oklahoma City bombing; the 3 May 1999 tornadoes in Central Oklahoma; the 3 December 1999 fire in Worcester, Massachusetts, in which six firefighters died; the terrorist attacks on the USA on September 11 2001; and the relentless waves of downsizings, RIFings, restructurings, re-engineerings, de-skillings, outsourcings, mergers, and hostile corporate takeovers that have characterized American workplaces since the mid-1980s. My data come more from "peripheral vision" than from intentional observation or planned study. I have learnt about the transmission of trauma from my various roles as psychoanalytic anthropologist, organizational anthropologist, organizational consultant, and clinical behavioural scientist and teacher in family medicine.

I have come by experience to the practice of what has come to be called "disaster anthropology", that is, by living with and through it with others. As observer, consultant, and counsellor, I have not had the luxury of living and working "outside the fray" of the patient's or client's or group's world, as psychoanalysts and other therapists typically have been able to do historically. Increasingly, however, in dealing with large group trauma, both helpers and those being helped share much of the same culture and the same event, which poses yet new challenges to the "disciplined subjectivity" (Erikson, 1964, p. 53) of observer and therapist alike.

In the sections that follow, I shall explore disenfranchised grief and trauma transmission, trauma transmission in political succession, lateral trauma transmission (and its prevention), recognizing trauma transmission in oneself, concurrent "vertical" and "horizontal" transmission, and the possibility of "reverse" vertical trauma transmission (that is, from younger to older, whether intergenerationally or within the same multi-generational cohort).

Disenfranchised grief and trauma transmission

In this section, I discuss the role of *unacknowledged and unacknowledgable grief* in the transmission of trauma. In any disaster or catastrophe and its accounts, there are categories of people, categories of time, categories or types of timetables. Certain categories of people are publicly recognized, acknowledged; certain other categories of people are publicly unacknowledged, overlooked, ignored. Some categories of people court publicity, while others shy away from it. Some are discountable, whether in heroism, suffering, or even memory (Doka, 1989; Javors, 2000).

Who counts? Who is treated as though they do not matter? Who is remembered? Who is forgotten? Who is, or becomes, a social symbol, even a “social cynosure” (La Barre, 1946), that is, a category of persons to whom much public attention is devoted? What are the costs to each? When the armies of Montgomery and Rommel fought in North Africa during the Second World War, who gave much thought to the Bedouins who were caught in the clash of worlds? In disasters, who gets left out and forgotten, and what becomes of them?

These questions are all crucial (1) to the understanding of profound loss and grief that cannot, even must not, be recognized, and (2) to the consequences over time for such an emotional black hole in one’s consciousness. Doka (1989) coined the term “disenfranchised grief” for the types of loss and grief individuals, families, organizations, and whole societies refuse to recognize as legitimate, and for whom they refuse to give space or time. Likewise, Davoine and Gaudillière (2004) describe how the experience of trauma becomes “cut out” of the social discourse. What is consciously banished from existence returns as a ghost, usually in the form of enactment. Those who must not acknowledge their grief find that the loss has come to “possess” them.

A disaster or catastrophe is an *event* in outside reality, and a disaster is also a *language, which is used to recreate that reality anew*. In their outward contours, some disasters are brief, acute, while others are long-lived, chronic. Over time, a disaster can become a language that hijacks an event. A disaster is a story, a set of stories, an evolving story, about an event, *after* an event. A disaster is also a kind or type of storyline about an event, one that *precedes* an event. The storyline is replete with characters, plot, sequence, structure, when things should unfold, and the “right” kind of ending. A storyline or “narrative” is a form we

use to say how a story—and its event—*should* go. There are storylines for how a “good fire” or a “good bombing” goes, and for how heroes, healers, and the public respond. Often these storylines are obligatory, which is to say imposed, both from without and within.

There are public stories of heroism. There are private, secret stories, often at odds with those that are told and retold. There are many kinds of suffering: speakable, unspoken, and unspeakable. Many people get left behind. Many stories are only partially told, if even partially. Many stories are undiscussable. When we—as professionals, as lay people, as ordinary citizens—read and write stories of catastrophes, we are often more faithful to the way “things *should* go” (which is always someone’s or some group’s view) and to our methodologies than to the phenomena we are trying to understand and the people we are trying to help (Ritzer, 2000). We even have expectations about how disasters themselves *should* go: for example, what a good fire and what a bad fire are. Part of the terror is when “the perfect fire” goes bad (Flynn, 2000).

Individuals, organizations (fire and police departments, hospitals, clinics), and whole communities often take pride in their response to a catastrophe. Community pride can rest on a simple, fundamental sense of goodness of place. Sense of place can also rest on feelings of inadequacy and shame that can never be expunged, a badness that cannot be erased. There often lingers a secret shame and guilt that the calamity happened at all, that it happened in this place, as if to say that “we should have done differently or better in order to prevent it from happening”. Some people have asked, directly or indirectly, how dare the 1995 bombing take place in the “Bible Belt”—and by someone who is not even identifiably “foreign”?

A disaster, and the response to it, might feel, for a while, redeeming, as if it suddenly put a place “back on the map” as a good place rather than as a backward or deficient place. The generosity of Oklahomans to fellow Oklahomans after the bombing at least temporarily improved the image of Oklahomans to the rest of the USA. The disaster can become a part of redefining a person and community’s sense of place (see Feld & Basso, 1996; Fullilove, 1996). Conversely, *where* something happens is part of the “happening”, the eventfulness itself. Sense of place is part of “place”.

The sense of place where a trauma occurred can have both a positive and negative valence. For instance, almost as soon as Timothy

McVeigh was caught shortly after the Oklahoma City bombing, and some information about him provided to the news media, a medical colleague told me how grateful she was that McVeigh had been from New York and not Oklahoma. If he could not be the stereotyped Middle Eastern terrorist that had been expected, at least he was from outside Oklahoma, and a Northern state, “Back East,” to boot! “Goodness” was preserved inside, in the “Bible Belt”, as “badness” was ejected and located outside, on the East Coast. It was bad enough that the bombing took place in Oklahoma; it was virtually intolerable that the terrorist had himself been from Oklahoma. Part of the legacy of the trauma of the Oklahoma City bombing is to restore the sense of goodness and pride to the city and state.

In trauma, time does not merely “flow” in some steady fashion; it is punctuated. That is to say, there is a sense of how long mourning should last, and a language to describe its conclusion. On 4 July 1995, the governor of Oklahoma ordered the American flags to be hoisted to full mast, and declared that the 19 April 1995 bombing in Oklahoma City now had “closure” and “healing”. In addition to official pronouncements, there were prevailing cultural understandings among European-Americans on the prairie that affected how long grieving was acceptable as well. When someone’s home or barn burns down, or when someone’s combine breaks down during wheat harvest season, neighbours and community quickly rally to “get people back on their feet”. Neighbours will voluntarily rush in, unbidden, to cut what wheat remains, and to rebuild what has been destroyed. After the task is completed, the event is considered over, and “You go on down the road” and “get a life”. Put in a formula, the purpose of community mutuality is to restore individual and family autonomy. The timetable for recovery from trauma is very short-term, measured in days, weeks, at most months. There is no place for lingering grief. This widespread cultural attitude toward time heavily influenced the response to the Oklahoma City bombing. It enforced silence and isolation upon those who remained traumatized and entombed in grief.

Here is where “disenfranchised grief” enters the picture: when the grief that is supposed to be over is not, and when categories of people who were officially “not directly affected by the bombing” (or other trauma) are, none the less, deeply affected emotionally, even physically. They are expected to be back to normal in function and in relationship. Here is where culture harms as well as helps to heal. About

five years after the Oklahoma City bombing, I was invited to give a guest lecture to a class on organizational culture and organizational change. I was discussing the widespread sense of trauma, vulnerability, and loss among many “ordinary” Oklahomans I knew as well as by people who had physically been in the Murrah Federal Building and neighbouring office buildings during the bombing. Likewise, I described the cultural values and rules that shut out many people and their experiences from being acknowledged and addressed.

After class, a man approached me, in tears, and told me the story of how, at the time of the bombing, his wife had been an emergency room nurse who had left the hospital and rushed to the scene of the bombing to offer medical help. Upon arrival, she had seen wave upon wave of unspeakable injury and mutilation. She functioned; she did her job. Many of the injured—some of whom eventually died—were also brought to her hospital. In the months that followed, as the hospital returned to “normal” (or what is officially called “the new normal”), she found herself excluded from her usual social relationships in the hospital. No one wanted to hear what she had been through. The effect of the bombing was supposed to be over. She was stuck alone with her feelings and memories. Her husband, my student, became virtually the only person who would listen to her. Fortunately, here the marriage could *contain* the nurse’s trauma. Other Oklahoma City marriages were not so fortunate, because the other party could not bear to listen to the trauma. This was “disenfranchised grief”. This was a story that could not be told because no one could suffer the empathy needed to hear it. This searingly illustrates the process of trauma transmission.

This example does not exist in isolation. Although I do not have a large “sample size” to substantiate it, I have heard stories like this many times. They each are distinct, yet they have the common denominator of unrecognizable grief and trauma that would not be heard. There are certain patterns that play themselves out “like clockwork”. Each year, in the month or so preceding 19 April, a policeman or fireman or emergency medical vehicle operator will come into a family medicine clinic. This person will come in with physical complaints for which no organic basis can be found. This person typically “hates to go to the doctor because only weak people go to doctors”. But he or she is here, none the less. After reviewing the patient’s physical history, the astute family doctor asks himself or herself “Why now?” and

asks the patient whether there is anything about this time of year that is especially “stressful”. Even more specifically, the physician might ask of the patient whether he or she was at all involved in the massive response to the 19 April 1995 bombing. No sooner is the question posed than the thick wall of the dam breaks, and the patient breaks down in tears.

Consider the following example, a variant on the earlier one. Around two and a half years after the bombing of the federal building in Oklahoma City, a University of Oklahoma Health Sciences Center faculty physician colleague was taking family medicine residents on a community medicine rotation at a local clinic for indigent patients. In a getting-acquainted fashion, the faculty physician was talking with the clinic nurse about her work and experience. At one point, she asked her whether she had been involved in the medical community’s response immediately after the bombing. The nurse burst into tears, and a geyser of feelings and memories erupted. My colleague said that the nurse talked and talked, as if for the first time. The nurse said that two and a half years earlier, no one had “debriefed” her and asked what *she* had gone through. After volunteering some time at the site of the bombing, she returned to her work at the clinic, which everyone treated as “business as usual”. Because she had not been in or around the buildings *immediately* after the bombing, she did not occupy the mental and linguistic categories of “victim” or “survivor” or “hero”. Only certain kinds or categories of people were regarded as having been as “traumatized”. Others simply pitched in to help; the work they were doing was regarded as ordinary rather than extraordinary. They were not regarded as being at risk for “secondary traumatization”, that is, indirect exposure to trauma.

The occasion that unleashed the nurse’s memory and emotion was my colleague’s simple expression of interest in her possible role in the bombing recovery effort. My colleague had been one of the early responders to the bombing site and had learnt to enquire in this manner. The occasion was not a conventional “anniversary”-style reaction, but a crucial ingredient was similar: an event in the present strongly resembled a catastrophic event in the past and provided the environmental “stimulus” for the release of unconscious memory and affect.

Examples such as these have made me think of a third form of traumatization in addition to “primary” (or direct) and “secondary”

traumatization. It is the trauma of enforced silence, isolation, and indifference, to be treated as if nothing terrible had happened, as if there was nothing to be upset about. One was expected to “tough it out” and not “act like a wimp” (weakling). “Get over it, and get a life” is a common cultural admonition to someone whose grief and hurt are taking “too long”. Added to the tendency to use dissociation as an individual defence is the *dissociation induced by the group to sustain their own tenuous denial, dissociation, and repression in order to ward off intolerable anxiety and grief*. The challenge, I believe, is to *listen to the people whom we are trying to help* better than we listen to our theories and methods. We need to ask, to wonder, “What is it like to be you?” rather than *disassociate* (radically distance) ourselves from their experience, thereby abandoning them to their trauma.

Lest the reader think that the withdrawal of empathy is limited to those “indirectly” affected by a calamity (e.g., through identification with a unit of traumatization, such as a nation, ethnic group, religion, community, organization, or building), I wish to emphasize that even those immediately or “directly” involved incur the impatience and incredulity of those around them. Further, even these categories and distinctions are not self-evident, but are socially constructed, if not *imposed*.

Let me offer an example from my local newspaper, an article by Jay F. Marks in *The Oklahoman*, dated 10 April 2006 (nine days prior to the eleventh anniversary of the bombing of the Murrah Federal Building). The story is about eleven people in the US Department of Housing and Urban Development who refused to be relocated to the new Federal Building in Oklahoma City. They had worked in the Murrah Federal Building that was bombed, and, following the bombing, had been moved to an alternative work site. On 23 March, they received a letter “denying their bid to stay at the alternate work site” (2006, p. 1A). They had been unwilling “to relocate to offices adjacent to the site of a terror attack that killed many coworkers” (*ibid.*). They are “the last holdouts” (*ibid.*). Thirty-five of the 168 people killed in the bombing were from HUD.

The article then focuses on the experiences of Teresa Cook, a grant specialist, who was not injured because she had been working offsite that day. She could not remember driving home that day. Only after nine days did she find out that her best friend had been killed. She said that she “never has been able to return to the bombing site. Panic

attacks and heart palpitations set in if she even gets close to that part of downtown" (2006, p. 3A). Her physician diagnosed her with PTSD. If Ms Cook is not allowed to continue working away from the federal building, "she may have to opt for disability retirement", which would be considerably less than her current salary (*ibid.*). "She said she felt obligated to keep working for the agency after the bombing on behalf of those who died" (*ibid.*). Marks concludes by quoting Ms Cook: "They make me feel like I'm of no value to them whatsoever" (*ibid.*).

Interpretatively, should we say that Ms Cook was "indirectly" rather than "directly" affected by the bombing? In the light of her experience, I think that the distinction itself damages many of those who suffered from the trauma of the bombing by denying the psychological reality of their experience. It would seem that Ms Cook might be *consciously* fearful of returning to the original area, but that she *unconsciously* might also feel guilty. Her experience is analogous to that of the World Trade Center employee who had exchanged shifts with his friend on September 11, 2001. Her anxiety may be not only about "going back" to the place of the trauma, but also about "going on" with life, that is, continuing to live when so many of her friends and work associates had perished. Unconscious survivor guilt might help account for the grip of her terror (e.g., "What right do I have to be alive when they are dead?").

She and her group of co-workers may be reluctant to return to work—a sentiment probably shared with many others—because it would feel more like a crude burial of their friends and colleagues than a carrying on of work on their behalf. Rather than categorize Ms Cook's behaviour (directly/indirectly affected, PTSD), attention to her meanings and affects, conscious and unconscious, would most probably take us to the heart of the matter of the experience of traumatization. Ms Cook's story made it to the newspaper: it is very likely that it was tacitly regarded as newsworthy at least in part because it resonated so strongly with the experience of others whose stories are shunned. Ms Cook is but the veritable "tip of the iceberg" of culturally disenfranchised grief. Shortly after the Oklahoma City bombing, I was visiting with a mental health professional in Allentown, Pennsylvania, which is over 1,300 miles from Oklahoma City. She was shaken by the bombing. She asked me, with great urgency, "What are we to tell our children? How are we going to protect our children

anywhere in America?" *She spoke to me as if the bombing had happened to her.*

I wish to add a historical footnote to this discussion of the long and broad shadow cast by the 1995 Oklahoma City bombing. In the decade since the bombing, the downtown and adjacent "Bricktown" warehouse districts have undergone a massive and ongoing redevelopment and renewal. In part as response to the once prevalent view (and associated feelings of shame) that "There is nothing to do in Oklahoma City", the Bricktown area has seen the emergence of a baseball stadium, warehouses refurbished into restaurants, retail shops, hotels, clubs, cinemas, and a canal that some have said is meant to rival the Riverwalk in San Antonio. In the downtown proper, the Oklahoma City Memorial, a new Federal Building, the Cox Convention Center, and the Ford Center (a sports arena and convention centre) have been built. All of this is a source of local pride and of lucrative business.

Certainly, there are abundant valid economic and political explanations and reasons for this rebirth. But what is missing from this account is the emotional backdrop of the bombing. What is missing is as important as what is present in the picture. In every "revival" there is the unspoken reality and dread of death. Whatever else the urban renewal represents, I believe that it also serves as a thick emotional scab over the still-festering wound of the trauma of the bombing. It is as if to say, there is the official story, and there is "the rest of the story", as editorialist Paul Harvey might say. In the light of the discussion above, I believe that, despite the presence of the National Memorial and the adjacent Museum, the unfinished trauma and mourning over the 1995 bombing remains a widely shared secret that festers because it is not supposed to be. If anything, the urban revival is supposed to say to all the world that Oklahoma City is resilient and recovered, that "closure" has been followed by resurrection. Still, the spirited urban downtown renaissance is a close neighbour of the death it ignores at a high social cost.

I end this vignette with a speculation: might the rush to quickly "move on" from the Oklahoma City bombing be part of the legacy of the Dust Bowl of the 1930s? Could the memory of the Depression Dust Bowl (drought), as a long-lived symbol of collective trauma predispose Oklahomans to respond to a later traumatic loss, and thus to the course of grief? As I have discussed elsewhere in *The Culture of Oklahoma* (Stein & Hill, 1993), the two affective poles of many Oklahomans'

self-representation and of the national image of Oklahoma are Oklahomans as seen in John Steinbeck's novel (1939) and the subsequent film (1940), *The Grapes of Wrath*, and in Richard Rodgers and Oscar Hammerstein II's musical *Oklahoma!* (1943). The former is a largely negative image, rooted in Depression Dust Bowl survivalism and flight to California. The latter is a celebration of the people, the land, and the sky.

In my experience, the Dust Bowl was both a source of pride in one's having persevered and survived it, and a source of shame to be lived down. Subsequent to the drought of the 1930s, Oklahoma undertook a vast programme of building man-made lakes and turning the state green. Similarly, much as Oklahomans took pride in their overwhelmingly generous response to the 1995 bombing, many were also embarrassed that the bombing took place in the Heartland, in the Bible Belt. It was as if to say: "How dare *that* happen *here!*" I speculate that at least part of the motivation behind the massive restoration and building programme in Bricktown and downtown Oklahoma City lay in a wish to reverse the emotional valence of the city from negative to positive, to burnish Oklahoma City's image and self-image in the face of the recent bombing and the long shadow cast by the Dust Bowl.

Trauma transmission in political succession

Political succession—understood in the broadest sense of all leadership transition—is a region rife with the possibility of trauma transmission. The passage of power and authority from one leader to the next, whether violent or peaceful, can also entail the passage of unfinished emotional business from one "generation" or cohort of leadership to the next. No type of group is immune from its reach: from large groups such as nations, ethnic groups, and world religions, to smaller scale groups such as workplace organizations (for instance, corporations, universities, government agencies, and religious institutions). Such transmission of trauma becomes the "mechanism" through which group "history repeats itself", or threatens to do so, and through which groups become "stuck" in time and are, thus, unable to change.

To cite an obvious historical example: the post-Stalin era of the Soviet Union, and now Russia (1953, the year of Stalin's death, to the

present), has long been haunted by the memory of twenty years of unrelenting brutality which Josef Stalin and his agents perpetrated on vast populations under his rule. It was far easier for the people under his rule to rally against the common external Nazi enemy in the “Great Patriotic War” than to acknowledge how their own leaders, upon whom they were dependent, ruthlessly slaughtered millions of their own people. Mourning and letting go of the Stalin era was and remains complicated by the ongoing trauma from the middle 1930s until his death. Official repudiation is undermined by unrecognized identifications. It is difficult to live in the present, and to solve present problems, when the horror-ridden past is injected into everything present.

To show how absolutely mundane and insidious this process can be, I turn to a vignette from an Evangelical Protestant American church in the late 1990s, and how a church-wide trauma persisted long after the traumatic event was over. I once consulted with a “church in transition”, which is how the problem was initially presented to me. Its once-beloved and affectionate long-time senior pastor had resigned four years earlier amid allegations of sexually molesting several children in his parish.

The once “normal” parish that had been church home to hundreds was suddenly immersed in scandal. The fact that it happened at all was a source of intense shame. Many congregants were incredulous: “How could this have happened to *us*, in *our* church? We are good Christians. Our minister was a pillar of the community.” The shame quickly went underground and was transmuted into secrecy and intense church activity. A new, youthful and vigorous pastor was soon hired. He was full of ideas and energy. It was as if, through a frenzy of renewal, building remodelling and social programmes, the memory of the humiliation and feelings of betrayal could be erased.

The minister who succeeded the older pastor seemed aloof, emotionally distant, even haughty, despite his many successful initiatives. As I interviewed the current minister, the church deacons (lay leaders), and many members of the congregation, a picture began to emerge of short-circuited mourning over the previous pastor, and of the transmission of trauma to the next “generation” of pastor. In one deacons’ meeting, several participants bitterly complained how emotionally unavailable their still-new pastor proved to be. One deacon then wryly observed, “The previous pastor was warm and fuzzy, and *that* didn’t work out so well!” The room erupted in an anxious

laughter of recognition. Now and then there were hints that the group was beginning to recognize its role in projecting the image and memory of the minister who had betrayed them on to the current pastor. Unwittingly, they had transferred their feelings towards their former minister on to their present one. They had inverted their withdrawal from him and a hesitation to get close into an accusation that he had withdrawn from them. They began to recognize that at least some part of “his” distance lay in “their” own distancing.

The group dialogue deepened. Some participants began to make connections between the two ministers. Someone said openly, “I *loved* Reverend Jones. His resignation is a big loss, even though he did some bad things.” Another deacon added shortly thereafter, “You don’t feel close to the new pastor because you can’t *let* yourself get close to the pastor.” Their accusation that he had “burned bridges” with the congregation gave way to a realization that they had refused to build some bridges with him as well.

One emergent task of the consultation was to help “decontaminate” the relationship between the minister and his congregation, and free it of the ghost of the previous pastor and his relationship with them. As the congregation began to mourn the loss of their former minister and of their devoted relationship to him, they likewise began to separate him mentally from their current pastor. They were a little less critical of the “lack of warm feelings from the pastor”, and of his “people skill problems”, and more accepting of him on his own terms—and perhaps also accepting of the fact that they might have unconsciously *chosen* a leader who would be emotionally distant so that they would not be hurt again as they had been by their previous pastor.

To summarize: this vignette, I think, poignantly illustrates how the *transmission of trauma can be played out in the leadership succession in a quite ordinary organization or institution*. Here the “generations” are obviously symbolic. Still, the transition was, none the less, one in “vertical” time, from one organizational era to the next.

“Lateral” trauma transmission (and its prevention)

In addition to being transmitted “vertically” (over generational time and over group time), trauma can be transmitted “laterally” or

“horizontally” to members of the same group that shared the trauma. This, in fact, is what is so new and vexing for American (United States) therapists and counsellors who are working with victims of the Oklahoma City bombing and of September 11, 2001. Even though the therapists and counsellors were not literally in the buildings that were so brutally attacked, none the less they share the group trauma of those they are trying to understand and to help. Therefore they do not, and cannot, possess the same degree of emotional distance from the patient’s or client’s trauma as occurs in psychoanalysis or psychotherapy under more “normal” cultural conditions. Both transference and countertransference are coloured by these shared realities. The situation both allows greater empathy and fosters over-identification.

I would like to illustrate the process of the “lateral” transmission of trauma, and its prevention, through an event in which I was participant. The group was a planning committee for the first conference held by the Worcester (Massachusetts) Institute on Loss and Trauma, to be held on 20 October 2000. The 3 December 2000 would be the first anniversary of a fire that consumed the Worcester Cold Storage and Warehouse Company and took the lives of six firefighters. The fire was started by two homeless people who had been living in the building. Accidentally, they knocked over a candle, could not put out the fire themselves, and left the building without reporting the fire. The firefighters valiantly entered the building in search of people whom they did not know were already gone. Historically, the Worcester Cold Storage, though long vacant, was a massive monument-like structure in the downtown, one that virtually everyone knew of and had passed in their motor vehicles. Other buildings, other deaths, and other survivors are often far less symbolized and are, thus, far less noticed. In a sense, the story of the fire was about a *double abandonment*: first, the obviously abandoned warehouse building, and second, the homeless people, abandoned by society but whom the firefighters tried to rescue.

The 20 October 2002 conference was to be devoted to understanding the 3 December 1999 fire; thus, whatever else it was, it was part of the disaster and the response to it. Moreover, the conference speakers and attendees were writing and rewriting the story of the disaster, asking, how long does a fire burn, symbolically speaking? How do we deal with a fire we have already been burned by—some literally, some symbolically? How do we deal with the twin temptations of

“becoming” the fire ourselves, and insisting that we were not even emotionally “singled” by its far-reaching flames?

With this as the context of the meeting, I turn to the process of the meeting itself. It turns out that this planning committee was not only a decision-making body, but also a microcosm of group processes ranging from Worcester to the USA generally. (President Clinton attended the funeral.) About ten of us had a weekly, and later, monthly, lunch meeting or visit, one of which occurred on 25 May 2000, for about an hour and fifteen minutes. I was “present” long-distance via a telephone placed on the conference table, between the chicken salad and yogurt, specifically, as committee member Marjorie Cahn later told me in an e-mail message. We discussed speakers, topics, workshops, and sequence. Nearly an hour into the meeting, someone noticed that in the entire planning thus far, *the fire itself* had not been explicitly, directly mentioned—a pattern that occurred in earlier meetings as well. Another person wondered where we should bring it up, how we should bring it up at the conference: “The fire, NOT the fire, where do we put it?” It was emotionally safer for us to attend diligently to logistical details of conference arranging than to the “hot” subject that was the very reason for having the conference.

From my distant office in Oklahoma City, I said that I had the fantasy, similar to that in families of alcoholics or drug addicts, that there is this giant elephant in the middle of the table. Everyone knows it is there, yet it is too emotionally enormous, taboo, to talk about, *even among us*. It is a secret that everyone “knows”, if only unconsciously. Now, here, in Worcester, what is in the middle of the table is the fire, far more dangerous and consuming than a mere elephant. Someone brought up the issue of communication at the conference: how do we talk about bad events? On the one hand, we try to avoid them, speaking, for example, only about the firefighters’ courage and the wish to get the fire behind us; on the other hand, we hyperbolize about the fire. I said that my fantasy, and perhaps our fear, is of being consumed by the fire. It is very hard to *put* a fire anywhere, even the subject of fire. Maybe we were identifying with it as a way of trying to control it, so as to not be burned by it.

As we were approaching the end of our meeting, someone brought up the issue of a “wrap-up” of the conference at its conclusion, on the subject of communication and synthesis. Another person then

mentioned coffee and tea, evaluations, and continuing education presentations, and said that the wrap-up is “not a nuclear meltdown”, an even more violent image of the fire. I said something to the effect that it was important for us, the planners, to track our own imagery and feelings, because they are mirrors of the kinds of metaphors and emotions that are, and will be, percolating throughout Worcester and far beyond. As the planning committee, we not only must deal with our resistance to the event that prompted the conference, but with our planning committee’s group process that is itself part of the conference.

In simple English: this is how people, including professional people, including people of very good will, deal with the fire and with its equivalents in other places. We struggle to understand; the struggle is part of the understanding. Helpers of all professions can be deeply and unconsciously affected by a disaster, and, thus, not even recognize its presence until it is *enacted* in some way. As Fromm writes (personal communication, 13 March 2006), “anyone who takes up the subject [of the Worcester fire] has to cope with being ‘heated up’ by it”. Further, this planning committee underwent a kind of traumatization that echoes Winnicott’s point about the experience of emptiness as the result of “nothing happening when something . . . might have happened” (1974, p. 106). The group had unconsciously expected the fire that had occurred in the recent past to recur in the group’s very midst, but it did not.

I cannot help but speculate further that the attempt to place “me” (via the telephone) on the conference table was symbolic as well as practical: a kind of condensation of the wish to have me present (person, nutrient) against the backdrop of enormous loss and grief. When we talk about gathering data about the fire, some of the most crucial data we can “gather” is not only from “them”, but also from “us”. Ultimately, fidelity to genuine healing begins with fidelity to the catastrophe itself and to people’s experiences and accounts. Part of that fidelity is to the observer, clinician, or consultant’s own emotional response, that is, to one’s countertransference. Attention to what is present, and to what is missing, in a group can help prevent the unconscious transmission of trauma. I believe that this episode in the life of the conference planning committee illustrates how “easy” this lateral transmission is to do in order to avoid feelings of anxiety and even deeper fantasies of annihilation.

Recognizing trauma transmission in oneself

In all forms of therapy and research informed by psychoanalysis, the self of the therapist, researcher, or scholar is recognized to be the central instrument of understanding and helping others. In this section, I address the process of recognizing trauma transmission in oneself as a crucial component of studying and healing trauma. I recognize that self-analysis has severe limits, and that it is in the psychoanalytic dyad that trauma is first transferentially enacted and then recognized. None the less, discovering it in oneself—and its harrowing ordinariness—is a step in realizing its ubiquity in families, cultures, and history.

In an earlier paper (Stein, 2000), I have documented in detail how I discovered the emotional effect on me of working with and studying organizational downsizing, reduction in force, rightsizing, restructuring, re-engineering, deskilling, outsourcing, and other widespread corporate forms of what is euphemistically called “managed social change”. At the methodological level, following Bion (1959, p. 134), I take the observer’s emotional response—his or her countertransference—to be at times the only reliable measure of social reality. At the abstract level, countertransference consists of nothing less than thinking about how we think, an approach taken by such writers as Bion (1959, 1962), Boyer (1999), Laub and Podell (1997), Stern (1997), Tansey and Burke (1989), and Lawrence (1997, 1999). What one knows is inseparable from what one can emotionally *bear* to know—what one can first embody, then examine—about oneself, about others, about the world.

By extension, a study of workplace trauma that begins with my own inner darkness becomes a vehicle for a journey into organizational darkness—a place of secrecy and dread often expressed in the idiom of the Holocaust. In the mid-to-late 1990s and early 2000s, I had been participant observer, consultant, employee, and scholar in understanding the experience of massive, often ongoing, organizational change in the USA. At one point, for several years I was the longitudinal internal consultant to the process of downsizing of The University Hospitals in Oklahoma City.

In the midst of these official and informal roles, a personal experience seared into me the nature of the trauma of downsizing and its related terms. In turn, it taught me far more than I had bargained for

about the transmission of trauma within workplace organizations. From Freud (1936a) to Ogden (1989, 1997a,b), many psychoanalysts have examined their pathologies as conduits to insight. *The pathology of the self-observant observer becomes as much a "royal road" to the unconscious as is the dream of the patient* (see Erikson, 1964). In this section, I offer an incident from my own pathography as a signifier of cultural and historical, not merely personal, psychodynamics. I describe the experience of my own derealization (the making of reality unreal). Here, the interior experience of a culture (organization) on the part of worker, consultant, and observer alike provides a crucial guide to that organization or culture "itself". My own traumatic reliving offers vital information about group trauma, its transmission, and its embodiment in me.

In March 1998, I was typing a reference list for the bibliography of a manuscript I was completing. An early entry in the alphabet was *The HUMAN Cost of a Management Failure: Organizational Downsizing at General Hospital* (1996). It was co-authored by four people; I could only remember three: Seth Allcorn, Howell Baum, and Michael Diamond. As I typed, I felt a dreadful panic. I was flooded with terror. I felt as if I were going to die immediately. The feeling was dire. "Emotional" was entirely "physical". I turned quickly from my computer, and, without consciously thinking, I picked up the telephone and called Michael Diamond, a fellow organizational consultant, a psychoanalytically orientated theorist and dear friend. He quickly completed the reference. I was the "missing" fourth author whom I could not remember. I had disappeared to myself. Out of breath, I asked him to help me to understand what was happening.

I felt confused, "crazy". What Michael Diamond and I pieced together was that my temporary lapse of memory (a parapraxis of derealization) coincided with the intolerable realization (1) that I was already, in fact, dead, at least symbolically; (2) that my experiences with several near-firings and constant job self-reinventions and justifications of my own in recent years did indeed feel like constant death-in-life; and (3) that I felt that at some level, or in some part of myself, I had already disappeared. I was already dead, missing—even to myself. Up to now, I had "successfully" dissociated all of this.

At another level, in response to living and working at the brink of being dead, I made myself dead, killed myself off, first. At least I would be in control of the fatal moment and of the final deed. At least,

in that last act, I would destroy myself. I would perform the execution. I would master the terror of passive victimization by actively becoming the aggressor against myself (see Freud, 1920g). I would turn years of workplace harassment and private Jew-baiting upon myself.

In my own symbolic action, I fulfilled—embodied—an organizational wish: to make disappear, to kill off, an entire way of thinking and working, and to replace it with one that negated it (see Erikson, 1968). My individual, personal symptom consisted also of *the institution-in-me*. I was its container, the embodiment of intolerable wishes, fantasies, and defences. I became the battleground of metaphorical Nazi and Jew. My symbolic death would kill off intolerable organizational thought about the experience of workplace life. My personal experience was a living illustration of traumatic transmission. I was able to “use” myself and information gained from my self to supplement and give emotional depth to other more direct and conventional ways of learning about workplace organizations undergoing massive change.

I want to briefly add a more recent personal example of how this *in vivo* recognition of traumatic transmission occurs. This time, the context is the tenth anniversary of the 1995 Oklahoma City bombing. Mid-morning on 19 April 2005, I was driving to the University of Oklahoma Health Sciences Center from home about twelve miles away. I knew that it was the tenth anniversary of the bombing, and that there were many memorial ceremonies being held this day. As I was about to exit from the interstate, I discovered that the interstate was blocked off, quite reasonably to keep traffic from congesting the crowded downtown area where so many people had gathered. My reaction, however, was far from “reasonable”.

I suddenly felt a terrible panic, palpitations, sudden sweating. I felt imminent danger. I had to consciously concentrate on driving; I wended my way to work via several side streets. “What was happening?” I asked myself. Via a series of associations, I realized that I had taken the identical route, and had encountered many roadblocks, on 19 April 1995, about an hour after the explosion at the Murrah Federal Building had taken place. Although I had no “reason” to be afraid, in fact I was undergoing traumatic reliving. Unconsciously, I was experiencing trauma transmission at the cultural level. It would have been normal for me to experience frustration, but not terror, at encountering the roadblock ten years to the day after the bombing. The feeling

of enormous danger “told” me that something else emotionally was going on. After I came to understand my emotional reaction, I was able to calm down and proceed to work. Clearly, I had been reliving—re-enacting—the feelings of terror that I had felt a decade earlier in response to the act of terrorism. I came to realize how insidious and how utterly out-of-awareness trauma transmission can be.

Concurrent “vertical” and “horizontal” trauma transmission

In this section, I discuss the possibility of group trauma being transmitted both vertically and horizontally at the same time, or at least during the same time period. My example comes from the ubiquitous presence in American life of what has come to be grouped together as forms of “managed social change”. Since the middle 1980s, they have become all too familiar as virtually obligatory ways of “solving” corporate declines in profit. They go by the names of downsizing, rightsizing, reductions in force (and the acronym RIF), redundancy (as mass firings are called in the UK), restructuring, re-engineering, outsourcing, deskilling, and managed health care. I have discussed at length elsewhere the cultural psychology of these acute and chronic traumas (Allcorn, Baum, Diamond, & Stein 1996; Stein, 1998, 2001, 2004; see also Uchitelle, 2006).

Here, my focus is on the experience of having been treated as disposable waste and the expectation of imminent disposability. Far from these widespread organizational forms being based on rational and reality-orientated decision-making, they are rife with narcissistic rage and sadism. They are workplace brutality in the guise of the economic “bottom line”. Since the mid-1980s, our cultural vocabulary has become saturated with business euphemisms, the main purpose of which is to disguise the brutality that has become pervasive in American workplaces. Through the sleight of words, psychological violence to people appears instead in the form of linguistic smoke-screens that make individual and group forms of bullying look both rational and necessary. It is as if to say, “Through the magic of euphemism, violence directed against people is transmuted into looking like good business. Therefore, we need not feel guilt or shame.”

We all know the terms, but it is likely that we have become lulled into uncritical acceptance of what they are supposed to mean, as

opposed to what they actually mean: for example, downsizing, reduction in force (and its acronym, RIF, which is both noun and verb), rightsizing, re-engineering, restructuring, deskilling, outsourcing, managed health care, and the like. We rarely speak directly of “firing” people from their jobs, or of “terminating” people; to do so would make the violence too close to the surface of recognition. The British often use the term “redundancy” for the process of rendering people superfluous. In all these cases, people come to be regarded and manipulated as disposable things, inanimate objects, mere “numbers”.

Aggression appears in the guise and language of pure necessity. For instance, we often speak of “getting rid of dead wood”, of “trimming fat”, even of “cutting down to the bone” in order to make a “lean, mean, fighting machine” that is at once more productive, more efficient, and less costly. Fewer and fewer people are expected to do more and more work, to be more productive, and, thereby, make the company more profitable. “Don’t be a whiner,” the supervisor warns, “Just be glad you still have a job.” Managers and workers are treated as disposable objects rather than sentient human beings. The only “constituency” upper management considers is the shareholders, and they often fire (or promise to fire) large numbers of people, which immediately raises the stock value—though only temporarily. The trouble is that such people-cutting becomes the first, and often the only, solution that corporate executives and managers consider. No one is safe; even uppermost management can be “axed” at the wish and whim of the shareholders.

The result is often an “anorexic organization” that consists of a demoralized, uninspired, uncommitted workforce. Individual and institutionalized bullying ultimately is self-defeating. Yet, personal and official intimidation persists. After over two decades of evidence that “managed social change” wrecks organizations, the choice to eliminate many jobs or to endlessly reorganize them remains uppermost in the minds of decision-makers. Feelings of persecution, disorientation, and futurelessness simply do not count. The need to sacrifice in order to “save” the company remains paramount. Yet, the practice of constant sacrifice eats away at the very organization it is supposed to save.

In this workplace atmosphere, “vertical” and “horizontal” trauma transmission are rampant. New leaders, new recruits to middle management and the work force—many of whom were RIFed from

their previous jobs—soon hear the stories, worries, and anger of those they join in the company. While certainly not in the official tour, corporate video, and operations manual, these are the affective life-blood of the organization: “what it feels like to work here”. They traumatize both old and new employees alike. Old work-teams that had worked together for years, “hand in glove” both functionally and emotionally, are cavalierly dismembered and, in the name of greater efficiency, many of their members are fired.

Product of re-engineering and restructuring, work-teams of people with no history whatsoever are expected to produce as if they were a “well-oiled machine”. No time is left to mourn what they had lost; the only time that counts is meeting the next deadline. Nor do relationships matter. In an earlier time, a secretary or administrator was worth gold to the organization because he or she possessed a Rolodex or computer address book of contacts and “knew how to get things done” informally. With repeated firings and restructurings, relationships atrophy into narrow “job descriptions”. The “time and motion” vision of Frederick Winslow Taylor (“Taylorism”) a century ago triumphs in this corporate world of “Neutron Jack” (Welch of General Electric) and “Chainsaw Al” (Dunlap of Scott Paper and Sunbeam). People become reduced to mechanical functions in the corporate machine. (No wonder the cultural allure of “re-engineering” and “restructuring” the workplace and workforce!)

Not only are workers traumatized themselves, they tend to withdraw into the world of their narrow task, hoping magically “that if they [management] see me working hard, they’ll value me, and they’ll pass me over during the next RIF”. These people no longer recognize themselves to be members of an organization; they are virtually wage slaves in an oppressive regime, praying to be passed over, as in the Jewish Passover, when, according to tradition, God’s Angel of Death spared the firstborn in the Hebrew households, but killed the firstborn in every Egyptian home. Many employees start to develop survivors’ narratives, such as “The ones that got RIFed must have done something wrong. They must have been bad workers.” Short-circuiting mourning, they detach themselves emotionally from the ones who are gone, and develop shallow relationships with the workers who remain or who are recruited in the future. Feeling that the “psychological contract” (Levinson, 1962) between employer and employee has been cancelled and betrayed, employees have far less of a sense of

emotional attachment and loyalty to each other, to management, and to the company. Work ceases to have the earlier overtones of meaning, and becomes more “just a job”. One often works with one foot already out the door—keeping a curriculum vitae circulating—so one might leave before he or she is left (abandoned). The transmission of trauma in vertical and horizontal directions lies both in what is said and done, and in what is not said and done. Bullying and indifference are close emotional relatives.

Here, I offer two brief vignettes that illustrate the ordinariness of this process. The first one comes from a discussion I had with a participant at a conference after I had made a presentation on downsizing. She came up to affirm from her own experience what I had said. She then described a harrowing experience she had had at a new job she took in the late 1990s. A corporate executive had gathered all the new employees in one place and proceeded to orientate them to the company. He said to them approximately as follows: “Don’t think for one minute that you’re indispensable to the company. There are a lot of people out there hungry for your job. Imagine sticking your finger in a bowl of water and then removing it. And imagine that our company is that bowl of water. If you leave, that’s how much you’ll be remembered. So do your work as though your job depended on it.” She went on to say that she shuddered at what he had said and at the menacing imagery he had used. “This was not a welcome,” she added, “but a threat even before you started your job. It made me feel like a nobody from day one.” It does not require much imagination to sense the induction of abandonment and annihilation anxiety precisely in the place that one had hoped to be made secure.

The second example comes from notes I took during a middle-management hospital post-downsizing meeting about seven months after 500 people had been laid off from a workforce of 3,500. Here, a veteran nurse, now in nursing administration, speaks about the atmosphere in personnel (the unit where we were meeting). She had had to walk through the department to get to our conference room:

Personnel used to be upbeat, where you could go in the hospital to feel good. Not upbeat now. It is worse in personnel than in other hospital departments. There is a feeling of helplessness, hopelessness, powerlessness. You want to scream and say: “I’m affected, too! Not only the people who are no longer here . . .” There were no raises in personnel

except the *internal auditor* who showed [to the upper hospital management council in charge of the layoffs] what could be done on the computer. *He* got a raise. “Just get them out [the ones being laid off]” was the message we got. “And we don’t want to hear about it.” No one got any pay or even a compliment for the kind of work we did [two-week-long “work fairs” in which they provided support and information for each group whose jobs had been eliminated].

This second vignette vividly shows the process of trauma transmission in action and in memory. The space is filled with the absence of those who had been laid off, and with the enforced silence among those who are “survivors”. The experience of what had happened becomes a corporate secret that everyone knows.

These two vignettes can, perhaps, shed some light on the dynamics of the Columbine High School shootings by Dylan Klebold and Eric Harris in Littleton, Colorado, on 20 April 1999. Over two years before the September 11 attacks on America, we were already terrorizing our own. Here, the fact that Eric Harris’s father had been RIFed from an oil and gas company might be a part of the intergenerational (“vertical”) transmission of trauma that set his son up to avenge the father. The family, after all, is where one first glimpses the meaning of, and the need for, redemption and revenge. Almost as a silent pact, one generation takes upon itself the sacred duty of filling the parental generation’s voids—even if it is not specifically bound to loyalty. One can imagine how patterns of “deposited representation” (Volkan, 1997) and identification in the Harris and Klebold households “prepared” Eric and Dylan to aspire to redeem their parents’ losses and unfulfilled ambitions, if not their shattered dreams.

It does not take “monsters” to produce “monsters”. The monstrosity comes from the (intergenerational) obligation to redeem the past in the future. And—to continue my speculation—when the child who bears the torch of redemption is not permitted by his peers to redeem his parents, but is instead ridiculed as an outcast, he is confronted by his parents’ (and parents’ generation) rage and despair. Perhaps an identity deeper than of success is that of failure (despite initial success). The battle in Columbine High School resulted, after all, not only in defeat, but also humiliating self-defeat after an initial glee-filled triumph.

Perhaps Eric Harris was prepared for this role by his family atmosphere, and beyond it, by the workplace world of downsizing. Let me

first link Eric's father with the far wider American workplace. Those who are being fired feel they are being terrorized, not merely dismissed from a job. As with re-engineering, if downsizing were a purely rational (as opposed to rationalized) process, it would not be so heavily ritualized. The sadism and brutalization that cannot be openly spoken are overwhelmingly felt. RIFing and re-engineering are rituals of degradation and of dehumanization in the guise of reality-based and, thereby, necessary business practices. Bloodless massacres are experienced as massacres, none the less.

Millions of American workers are the symbolic *desaparecidos*, the disappeared ones, like those of the Argentine "dirty wars" of the 1980s and the Nazi "transports" to death camps. Everyone knows and no one knows. The brutality is superseded by, and enshrouded in, euphemism and denial (Suarez-Orozco, 1990). Knowing becomes not-knowing, un-knowing. Workers and leaders expect themselves and others to proceed with redoubled effort *as if nothing had happened, as if no loss had occurred*, to work harder and longer in order to keep their jobs and make the company productive and profitable. People become things rather than persons and turn one another into inanimate, functioning objects.

Now, if these workplace scenarios are played out throughout the USA, as they have been for over a decade, they are likely to have powerful emotional "residues" and resonances. I would speculate that among the most vulnerable types of communities and families are those of socially mobile professionals, members of the upper middle to upper class, such as those who live in Jonesboro, Arkansas, and Littleton, Colorado. Harris's father, a geologist, had entered the oil exploration industry at the time of the boom (1978) and was a casualty of the subsequent "bust".

My argument-from-culture here is not one of cause and effect (for instance, the popular argument that families in which there has been traumatic downsizing and re-engineering are most "at risk" for violent enactment). Instead, it is an argument about vulnerability, dread of futurelessness, anxiety over loss, that comes from a shared social predicament and from mutual identification (see Faludi, 1999). These day-to-day realities might not even be spoken about at the dinner table or around the television set. They are more inferable from a raised voice, a sullen glance, heavy silence, or an unaccountable car accident. Yet, they are at least as palpable a presence as the violence in

films, on television, and in popular video games. They are less a matter of directive “child-rearing” than they are emotion-laden communication about hope, dread, meaning—and both the *loss of meaning and the destruction of meaning*.

The Columbine High School experience is not without a horrific irony, which I am grateful to Fromm for pointing out to me (personal communication, 13 March 2006). The school had become polarized between the “jocks” and the “Trenchcoat Warriors” (to which faction both Eric Harris and Dylan Klebold belonged); each side dehumanized the other and, in the process, dehumanized themselves. Not unlike the resolution in Shakespeare’s tragedy, *Romeo and Juliet*, the eruption of violence re-humanized the entire social situation by inflicting loss and grief upon everyone.

The possibility of “reverse” vertical trauma transmission

In this final section, I consider the counterintuitive idea that vertical transmission might *also* occur in the reverse of the usual direction, that is, from younger to older, or from younger to older members of the same cohort, such as in organizational workplaces. The phenomenon of “elder abuse” of parents by adult children immediately comes to mind. Just as returning American soldiers from the Second World War brought new and liberating ideas and irreversible change to their families, communities, and workplaces, likewise returning soldiers from Germany returning from the First World War brought tales of heroism and despair to their homes, families, communities, and workplaces.

More recently, the terrorism that Eric Harris and Dylan Klebold wrought had effects far wider than the students and teachers in Columbine High School. I contend that, in order to understand trauma in that situation, one must think of it spreading in all directions, including to the *ascending* generations of parents and grandparents. Certainly, in the wake of relentless downsizing, deskilling, and outsourcing, those who have been “terminated” bring their trauma-born bitterness, despair, rage, and grief to the next employer and job they take. Their darkness (mistrust, hypervigilance, attenuated relationships) spreads in all “directions”, including upward. At least, one ought to consider the possibility of reverse vertical transmission of

trauma when working with people psychopolitically, organizationally, and clinically.

Conclusions

In this chapter I have not painted a single picture of the process and experience of the transmission of trauma. Instead, through many vignettes, I have painted a mosaic or collage of the many ways in which social trauma might be transferred between people. Specifically, I have explored the directions in which trauma might go. The examples further validate the intimate relationship between trauma, loss, and mourning—or the inability to mourn. They also attest to the *ordinariness* of transmission of trauma in contrast to the much more publicized and analysed experiences, such as the Nazi Holocaust. The transmission of trauma can be reduced only when its presence is first recognized and authorized. Trauma can be grieved, and its transmission halted, only if it can be acknowledged and accepted that, in fact, it happened and deserves to be mourned.

References

- Allcorn, S., Baum, H., Diamond, M. A., & Stein, H. F. (1996). *The HUMAN Cost of a Management Failure: Organizational Downsizing at General Hospital*. Westport, CT: Quorum Books.
- Apprey, M. (1993). The African-American experience: forced immigration and transgenerational trauma. *Mind and Human Interaction*, 4: 70–75.
- Apprey, M. (1996). Broken lines, public memory, absent memory: Jewish and African Americans coming to terms with racism. *Mind and Human Interaction*, 7: 139–149.
- Apprey, M. (1998). Reinventing the self in the face of received transgenerational hatred in the African American community. *Mind and Human Interaction*, 9: 30–37.
- Apprey, M. (2000). From the horizon of evil to an ethic of responsibility. *Mind and Human Interaction*, 11: 119–126.
- Bion, W. R. (1959). *Experiences in Groups*. New York: Basic Books.
- Bion, W. R. (1962). *Learning from Experience*. New York: Basic Books.
- Boyer, L. B. (1999). *Countertransference and regression*. Northvale, NJ: Jason Aronson.

- Brenner, I. (2001). *Dissociation of Trauma: Theory, Phenomenology, and Technique*. Madison, CT: International Universities Press.
- Brenner, I. (2005). On genocidal persecution and resistance. *Mind and Human Interaction*, 14: 18–34.
- Davoine, F., & Gaudilliere, J-M. (2004). *History Beyond Trauma*. New York: Other Press.
- Doka, K. J. (1989). *Disenfranchised Grief: Recognizing Hidden Sorrow*. Lanham, MD: Lexington Books.
- Erikson, E. H. (1964). *Insight and Responsibility*. New York: Norton.
- Erikson, E. H. (1968). *Identity: Youth and Crisis*. New York: Norton.
- Faludi, S. (1999). *Stiffed: The Betrayal of the American Man*. New York: William Morrow.
- Feld, S., & Basso, K. (Eds.) (1996). *Senses of Place*. Santa Fe: School of American Research.
- Flynn, S. (2000). The perfect fire. *Esquire*, 134(1): 64–79, 129, 131–133.
- Freud, S. (1920g). *Beyond the Pleasure Principle*. *S.E.*, 18: 7–64. London: Hogarth.
- Freud, S. (1936a). A disturbance of memory on the Acropolis. *S.E.*, 22: 239–248. London: Hogarth.
- Fromm, M. G. (2006). Personal communication.
- Fullilove, M. T. (1996). Psychiatric implications of displacement: contributions from the psychology of place. *American Journal of Psychiatry*, 153: 1516–1523.
- Hollander, N. (1999). The individual and the transitional space of authoritarian society. *Mind and Human Interaction*, 10: 98–109.
- Javors, I. (2000). Grief that dares not speak its name. *Clio's Psyche*, 7: 88–89.
- Katz, M. (2003). Prisoners of Azkaban: understanding intergenerational transmission of trauma due to war and state terror. *Journal for the Psychoanalysis of Culture and Society*, 8: 200–207.
- La Barre, W. (1946). Social cynosure and social structure. *Journal of Personality*, 14: 169–183.
- Laub, D., & Podell, D. (1997). Psychoanalytic listening to historical trauma: the conflict of knowing and the imperative to act. *Mind and Human Interaction*, 8: 245–260.
- Lawrence, W. G. (1997). Centering of the Sphinx. Symposium: International Society for the Psychoanalytic Study of Organizations, Philadelphia, June.
- Lawrence, W. G. (1999). Thinking as refracted in organizations—the finite and the infinite/the conscious and the unconscious. Symposium: International Society for the Psychoanalytic Study of Organizations, Toronto, Canada, June.

- Levinson, H. (1962). *Men, Management, and Mental Health*. Cambridge, MA: Harvard University Press.
- Marks, J. (2006). Federal workers face date to move. *The Oklahoman*, 10 April.
- Ogden, T. (1989). *The Primitive Edge of Experience*. Northvale, NJ: Jason Aronson.
- Ogden, T. (1997a). Reverie and interpretation. *Psychoanalytic Quarterly*, 66: 567–595.
- Ogden, T. (1997b). Reverie and metaphor: some thoughts on how I work as a psychoanalyst. *International Journal of Psychoanalysis*, 78: 719–732.
- Ritzer, G. (2000). *The McDonaldization of Society*. Thousand Oaks, CA: Sage.
- Stein, H. (1998). *Euphemism, Spin, and the Crisis in Organizational Life*. Westport, CT: Quorum Books.
- Stein, H. (2000). From countertransference to social theory: a study of Holocaust thinking in U.S. business disguise. *Ethos*, 28: 346–378.
- Stein, H. (2001). *Nothing Personal, Just Business: A Guided Journey into Organizational Darkness*. Westport, CT: Quorum Books.
- Stein, H. (2004). *Beneath the Crust of Culture*. New York: Rodopi.
- Stein, H. F., & Hill, R. F. (Eds.) (1993). *The Culture of Oklahoma*. Norman: University of Oklahoma Press.
- Steinbeck, J. (1939). *The Grapes of Wrath*. New York: Penguin, 2002.
- Stern, D. (1997). *Unformulated Experience: From Dissociation to Imagination in Psychoanalysis*. Mahwah, NJ: Analytic Press.
- Suarez-Orozco, M. (1990). Speaking of the unspeakable: toward a psychosocial understanding of responses to terror. *Ethos*, 18: 353–383.
- Tansey, M., & Burke, W. (1989). *Understanding Countertransference: From Countertransference to Empathy*. Hillsdale, NJ: Analytic Press.
- Uchitelle, L. (2006). *The Disposable American: Layoffs and Their Consequences*. New York: Knopf.
- Volkan, V. (1997). *Bloodlines: From Ethnic Pride to Ethnic Terrorism*. New York: Farrar, Straus and Giroux.
- Volkan, V., Ast, G., & Greer, W. (2002). *The Third Reich in the Unconscious: Transgenerational Transmission and its Consequences*. New York: Brunner-Routledge.
- Winnicott, D. W. (1974). Fear of breakdown. *International Review of Psychoanalysis*, 1: 103–107.