

CHILDHOOD AND TRAUMA.



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SUMMARY

In this paper, I follow the evolution of the concept of trauma within psychoanalytic theory, and some of the effects of this evolution. Starting out from the point where Freud gives up the theory of trauma as the cause of neurosis in 1897, and the alleged reasons for such a change, I analyze the theoretical and clinical consequences of this change within psychoanalysis.

I proceed to develop Ferenczi's ideas on trauma, their relevance to present-day psychoanalytic theorizing and practice, as well as for the understanding of the psychic processes in children, tracing the development of some of these ideas in contemporary psychoanalytic thinking.

KEY WORDS: trauma; Ferenczi; psychoanalytic theory; children.

RESUMEN

En este trabajo sigo la evolución que el concepto de trauma ha tenido en el Psicoanálisis y los efectos de esta evolución. Partiendo del momento y las razones de Freud para abandonar la teoría traumática en 1897, analizo las consecuencias teóricas que dicho cambio tuvo en el Psicoanálisis. Desarrollo luego las ideas de Ferenczi sobre trauma y su relevancia para la teoría y la técnica psicoanalíticas actuales, así como para la comprensión de los procesos psíquicos del niño, siguiendo luego el desarrollo de estas ideas en el pensamiento psicoanalítico contemporáneo.

PALABRAS CLAVE: trauma; Ferenczi; teoría psicoanalítica; niños

In the last decades, the issue of trauma has aroused a new interest within psychoanalysis. In 1995, I had the privilege of participating in a panel at the International Psychoanalytical Association Congress in San Francisco, on the "Freud – Ferenczi controversy and the problem of psychic reality." I proposed there that one of the essential points of the controversy was the dialectic interplay between external reality and psychic reality in the genesis of trauma and the way the unconscious is structured. I believe that there is an intimate correlation between our way of conceptualizing trauma, and how we think of the analytic task, especially transference, countertransference and the analytic role. The position we are following is that the theory on trauma is also the theory on how we understand the role of the Other in the construct of subjectivity. Specifically, in the analysis of children and adolescents, it gives rise to fundamental questions on how each of us thinks the interpersonal links as related to the genesis of pathology.

I shall explain at first how I understand the evolution of the status of trauma in psychoanalytic thinking, and the consequences this evolution had on psychoanalytic theory and technique; secondly, I go on to consider Ferenczi's ideas on trauma, especially childhood trauma, and then consider some ideas that evolve from those concepts in the light of contemporary psychoanalytic thought.

Freud proposes his initial theory on hysteria as a traumatic theory. On September 21, 1897, he confessed to his friend Fliess that he had given up that theory: "I no longer believe in my neurotics." It is interesting for our later discussion to remember the reasons he lists for this disbelief:

The continual disappointment in my efforts to bringing a single analysis to a real conclusion, the running-

away of people who for a period of time seemed most in my grasp, the absence of complete successes on which I had counted, the possibility of explaining the partial successes in other ways, in the usual fashion — this was the first group. Then came the surprise that in every case the father, not excluding my own, had to be accused of being perverted — the realization of the unexpected frequency of hysteria, in which the same determinant is invariably established, whereas surely such widespread perversions against children are not very probable (Freud, 1897, p. 264).

Even when Freud oscillates back and forth in this new appreciation,¹ the new paradigm gets installed in psychoanalytic theory, and will be the mark of a Copernican revolution in psychoanalysis. It is a radical change in how we account for the facts of psychic life, and how we understand the relationship between Psyche and external reality. Giving up the traumatic theory leads to the need of a new theoretical scaffolding for psychoanalysis, originating the concepts that are our grounding: psychic reality, infantile sexuality, dynamic unconscious, Oedipus complex. This actually transformed what originally was intended to be an ethiological explanation for certain psychopathological syndromes in psychiatry, into a science that accounts for the mental life of human beings, individually and socially.

At the same time, this prodigious advance had a price. In this new theory, the place of trauma was not re-conceptualized; it remained without articulation with the theory. As the idea of trauma is essential on how we think of external reality, the place of the Other in the construction of subjectivity, reality suffered a certain marginalization within the theory. The lateness with which psychoanalysis took notice of the brutal frequency of child abuse by adults, the real incidence of familiar or social violence, of how traumatic it can be for a child, a patient or a society that their perceptions or experiences of suffering violence be disavowed, are part of the price paid.

In a recent paper at the International Psychoanalytical Association Congress in Berlin, W. Bohleber (2007) pointed out at this issue from the viewpoint of the technique: he pointed out that whereas the development of psychoanalytic technique moved the analysis of the here and now increasingly to the fore, and bringing memories to consciousness, life-historical reconstruction shifted to its margins. Trauma, with its long-term consequences and its remembrance, is opposed to this development in clinical theory, forming a kind of dissociated foreign body in the psychic associative network.

Bohleber points to the possibility that defensive repudiation and avoidance on the part of the analyst may affect the therapy, so that in “many cases traumatic experiences in the treatments do not receive the therapeutic status that is actually their due” (p. 347).

It may be interesting for all of us to examine the extent to which the impossibility of taking into account by the psychoanalytic movement as a whole the effects that catastrophes such as the Shoah might have had on our world conditioned the therapeutic tendencies and theoretical developments in these past decades.

Those of us who worked with children in the 1970s, especially in public hospitals, will remember the shock and incredulity generated by each case of detected abuse, and today we know that those cases were a small proportion of the actual cases of abuse.

In his clinical experiments in the treatment of very difficult patients, where his mastery was widely acknowledged, Ferenczi takes up the abandoned subject of trauma. After the stage of what he calls “activity,” which he himself criticizes and gives up around 1927 – 1928, he begins to notice that with patients (nowadays we might understand as suffering from borderline or narcissistic pathologies) the analytic setting by itself may become traumatic, if it ignores real traumas that had occurred in the patient’s life, thus repeating the earlier disavowal of trauma (Ferenczi, 1933). Ferenczi proposes that a great part of the therapeutic failures in these types of pathologies are due to this repetition of the disavowal imposed by the adult to the traumatized subject. He considers that if the analyst is able to accompany the patient in a deep regression within the analytic session (for which the analyst himself has to be deeply enough analyzed, which was

1.- As in his letter to Fliess on 12 / 12 / 1897 (three months after his renunciation of 9 / 21): “My confidence in paternal etiology has risen greatly” , p. 286.

unusual for that time), the different aspects of trauma were reactivated regressively.

This reliving in session would set forth the elaborative processes, which, at the time of the original trauma, were paralyzed by the effects of the trauma. Ferenczi points out that this reproduction of the traumatic situation is not effective by itself from a therapeutic point of view, but is an unavoidable step for it to gain access to the thought processes. For this to happen, there must be an Other capable of psychically hosting these states of unrepresentability and to help its transformation in thought, without forcing a distortion or denial of them. This idea is taken up, as we shall see later, by Botella and Botella (2001) in their work on negativity of trauma.

In his 1933 paper, “Confusion of Tongues between Adults and the Child” Ferenczi describes the consequences of trauma on the child: The huge anxiety paralyzes the child and turns him physically and psychically helpless. They are driven to submit like automata to the will of the aggressor, to guess his desires and gratify them; he identifies with the aggressor introjecting him, so he disappears as a part of external reality and becomes intrapsychic instead of external; this intrapsychic representation is later worked over by the primary process, in a dream-like state such is the traumatic trance, that is, it can be modified or changed according to the pleasure principle using positive or negative hallucination² (p. 162).

He also points out the introjection of the guilt feelings of the aggressor:

When recovering from the attack he feels enormously confused, in fact split —innocent and guilty at the same time — and his trust in his own perception is broken (p. 162).

This is reinforced by the denial imposed by those who have the power of signifying the experiences, usually the abuser himself. This encourages splitting (Ferenczi speaks of a narcissistic splitting of the Ego), fragmentation or atomization, loss of the feeling of being himself, becoming unable to differentiate between perception and projection.

As pointed out by Judith Dupont (1998), for Ferenczi, the trauma also has two steps, but the second step is activated by the imposed denial.

Ferenczi tells us that one of these split parts may undergo a process of pseudomaturation (which he calls the “wise baby”), which can, in a vicarious form, fulfill the caring functions that failed in the adult.

In one of the notes of his *Clinical Diary* (4 / 7 / 32), Ferenczi notes: those children, victims of the passion of the adult (sexual and / or aggressive) or his rejection initiate a process of splitting, of fragmentation which means the amputation and expulsion outwards of a part of themselves; the empty place will be occupied by an implant from outside. (This implant in other writings is assimilated to a teratoma.) (p. 82)

Real sexual or physical abuse, which Ferenczi insists occurs at a very high frequency, could be reached in analysis through re-living (Erlebnis) only, because fragmentation does not allow thinking it, and therefore the fragmenting trauma blocks access to speech, play or dreaming. Let us remember Ferenczi’s re- formulation of the theory of dreaming in traumatic situations put forth in his *Clinical Diary* (Boschan, 2004). This Erlebnis can only be reached if the analyst can tolerate and accompany a deep and sustained regression, which in turn is possible if the analyst himself had had a deep enough psychoanalysis.

There is another line of theoretical development, which can be appreciated fully in “The unwelcome child and his death instinct” (1929), where Ferenczi presents the idea that trauma may not only be actions or events but it can also originate in the parental desires, specifically in the lack of investment in the child. In this paper he describes persons who as children had observed the conscious and unconscious signs of aversion or impatience on the part of the mother, and that their desire to live had been weakened by these. In later life relatively slight occasions were then sufficient motivation for a desire to die, even if this was resisted by a strong effort of will. Moral and philosophic pessimism “and mistrust became conspicuous character traits in these patients,” (p. 104).

2.- As we can see, this is far from being a “return to 1896”; it means a complex interplay between the external and the internal in the traumatic processing.

Ferenczi also describes in these persons a great tendency to become somatically ill. In other writings, Ferenczi points to feeling of inferiority, emptiness, lack of self-esteem as some of these effects of trauma. Recent empirical studies seem to widely confirm this hypothesis, as in the work of Matejcek and Dytrich (Matejcek and Dytrich, 1994; David, Matejcek, and Schluller, 1988). In a recent follow-up in Prague, 220 persons born from an undesired pregnancy (they took as criteria for “undesired” that the mothers had presented at least two requests for an abortion to be authorized by the authorities) were followed from age 9 to 23. Compared with a normal sample, they displayed a much higher incidence of pathology, especially antisocial behavior, and depressive states. Psychotherapeutic treatments may fail by the acting out of the rejection and lack of investment on the part of the therapist, who is unable to accept the transference, as suggested by Janus and Haesing (1994).

This idea of trauma as an effect of the psychic processes of the Other diverts the idea of trauma as an event to the quality of the interpersonal link, the parental desires. In the *Clinical Diary*, Ferenczi adds some additional observations. The hypersensitivity to the other’s reactions, a particular sensitivity to their unconscious manifestations, leads to guessing the other persons’ feelings as a defensive need. In the *Clinical Diary*, Ferenczi states:

It would not surprise us either if some day it were to be demonstrated that in this early state the whole personality is still resonating with the environment — and not only at particular points that had remained permeable, namely the sensory organs. So-called supernatural faculties — being receptive to processes beyond sensory perceptions ... — may well be ordinary processes ... To be sensible to the processes that develop out of perception, to be loaded with the expression of the will of others, could become everyday processes ... Here is the first possibility to understand the phenomenon called telegony (the influence of the mother’s psychic experiences on the child in womb) (p. 81).

Regarding the pathology of these processes, Ferenczi writes:

... adults forcibly inject their will, particularly psychic contents of an unpleasurable nature, into the childish personality. These split-off, alien transplants vegetate the other person during the whole of life ... Fightful confusion can also be expected when a child who is sensitive in this way and to this degree comes under the influence of a deranged, mentally ill adult ... It appears not impossible that [the child] accepts the deranged and insane as something that is forcibly imposed, yet keeps his own personality separate from the abnormal right from the beginning.

Here an access to the permanent bipartition of the person. The personality component expelled from its own framework represents this real, primary person, which protests persistently against every abnormality and suffers terribly under it (p. 82).

Ferenczi makes a strong emphasis that trauma is an imposition on the subject, *vis-a-vis* various means of violence, in adoption of an alien psychic reality, ignoring his own needs, feelings and perceptions.

The imposition of the denial by the significant Other is an essential element in this disavowal. This is why Ferenczi suggests that when the analyst ignores the reality of (real) trauma, he repeats this attack on the perception of the subject and re-traumatizes him. He also points to the fact that the lack of investment of the subject may be acted out in the analytic relationship, by directly or indirectly rejecting or excluding the patient.

It is not surprising that these ideas evoked disturbance, rejection and disqualification in the analytic community of that time, beginning with the responses of Freud himself. Even today, we remain shocked, although we know that traumatic experiences intensely impact on the therapist as the container of projective identifications. In addition to having a much wider concept and use of countertransference, we are familiar with the idea of family dynamics, with the concepts of primary and secondary violence advanced by Piera Aulagnier (2001). For those of us who work with families with children where some of these phenomena of violence can be seen in the “here and now,” the shock felt might be less.

To critically consider these ideas, translating many of them into our contemporary psychoanalytic language is a challenge but represents a potential enrichment as well. It forces us to reconsider how we understand psychopathology, analytic technique and our place as analysts. It also gives rise to some fundamental interrogations on our way of thinking of temporality in psychoanalysis. Let us keep in mind that the atemporality of the unconscious is referred fundamentally to events; if we think in terms of fantasies, it takes on a different meaning.

These ideas are taken up in a different way by some contemporary authors, such as Cesar and Sara Botella, in the chapter on “Le negatif du trauma” (The negative of trauma) of their book *La figurabilite psychique* (The psychic figurability) (2001). They start from Freud of “Moses and monotheism ” (1939), where Freud puts forward for the first time the “ negative” effects of trauma. [Traumatic experiences³] ... relate to impression of a sexual or aggressive nature and no doubt also to early injuries to the ego (narcissistic mortifications) (p. 74) ... “the effects of trauma are of two kinds, positive and negative. The former are attempts to bring the trauma into operation once again- that is, to remember the forgotten experience or, better still, to make it real, to experience a repetition of it anew, or, even if it was only an early emotional relation, to revive it in an analogous form with someone else.⁴

The negative reactions follow the opposite aim: that nothing of the forgotten traumas shall be remembered and nothing repeated. We can summarize them as defensive reactions ... All these phenomena, the symptoms as well as the restrictions of the ego and the stable character-changes, have a compulsive quality: that is to say, that they have great psychical intensity and at the same time exhibit a far-reaching independence of the organization of the other mental processes, which are adjusted to the demands of the real external world and obey the laws of logical thinking. They [the pathological phenomena] are insufficiently or not at all influenced by external reality, pay no attention to it or to its psychical representatives, so that they easily come into active opposition to both of them. They are, one might say, a State within a State, an inaccessible party, with which cooperation is impossible, but which may succeed in overcoming what is known as the normal party and forcing it into its service (p. 76).

I think, here, Freud is clearly talking about dissociation and encapsulation. The description is coincident with the hypothesis of a narcissistic splitting of the Ego as put forth by Ferenczi, and taken up again by Winnicott when describing the true and the false self.

The Botellas focus on this remainder (which would be the negative re actions to trauma), which cannot gain representation, cannot be repeated, nor become a symptom; or rather it becomes a symptom without content such as the retractions of the Ego (the abulic syndrome so frequent in adolescents nowadays). They are liable to avoid the actions of the analytic cure, because they “do not generate transference” (or we could say they generate a transference of negativity) so we overlook them easily. This negativity may yield in some privileged moments. They point to the fact that something is “traumatic” not because of the intensity of the perception or the content of the representation, but in the inability for transforming the event to something “psychical”. The analytic accessibility of these nonpsychologized events requires an idea very similar to the ideas of Ferenczi on the recovery of the trauma.

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3.- My inclusion.

4.- Here, Freud clearly stresses that an emotional experience can be traumatic in itself, as Ferenczi did in his “Unwelcome Child ” paper.

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