

SPLITTING, FRAGMENTING, AND MENTAL AGONY: THE CLINICAL THINKING OF SANDOR FERENCZI.

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SUMMARY

Following a thorough study of the *Clinical Diary* (1932), the author aims to put forward Sandor Ferenczi's theoretical discoveries, which allow him to settle a very advanced clinical consideration. The main parameters of this consideration foreshadow those that, in the following decades, were to be at the centre of some of the most significant developments in psychoanalysis, those of M. Klein, W. R. Bion and D. W. Winnicott.

Key words: death drive, despair, disintegration, narcissistic splitting, projective identification

RESUMEN

A través del estudio completo del *Diario Clínico* (1932), el autor quiere transmitir los descubrimientos teóricos de Sandor Ferenczi, que le permitieron sentar las bases de un pensamiento clínico muy avanzado. Los parámetros más importantes de este pensamiento presagiaban aquellos, que en las décadas posteriores, serían algunos de los desarrollos más significativos en psicoanálisis, en particular los de M. Klein, W.R Bion y D.W. Winnicott.

Palabras Claves: pulsión de muerte, desesperación, desintegración, clivaje narcisista, identificación proyectiva.

Among the developments proposed by those of Freud's contemporaries who considered themselves to be the direct inheritors of his thinking, the hypotheses introduced by Sandor Ferenczi show him to have been genuinely innovative, particularly as regards the study of borderline cases, and even today they still retain their remarkable freshness and modernity of outlook.

Ferenczi developed a clinical style of thinking based on the highly inventive and creative manner in which he listened to his patients' material. He broke fresh ground through his conceptualization of these complex and heterogeneous states of mind, in which structural variety and imprecision generate ego modifications, defects in symbol formation and thought disorders that are a consequence of the vicissitudes of primary love and hate. Ferenczi's clinical intuitions led him to discover the importance of trauma in terms of the traumatic consequence of 'primary traumatizations' which, on the one hand, hinder the process of libidinal binding, engender defects in narcissistic organization, and lead to significant failures in the mind's capacity for fantasy representation; and, on the other, generate passionate transferences, transference depressions, negative therapeutic reactions, and so on – signs that there are destructive aspects of the mind very much at work.

CONCEPTUAL DEVELOPMENTS (1927/28–1933)

The papers on technique and theory that Ferenczi wrote between 1927/28 and 1933 continue to have a major influence on metapsychology, especially since he was the first to acknowledge the importance of the following:

1. Counter-transference as something that, far from hindering the analysis, is in fact a valuable instrument for understanding and integrating the psychic processes in operation at any given moment
2. The fact that the effects of narcissism on the analytic process, contrary to the commonly held point of view at that time, do not represent a contraindication for psychoanalysis
3. The role played by early object relations, by the imprints that the object leaves on the mind, and by the environment in general
4. The (primary and secondary) traumatic effects of the object's denial or failure to acknowledge the infant's affects and feelings (affect invalidation), or failure to respond to the infant's distress
5. That for some patients in the course of their analysis, the initiating and developing of a primary relationship ('a primitive symbiotic relationship') will make for a better understanding of early mother-child fantasies
6. Primary love and hate: hate facilitates fixation more than love does
7. Primitive defense mechanisms such as expulsion and ex-corporation, where the individual fears that some constraint or other will be imposed from outside
8. The split between mind and body ('somato-psychic splitting')
9. The 'splitting of the ego', which may lead to fragmentation of the mind
10. The 'trauma/splitting' pairing: 'narcissistic splitting' is a consequence of early psychic trauma (especially trauma that occurs before the development of language)
11. The 'terrorism of suffering' that verges on an immeasurable and nameless kind of 'mental pain' (despair, agony).

All of these conceptual developments have since become generally accepted into mainstream psychoanalytic thinking and now form part of every contemporary analyst's theoretical and clinical equipment.

Ferenczi's development of these ideas was based on his experience of the psychoanalytic process; his intention was to define as precisely as possible his counter-transference and technical responses to the issues involved when the transference reached deadlock in the analysis of difficult borderline patients and their states of mind(1). A man of exceptional clinical gifts, his often painful experience is detailed, in a rare spirit of honesty and self-questioning, in the daily entries he made in his *Clinical Diary*(2) and in the *Notes* that follow on from these, written between October and December 1932(3). These essentially private reports -they were not destined for publication- bear witness, in the melting-pot of the analytic process, to Ferenczi's conceptual intuitions as to how splitting may verge on fragmenting and pain may lead to mental agony; proof, if need be, of his creative potential in realizing that the self may function according to two sets of parameters, psychotic and non-psychotic. We see here just how talented Ferenczi was: his clinical hypotheses were destined to form the foundation of the developments and contributions made by three of the most outstanding figures in psychoanalysis who followed him -Klein, Bion, and Winnicott.

SPLITTING, FRAGMENTATION AND PAIN

At the very beginning of his *Clinical Diary*, in an entry dated 12 January 1932 concerning a woman patient whose initials are given as R.N., Ferenczi discusses splitting processes and attempts to outline their metapsychological characteristics as regards the geography of trauma¹.

During childhood and pre-adolescence, Ferenczi's patient had been the victim of sexual assault on three occasions (seduction and rape). These traumas had led to 'the complete atomization of psychic life' and the 'shattering' of her personality, described by Ferenczi as 'shattered to its very atoms' (2: 10). For Ferenczi,

1.- Though Freud had already sensed that splitting played a major role in certain mental states (especially in the psychoses and the perversions) he had yet to write his seminal paper on the subject, 'Splitting of the Ego in the Process of Defence' (4).

one result of fragmentation caused by repeated splitting is the establishment of ‘a sort of artificial psyche for this body forcibly brought back to life’ (2). On the basis of the clinical material that emerged in the course of the analysis, Ferenczi drew up a descriptive list of the consequences of the splitting processes to which the patient had had recourse until adolescence, whenever she found herself in a traumatic situation:

- the existence, within the adult person, of a ‘seduced’ child. Whenever the patient felt excited and overwhelmed by her drives, she would counter-cathect them and protect herself by going into a quasi-hysterical ‘somnambulistic trance’. It was ‘only with great difficulty [... that...] the analyst [could] make contact with this part: *the pure, repressed affect*² (2:9) [which, as Ferenczi writes, ‘behaves like a child who has fainted, completely unaware of itself, who can perhaps only groan, who must be shaken awake mentally and sometimes also physically’ (ibid.)]
- repeated fragmentations create a ‘soulless part of the personality’, a ‘body progressively divested of its soul’ [ibid.], because the mind has lost all vitality, and the self’s feelings, experiences and sentiments have been invalidated
- such fragmentation may verge on atomization or even pulverization of mental life³

In an attempt to devise a global structural description for these clinical data, Ferenczi recapitulates the effects of these various forms of splitting in the following way: “From now on the ‘individuum’, superficially regarded, consists of the following parts: (a) uppermost, a capable, active human being with a precisely -perhaps a little too precisely- regulated mechanism; (b) behind this, a being that does not wish to have anything more to do with life; (c) behind this murdered ego, the ashes of earlier mental sufferings, which are rekindled every night by the fire of suffering; (d) this suffering itself as a separate mass of affect, without content and unconscious, the remains of the actual person.” (2: 10)

These observations make it clear that, for Ferenczi, splitting and fragmentation short-circuit repression and generate such intense pain that the self is almost in agony (‘murdered ego’; ‘the fire of suffering’; ‘rekindled every night’). As a result Ferenczi sees infantile trauma as a phenomenon that follows on from splitting, a true *Spaltung* linked to the shock-wave generated by the trauma. The excluded part of the memory seems to live on in secret: split off from all possibility of representation in a neurotic fashion, and with no way of being translated into words, it becomes manifest physically (hysterical trances). This is a very clear illustration of how Ferenczi’s patient could function in two modes, psychotic (the ‘trances’ said to be hysterical) and non-psychotic (‘uppermost, a capable, active human being’).

THE TASK OF THE ANALYSIS

Some time later, on 24 January 1932, the same patient prompts Ferenczi to think about the content of splitting processes:

What is the content of the split-off ego? [...] The content of the split-off ego is always as follows: natural development and spontaneity, protest against violence and injustice, contemptuous, perhaps sarcastic and ironic obedience displayed in the face of domination, but inward knowledge that the violence has in fact achieved nothing; it has altered only something objective, the decision-making process, but not the ego as such. Contentment with oneself for this accomplishment, a feeling of being bigger and cleverer than the brutal force; [...] (2: 19).

2.- The italics are Ferenczi’s.

3.- Ferenczi’s description of these states of mind would later be taken up and further developed by Winnicott (1945) and by Klein (1946) in terms of the ‘unintegrated ego’, ‘ego disintegration’, and ‘falling to pieces’.

Ferenczi is here describing a process of ‘self-healing’ via the development of narcissistic splitting; this enables the establishment of a kind of narcissism which, though apparently protective, may become ‘megalomaniac’ or even ‘terribly intelligent’. Ferenczi later went on to develop this topic in his metaphor of the ‘wise baby’ (5).

After describing ‘paralysis of thought processes’ (2:25) as a side-effect of trauma, Ferenczi discusses the idea that denial may reinforce repression. In another important note entitled ‘Fragmentation’, dated 21 February 1932, he discusses the work of the analyst when dealing with traumatogenic phenomena and splitting:

Psychic advantages: the unpleasure that arises when certain connections are made is avoided by the giving up of these connections. The splitting into two personalities, which do not want to know about each other, and which are grouped around different impulses, avoids subjective conflict. [...] The task of the analysis is to remove this split [...] (2: 38–39)

Again, in that extract, Ferenczi highlights how the twin functioning of psychotic and non-psychotic aspects of the self acts as a protection against anxiety, mental distress and agony. In his view, the analyst’s role (the ‘task of the analysis’) is to ‘revive’ the split-off, ‘dead’ part that, even though it may be hibernating, may all the same find itself in the grip of an ‘agony of anxiety’ (ibid.). He adds that the way to lift splitting is via the analyst’s capacity to ‘reflect on’ the traumatic event.

In other words, to use a more contemporary analytic vocabulary, the work of the analyst consists in offering the patient thoughts and representations that, by means of word-presentations, facilitate a new way of looking at the affects involved and perhaps provide a new opportunity to integrate the experience, something that had initially been impossible. In the long term, there may be hope of re-symbolization and re-processing of those areas dominated by agony.

This is close to what Winnicott would later described in his 1974 paper on ‘Fear of Breakdown’, where he says: ‘fear of breakdown can be a fear of a past event that has not yet been experienced’ (6: 103). Winnicott’s aim in that paper ‘is to draw attention to the possibility that the breakdown has already happened, near the beginning of the individual’s life. The patient needs to ‘remember’ this but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to. The only way to ‘remember’ in this case is for the patient to experience this past thing for the first time in the present, that is to say, in the transference’ (6: 105).

In the remainder of his discussion, Ferenczi reaches the following interim conclusion: “The question remains open whether there are not some cases in which the reunification of the traumatically split-off complexes is so unbearable that it does not fully occur and the patient retains some neurotic characteristics or sinks even deeper into a state of not-being or not-wanting-to-be (*Nichtseinwollen*).’ (2: 40)

This extract clearly shows Ferenczi’s extraordinary clinical acumen: he remarks on the importance, for the prognosis, of negative aspects that may be operating in the patient’s mind and in the analysis as a whole.

THE ‘PRE-PRIMAL TRAUMA SCAR’: URURTRAUMATISCH.

The question that next falls to be dealt with is that of defining the mental locus where the trauma and the imprints it leaves are originally registered. Ferenczi clarifies this point in a clinical note dated 10 April 1932.

... The question arises whether the primal trauma is not always to be sought in the primal relationship with the mother, and whether the traumata of a somewhat later epoch, already complicated by the appearance of the father, could have had such an effect without the existence of such a pre-primal-trauma [*ururtraumatischen*] mother-child scar. Being loved, being the centre of the universe, is the natural emotional state of the baby, therefore it is not a mania but an actual fact. The first disappointments in love (weaning, regulation of the excretory functions, the first punishments through a harsh tone of

voice, threats, even spankings) must have, in every case, a traumatic effect, that is, one that produces psychic paralysis from the first moment. The resulting disintegration makes it possible for new psychic formations to emerge. In particular, it may be assumed that a splitting occurs at this stage. (2: 83)

It was by then already clear for Ferenczi that when the relationship with the primary object is dysfunctional, or when the object is unable to act as a container and a protective shield against stimuli -Winnicott would later refer to these phenomena as environmental failures typical of the non-facilitating environment- then the result is *Urrtraumatisch*. This occurs when the object itself is overseductive at a very early stage (when the object is either absent or present to an excessive degree). The term *Urrtraumatisch* is a reference to the locus in which disorders of symbol-formation and thinking originate, together with the alienation of the self's capacity to integrate the first person singular (7), ego-modification, primary violence (a derivative of primary love and hate), and auto-erotic disorders (weaknesses and deficiencies in auto-eroticism). These all set the stage for denial and for the splitting processes that lie at the heart of phenomena such as the passionate transference, anaclitic depression and negative therapeutic reactions.

TOWARDS PROJECTIVE IDENTIFICATION

In his discussion of the reasons behind the problems with which analysts have to deal when they treat so-called 'difficult' patients, Ferenczi suggests that these are in part due to the fact that analysts cannot promise their patients 'absolute' reliability; the latter may quite justifiably view this to be the case behind the analyst's facade of 'professional hypocrisy' or 'overdone friendliness'. In an endeavour to remedy this state of affairs -which he felt to be the source of insuperable negative and negative-inducing transference situations- Ferenczi suggested (but only very briefly) that the technique of mutual analysis be employed experimentally; he soon realized, however, that this tentative solution simply brought more problems in its wake.

We could perhaps speculate today whether, with his technique of mutual analysis, Ferenczi was searching for a conceptual instrument that he could only sense intuitively without at that point being able to theorize it adequately; I am referring here of course to the concept of projective identification. This proactive technical innovation was Ferenczi's way of encouraging both protagonists, patient and analyst, towards a better awareness of what was at stake in the analytic situation. The highly perceptive observations that constitute the note he made on 30 June 1932 indicate that he had indeed intuitively grasped the concept which, less than 15 years later, Melanie Klein was to explore in much greater depth (8):

In one psychic process the importance of which has perhaps been insufficiently appreciated, even by Freud himself, namely that of *identification as a stage preceding object relations*⁴, we have until recently not sufficiently appreciated the functioning in it of a mode of reaction already lost to us, but one that nevertheless exists; although perhaps we are faced with the functioning of a quite different kind of reaction principle, to which the designation reaction can no longer be applied; that is, a state in which any act of self-protection or defense is excluded and all external influence remains an impression without any internal anti-cathexis. (2: 147)

BY WAY OF CONCLUSION

As I have said, all of Ferenczi's discoveries in the latter part of his work foreshadow those that, in the following few decades, were to be at the core of some of the most significant developments in contemporary psychoanalysis – and in particular those of Klein, Bion, and Winnicott. For example:

1. The terror of disintegration due to the operation of the death drive recalls what Klein began to argue

4.- The italics are Ferenczi's.

from 1935 onwards: the upsurge of anxiety caused by the 'feeling of imminent death' (as a result of the death drive) means that the self is in terror of disintegrating. The only way to overcome this fear is to project it outside of the self and to split both the ego and the object: the ego splits and projects onto/into the external object (the breast), the ego-part that contains the death drive. Given the as yet immature nature of the ego, this anxiety leads to the mind being atomized and pulverized (8).

2. The psychic consequences that result from the action of the trauma -the mind may even be 'shattered to its very atoms'- recall Bion's description of the schizophrenic personality (or of persons who manifest serious thought disorders). Such disorders would seem to be a catastrophic consequence of:

(a) a 'preponderance of destructive impulses so great that even the impulses to love are suffused by them and turned to sadism' (9: 44). This is due to the conflict between the life and death drives. They give rise:

(i) to minute fragmentation of the personality, particularly of the apparatus of awareness of reality (external and internal), and (ii) to excessive projection of these fragments of personality into external objects (pathological projective identification);

(b) a hatred of reality that extends to all aspects of the mind (Freud) and includes hatred of internal reality and all that makes for awareness of it (hatred of external and internal reality);

(c) a dread of imminent annihilation;

(d) a premature and precipitate formation of object relations, including immediate transference onto the analyst. This transference is of a 'passionate' nature with consequent painful confusional states (9).

3. Ferenczi's description of 'fragmentation' ('fragments, more or less elementary products of [...] disintegration') foreshadows what today we call 'minute splitting' -an attack on linking that leads to pulverization of the object (the internal object), together with an attack against the functions of the ego's sensory apparatus. In the psychotic part of the personality, splitting becomes destructive, pulverizing and irreversible; splitting operations are pushed to the limit, resulting in destruction 'in order not to die'.

4. The two-fold functioning of the personality, psychotic and non-psychotic, which adumbrates what Bion would describe a quarter of a century later in terms of 'differentiation of the psychotic from the non-psychotic personalities', as I have mentioned.

5. The importance of everything that has to do with the emotions both for the structure of states of mind and for the work of psychoanalysis, allied to the recognition that mental 'pain' -which sometimes extends as far as 'agony'- has also to be taken into account, foreshadows the subsequent contributions of the British school; this is particularly true in the case of Bion, who maintained that thinking is born out of the emotional experience (internal and external) of the infant's relationship with the world. Mental suffering and pain are linked to the emotional responses involved in the experience of reality. This aspect lies at the heart of the metaphor expressed as 'the mother's capacity for reverie', which enables her to take in her infant's emotional experience, dream about it and process it in such a way as to allow that experience subsequently to become a source of the child's mental growth.

6. Finally, I must mention the relevance of Ferenczi's intuitions to the primordial importance, from the early stages onwards, of the influence of the object and of the environment on the mental organization of the self. These ideas of Ferenczi's would subsequently find themselves at the heart of several hypotheses put forward by many analysts and in particular by Winnicott, for whom the quality of the child's real environment (defects which will make it 'non-facilitating') is one of the major factors that influence the infant's ability to integrate aggressiveness, sadism, hate and envy, and to maintain the integrity of the self (establishing a feeling of 'going-on being') (10). The continuity of being may be jeopardized if the failure of the object to respond appropriately generates a narcissistic laceration, a traumatic wound that cannot be healed, thereby paralysing ego activity and seriously hampering mental growth.

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Published in: *Int Forum Psychoanal*;13:20–25. Stockholm, 2004.

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