ACADEMY FOR THE STUDY OF THE PSYCHOANALYTIC ARTS AT THE FRONTIER OF PSYCHOANALYTIC UNDERSTANDING (SANDOR FERENCZI, OBIIT 1933).

In Conversation With Robert D. Stolorow, Ph.D, and Julia M. Schwartz, M.D.
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We've just spent this piece of time together deeply immersed in some stories, some intensely painful stories. These are personal stories which are being used as a vehicle to carry "the experience of unbearable affect" (p. 465) toward a "conception of trauma as the shattering of an experiential world." (p. 1) The surface stories seem to be two, Bob Stolorow's, and Amy's. But actually there are more. There is "the analyst's" story; there is Julia Schwartz's story; there is Bob Stolorow and Julia Schwartz's story; there is Bob Stolorow's and my story; there is my story which comes out inside me in a personal way as I listen to all these stories, the explicit and the implicit; and then there are your stories, perhaps some of you with each of us, and then the personal stories of each one of you, evoked as you listen. In each of these stories is contained both a history, an "autobiography", and another autobiography, a parallel autobiography, the story of how we talk about these stories, to ourselves and to one another, a story Gershon Molad (in press) calls "the dialogical autobiography."

From "the experience of unbearable affect" to "a conception of trauma as the shattering of an experiential world." These words suggest a move from the specifics of the personal toward the development of a more theoretical consideration. In this discussion, I propose to stay right there, in the space between the two. It is the same space, in fact, from which Bob Stolorow and George Atwood wrote *Faces in a Cloud*, a prime example of the dialogical autobiography, although it was not called that. In that space between the specifics of the personal and the development of theory, a space that is not abstract, but highly functional, operative, alive, is where I locate the frontier of psychoanalytic understanding. And I will try not to talk *about it* as much as I want to be there, with you, inviting you in to occupy it with me.

"Being there" requires of me to share some of my dialogical autobiography with you. It will touch on "Bob Stolorow's and my" story, as well as my own. In 1989, I discussed, at LAPSI, a lovely paper by Bob Stolorow, and Bernard Brandchaft, "Varieties of Therapeutic Alliance". It was the first occasion on which I tried to bring the ideas of Sandor Ferenczi out of the shadows and into what I hoped would be active conversation with contemporary psychoanalytic struggles (especially my own). In 1989, I described Ferenczi as "virtually unknown today", and he was. *The Clinical Diary of Sandor Ferenczi* had just been translated into English; in the mainstream psychoanalytic world, Ferenczi's "death by silence" *(todtschweigen)* was still in operation. Let me interrupt my own story here to imagine you asking right now, "Why Ferenczi? Why are you bringing Ferenczi into this at all?" It is simply this---that Ferenczi's life and work existed in the space between the personal and the theoretical in psychoanalysis, between a never fully real love for two women and a never fully real love with a man, and ended by death of one kind and another. This life, and death, leaves us with the burden and with the possibility of recognizing and grasping the "trauma".

Ferenczi's "story" makes it clear that a trauma is never only "the other's", but always "ours" as well (Molad & Vida, 2000).

I said in 1989 of Ferenczi that he, born in 1876, was one of the small group of original analysts surrounding Freud. Even Ernest Jones, one of the principal blackeners of Ferenczi's reputation, called him "the most

brilliant…and the one who stood closest to Freud." Virtually from the minute of their first meeting in 1908, Ferenczi was Freud's most intimate friend and regular travelingcompanion. During World War I, Ferenczi had three brief periods of analysis with Freud encompassing not more than several months all told; the direct personal experience of transference electrified him, and it only confirmed what he already knew: that an intellectual understanding was not to be privileged over personal experience. The proper measure of the Freud-Ferenczi relationship is 1200 letters between the two, a correspondence spanning 25 years that was uninterrupted, despite growing tensions, until Ferenczi's death, from pernicious anemia, in 1933. On the surface the tensions had to do with Ferenczi's clinical experiments exploring the dark continents of countertransference and regression, and with the rethinking of the nature and treatment of trauma that emerged from those experiments. (In 1989, publication of the FreudFerenczi correspondence was still in the future, and only now, nearly twelve years later, is the third and final volume released.)

And in 1989, I pointed to Ferenczi's final controversial paper of 1932, "Confusion of Tongues Between the Adult and the Child"---the paper Freud didn't want him to deliver and that Jones kept out of English translation until 1949. I pointed to this paper to draw a parallel between the situation of the traumatized child and the patient in the clinical vignette presented in Brandchaft and Stolorow's paper. Reaffirming as it did Ferenczi's discovery that the classical psychoanalytic technique reproduces and recreates original traumatic experiences, I said that the work of Stolorow and Brandchaft picked up a crucial line in the development of psychoanalysis which suffered a nearly-mortal blow with Ferenczi's death, partly because of the todtschweigen, but also because he did not found a school or system that could have fought for him. Intersubjectivity, I concluded, offered a solid frame within which to use the transference-countertransference interplay, but the analyst must find the courage to use his own subjective awareness of the countertransference to decode and confirm the patient's psychic reality from within the patient's frame of reference. What I was not ready to say yet, in 1989, was that the analyst must also find the courage to use subjective awareness of the countertransference to decode and confirm *his own* psychic reality from within *his own* frame of reference. What I was barely beginning to grasp in 1989 is the contribution of the analyst's self-awareness to a hoped-for *mutual dialogue* that is at the heart of all clinical work, at the heart of this profession, at the heart of every encounter with another person. The real, deeper tension between Freud and Ferenczi was about this mutual dialogue, which Ferenczi ardently desired and Freud feared, for the intolerable exposure of his vulnerability; Ferenczi couldn't accept or acknowledge Freud's fear, and Freud couldn't acknowledge or value Ferenczi's desire. The tension between Freud and Ferenczi led to a *failed mutual dialogue* that is actually the *crux* of psychoanalysis and its subsequent development (Vida, 2000a).

Emanuel Berman has referred to the nearly-mortal blow to the development of psychoanalysis that was Ferenczi's banishment as "a broken dialectic" (1999). In encouraging the ongoing "study [of]

Ferenczi's life and work," Berman said outright that the mutual analysis Ferenczi practiced with Elizabeth Severn was neither wild nor impulsive, but a "thoughtful, deliberate and controlled experiment, conducted under continuous self-criticism."(p. 311) He located the piece of mutual analysis applicable to contemporary practice in the restoration of trust "not by interpretation (which may correctly be seen as defensive) but by acknowledgment, and further by the analyst's readiness to openly explore his countertransference with the analysand." (p. 310) This emphasis on the "knowledge" of "acknowledgment" comes from a somewhat masculine father-language. To get to what is the center of mutual analysis, we must add a feminine voice, the words of a mother, to speak of holding and maintaining an open and congruent "emotionality" in a mutual analytic dialogue. Gershon Molad (2001) has urged that we apply this understanding of mutual analysis to the functional dialogue *between analysts*, where we (along with Stolorow and Atwood) recognize that in talking about Ferenczi, or Ferenczi and Freud, or anything else, for that matter, we are always talking about ourselves as well, and with one another there is the unspoken need both to acknowledge and to hold congruent emotionality (Vida, 2000a).

I know that this brief treatment of Sandor Ferenczi and his significance for psychoanalysis is a hopelessly inadequate introduction for those of you to whom he is unfamiliar. Yet at the same time I hope that I have said enough to persuade you that the Freud-Ferenczi relationship and the broken dialectic of the history of psychoanalysis are failures which both dwell squarely in that space that is the frontier of psychoanalytic

understanding. " I…felt deadened and broken…" (p. 465), wrote Bob Stolorow of the period following his wife's sudden death. You know, Freud felt deadened and broken when Ferenczi died, though he covered it with narcissistic rage. And psychoanalysis was deadened and broken when it blinded itself to the legacy of Ferenczi. If psychoanalysis is to grow in a wholehearted fashion, we must, I believe, think about and reflect on and talk to one another about the voice that Ferenczi was providing in psychoanalysis, about its loss at a time of crisis, and about the difficult task of rebuilding, re-orienting, re-arranging that its restoration requires. It is a restoration that must preserve the mutual failure that existed between Freud and Ferenczi as what allows us, today and tomorrow, to face our own inevitable failures and to go on growing. In the documentation, in the mutual awareness, of that failure-experience there is real hope that we can locate ourselves and know that we are not alone.

Bob Stolorow has spoken grippingly of the experience of feeling himself to be utterly alone. With perceptible relief he wrote, "A beginning comprehension of this isolating estrangement came from an unexpected source---the philosophical hermeneutics of Hans- Georg Gadamer…philosophical hermeneutics has immediate relevance for the profound despair about having one's experience understood that lies at the heart of psychological trauma." (p. 466) There is a parallel here to the way that I found and made use of Ferenczi, who led me into an experience that I am still decoding, an "isolated estrangement" of my own, a "broken dialectic" that I forever had felt, though its existence was denied and it was unreachable-by-analysis. I am referring to the Hungarian language that I was taken away from at a very young age, a situation of basic-love and trust, disappearing so completely that it was as though it had never existed in my experience, death-like. It was never acknowledged that I had ever used this language and it took more than forty years to find, seemingly by chance, the thread that would help me find my way back to a lost language, and a lost self. That thread was of course the Hungarian, Sandor Ferenczi. Ferenczi took me to Budapest, to a conference-presentation, and it was there in Budapest, surrounded by the Hungarian language, that I could hear my grandparents speaking Hungarian in my mind, a Hungarian I did not now understand but that at last I knew had been there (Vida, 2000a; 2000c).

You have heard, now, a bit of Bob Stolorow's dialogical autobiography, and a bit of mine. If we put *Faces In a Cloud* as the central point (Bob Stolorow who wrote it, and I who inhaled it), you can see that he and I have moved in two different directions, he ever more deeply and significantly in to the masculine father-language of intellect, knowledge, interpretation, and theory; and I, on another level, groping awkwardly, sometimes haltingly to try to use a more feminine voice, the words of a mother, towards an "open and congruent emotionality." I want to be perfectly clear that I do not set this up as a dichotomy, to suggest that one should or could choose between them. In Emanuel Berman's words, "We need our inner tie to both 'parents' in order to be free to find our own individual paths within this dialectic." (p. 306)

To facilitate finding our individual paths, I want to bring that emotionality further in to this frontierspace of psychoanalytic understanding. What I will do is to call on my friend Sandor Ferenczi to join us, not for the purpose of "who said it first?" but to demonstrate that we are joining an existing conversation, a move towards a more mutual dialogue. I'm going to select some quotations from today's papers, by Stolorow, and by Stolorow and Schwartz and alongside them I'm going to give you some words of Ferenczi's that put him in the same clinical shoes, so to speak. I am doing this for "the experience" of it, to underscore what I believe is Ferenczi's ongoing relevance to our present-day work and life. "Freud", said Peter Rudnytsky, "is at once insuperable and out of date."(1991) On the other hand, Ferenczi, because he captures the *experience* of the psychoanalytic encounter from both sides of the couch, will never be out of date, and he is not so much insuperable as our worthy companion, as we too struggle to invent ourselves as psychoanalysts and psychotherapists.

Let me begin with two brief passages from Stolorow's paper: he wrote of "how important it had been to me to believe that the analyst I saw after Daphne's death was also a person who had known devastating loss and how I implored her not to say anything that could disabuse me of my belief."

(p. 465) And about a patient, he said, "My patient…began to muse about her lifelong yearning for a soulmate with whom she could share her experiences of trauma and thereby come to feel like less of a strange and alien being. It is here, I believe, that we find the deeper meaning of Kohut's (1984) concept of

twinship." (p. 467)

Touching on something similar, Ferenczi wrote:

Certain phases of mutual analysis represent the complete renunciation of all compulsion and of all authority on both sides: they give the impression of two equally terrified children who compare their experiences, and because of their common fate understand each other completely and instinctively try to comfort each other. ("A 'two-children' analysis", 13 March, 1932, p. 56) Moving to the clinical paper, we heard today that:

"In the analysis Amy rapidly developed an intense, archaic attachment to her analyst." (p. 7) Ferenczi wrote:

...Deep (traumatogenic) analysis is not possible if no more favourable conditions (in contrast to the situation at the original trauma) can be offered:

by life and by the external world ---mainly-

--by the analyst.

is partly contained in the contra-indications of analysis by Freud (misfortune, age, hopelessness) (b) may partly replace (a), but here emerges the danger of a lifelong fixation to the analyst (adoption---yes, yet how to 'disadopt'?). Notes and Fragments, "Trauma-Analysis and Sympathy", In *Final Contributions,* p. 278.

In today's first paper, beginning to think about what trauma is, we heard:

"Massive deconstruction of the absolutisms of everyday life exposes the inescapable contingency of existence on a universe that is random and unpredictable and in which no safety or continuity of being can be assured. Trauma thereby exposes 'the unbearable embeddedness of being' (Stolorow & Atwood, 1992, p. 22)" (p. 467) And Ferenczi wrote:

Man is an organism equipped with specific organs for the performance of essential psychic functions (nervous, intellectual activities). In moments of great need, when the psychic system proves to be incapable of an adequate response, or when these specific organs or functions (nervous and psychic) have been violently destroyed, then the primordial psychic powers are aroused and it will be these forces that will seek to overcome the disruption. In such moments, when the psychic system fails, the organism begins to think. ("Thinking with the body equals hysteria", 10 January 1932, pp. 5-6)

Bob Stolorow, realizing that his great traumatic loss occurred in adulthood, asked: "…how can we begin to comprehend its impact on a small child for whom the sustaining

absolutisms of everyday life are just in the process of forming?" (p. 467) and Stolorow and Schwartz added: "we hypothesize a primal absolutism, taking form in early infancy…which we characterize as a sense of sensorimotor integrity---a presymbolic sense of one's physical being as inviolable."(p. 1)

Judith Dupont summarized Ferenczi's parallel stance as follows:

The trauma victim, the child, or the mentally ill person reflects back to the aggressor a caricatured image of himself, thus expressing simultaneously his own suffering and protest and also those truths which the aggressor is striving to evade. Then, little by little, the traumatized person becomes so caught up in his own scenario that he closes for himself all avenues of escape. Only therapeutic intervention from the outside can henceforth break the isolation. (J. Dupont, ed. in Introduction to The Clinical Diary of Sandor Ferenczi, p. xviii)

I'm going to describe a phenomenon, now, that Ferenczi observed during his groundbreaking treatment of Elizabeth Severn, of which mutual analysis was an inseparable part. The two of them, Ferenczi and Severn, named this phenomenon "Orpha". "Orpha" is the construct addressing an individual's capacity to survive extreme circumstances, and important new work by Nancy Smith suggests that this phenomenon was not unique to Severn. This is how it was described in *The Clinical Diary: "The enormity of suffering… and despair of any outside help, propel her*[the patient] *toward death; but as conscious thought is lost, or abandoned, the organizing life instincts ("Orpha") awaken…" (p. 8)* "Orpha" is the last-resort preserver of self, the "guardian angel", in Ferenczi's words *"producing wish- fulfilling hallucinations, consolation fantasies; it anesthetizes the consciousness and sensitivity against sensations as they become unbearable."*

[p. 9] During severe trauma, the personality splits, abandoning the body to its fate. The fragment of a pre-existing self that contains affect is hidden away by Orpha, the "innate maternal protective process", intellect stripped of affect. Orpha itself, hypervigilant and devoid of basic affect, mediates with the outside world to try to guard against the intrusion of further harm. As with Stolorow and Schwartz's conceptualization of the "presymbolic" trauma, but from a different perspective, Smith's understanding of "Orpha" demands a rethinking of trauma and its significance (no less than of the significance of the mutual analysis of Severn and Ferenczi for the development of psychoanalysis). A key element of the "Orpha" construct for today is that Orpha does not belong to the intersubjective world. According to Smith, Orpha, the "innate maternal protective process", may be "part of humanity's genetic grammar, to ensure the continued survival of the species when attachment becomes impossible in times of trauma." (1999, p. 357)

When Stolorow writes, "…these are statements, like delusions, whose validity is not open for discussion. Such absolutisms are the basis for a kind of naïve realism and optimism that allow one to function in the world, experienced as stable and predictable" (p. 467), this is what Orpha struggles to regain, through the construction of new absolutisms that allow the world to be once again stable and predictable, but based on a grim premise that is the opposite, like a photographic negative, of the former "naïve realism and optimism".

And again, "Experiences that are insulated from dialogue cannot be challenged or invalidated." (p. 467) This is Orpha, too.

With Stolorow's declaration, "…our formulation failed to distinguish between an attunement that cannot be supplied by others and an attunement that cannot be felt by the traumatized person, because of the profound sense of singularity built in to the experience of trauma itself" (pp. 465-6), here, too, we find Orpha. Orpha cannot allow there to be any conscious feeling (because of the danger of annihilation by unbearable suffering). Here are some descriptions of "Amy":

"Her gait and posture were disjointed, clumsy, and awkward." (p. 6) "…reacted with intense aversion" , " 'jam his opinions down my throat'. " (p. 6) "…her rage at having to 'submit' to a man's advances." (p. 6) "…she felt almost an allergic response…" (p. 6) This is what "Orpha" looks like, in the consulting room. These descriptions of Amy:

"…symptoms of sensorimotor dysregulation. She felt chronically cold…" (p. 5)

"…an inability to filter and modulate visual and auditory stimulation." (p. 5) are a description of where Orpha "fails". As Smith has written, movingly, it is only when "Orpha" has begun to fail that the traumatized individual finds his or her way to our consulting room.

How, on the outside, does the traumatized individual appear? We heard that Amy " responded by intruding on them, wreaking all manner of havoc...she invaded and penetrated" (p. 3) "She became preoccupied with the belief that she, too, had cancer…" (p. 3) and that alarming events

"dramatically confirmed for Amy what she already 'knew' "(p. 3)

About this, Ferenczi observed that "*the weak and undeveloped personality reacts to sudden unpleasure not by defence, but by anxiety-ridden identification and by introjection of the menacing person or aggressor…" (Confusion of Tongues, p. 163)* This is the passage that I quoted in my 1989 discussion of the Brandchaft and Stolorow paper. It is lovely to find that it is every bit as relevant to this paper as to the earlier one.

Stolorow and Schwartz noted the typical attitude of "the perpetrator": "Indeed, in subsequent years the mother tried to deny the extent to which the trauma had even happened." (p. 9) About this, Ferenczi had observed:

Almost always the perpetrator behaves as though nothing had happened, and consoles himself with the thought: 'oh, it is only a child, he does not know anything, he will forget it all' " (Confusion of Tongues, p. 163)

Not only that, noted Stolorow and Schwartz, but the mother was "…sometimes seeming to hold Amy responsible for her troubles." (p. 4) Ferenczi observed:

(Unspoken hatred fixates more than spoiling. The reaction to it is excessive goodness due to a sense of guilt, which cannot be eliminated without outside help.) ("A catalogue of the sins of psychoanalysis", 13 August, 1932, p. 200.) And what is the actual lasting impact on the body? Stolorow and Schwartz told us that "Amy's gastrointestinal tract, the original site of trauma, continued in her adult life to be a source

of conflict, pain and dysregulation, dramatizing the extent to which her experiential world had become organized around the dread of invasion by toxic forces." (p. 4) And further that she "was tormented by an overwhelming fear of, and fascination with, vomiting." (p. 5)

Ferenczi's description of this is made dense by his use of terminology with which you may not be familiar:

It is possible that a complicated internal process originating along neuropsychic paths, for example, as in the above case, the attempt to cope with an extremely painful situation, is suddenly abandoned, and the situation is resolved by autoplastic means, whereby regression of the specialized psychic functions to the primary psychic forces occurs, that is to say, it is transformed into substance modification utilizing its means of expression. The point at which external (alloplastic) control is completely abandoned and inner adaptation sets in (whereby reconciliation even with the destruction of the ego, that is death as a form of adaptation, becomes conceivable) will be perceived inwardly as deliverance (?), liberation. This moment probably signifies the relinquishing of self-preservation for man and his self-inclusion in a greater, perhaps universal state of equilibrium. ("Thinking with the body equals hysteria", 10 January 1932, p. 7)
[autoplastic=affects the organism alone (the body alters *itself*); alloplastic affects the surroundings (an effort to change the environment)]

Throughout the Stolorow and Schwartz written paper, the clinical narrative leans on this construction: "Amy and her analyst…" (p. 5) When I hear, or read, "Amy and her analyst", it feels to me that what I am hearing is a collapse of the existential and real gap between the two of them, the gap that makes an analysis a terrifying undertaking for both analyst and analysand. When the gap is left out, in writing this way, I am struck that what is left out is the experience of being with the Amys, the experience of being with ourselves while being with the Amys, the experience that inevitably leads us, as we shall shortly see, to discover parts of ourselves that have the power to disconnect us from our sense of an acceptable self: Of this, Stolorow and Schwartz wrote: "The analyst was overwhelmed by the force and intensity of Amy's preoccupation with her" (p. 7), "so [that] the analyst found herself feeling uncomfortably but vindictively pleased when Amy could not achieve these aims. This stubborn withholding was an aspect of the analyst's personality unhappily awakened by

Amy's intrusiveness." (p. 8) Ferenczi admitted:

I have finally come to realize that it is an unavoidable task for the analyst: although he may behave as he will, he may take kindness and relaxation as far as he possibly can, the time will come when he will have to repeat with his own hands the act of murder previously perpetrated against the patient. In contrast with the original murder, however, he is not allowed to deny his guilt; analytic guilt consists of the doctor not being able to offer full maternal care, goodness, self-sacrifice; and consequently he again exposes the people under his care, who just barely managed to save themselves before, to the same danger, by not providing adequate help…It must be a matter of tact and of insightful technique to determine:

(1) how much kindness should be extended, (2) when and at what rate harsh reality ought to be invoked, (3) to what extent mutuality in the analysis is an advantage or an unavoidable necessity for this purpose. (" The analyst as undertaker". 8 March, 1932, pp. 52-3.)

Stolorow and Schwartz came to appreciate that the analyst needed to be "able to acknowledge the degree to which Amy's enactments had come into conflict with her own need for privacy." (p. 8) This is an acknowledgment that is akin to "mutuality".

Ferenczi got there like this:

Severe headaches after a session of mutual analysis nearly three hours long. Resolved to remedy this, without any regard for the painful mental state of the patient in relaxation, by breaking off the session after one hour (for both cases). Some anxiety at the idea of abandoning someone suffering, without providing aid or waiting for her to calm down. However---encouraged by reading a pamphlet on Mary Baker Eddy, who was simply left alone in her hysterical attacks, whereupon she recovered; and urged on a bit by S.I., who had seriously warned me not to let myself be "gobbled up" by my patients---I resolved to be firm. ("Advantages and disadvantages of intense sympathy (R.N.)" 17 March, 1932, p. 60) Stolorow and Schwartz reported:

"At one point the analyst said, with considerable exasperation, that it felt like Amy was chasing her

around the room trying to stick a finger up her ass." (p. 8) And Ferenczi sighed: *The advantage of sympathy is an ability to penetrate deeply into the feelings of others, and the compulsive wish to help, to which the patient will respond with gratitude. But sooner or later it comes to pass that the patient is not helped by simple empathy. They either wish to stay with me and have me make them happy for the rest of their lives; or they prefer an end in terror rather than terror without end. ("Advantages and disadvantages of intense sympathy*

(R.N.)" 17 March, 1932, p. 61)

We can almost hear Stolorow and Schwartz suck in their breath to realize that the trauma "…remained presymbolically encoded as an 'emotional memory' (Orange, 1995) outside the horizons of verbal articulation and capable of being experienced only in the form of diffuse psychosomatic states or behavioral enactments." (pp. 9-10) What his traumatized patients brought Ferenczi to see was that:

Trauma is a process of dissolution that moves toward total dissolution, that is to say, death. The body, the cruder part of the personality, withstands destructive processes longer, but unconsciousness and the fragmentation of the mind already are signs of the death of the more refined parts of the personality. Neurotics and psychotics, even if they are still halfway capable of fulfilling their functions as body and also partly as mind, should actually be considered to be unconsciously in a chronic death-agony. Analysis therefore has two tasks:

(1) to expose this deathagony fully; (2) to let the patient feel that life is nevertheless worth living if there exist people like the helpful doctor…("A new stage in mutuality", 18 June, 1932, p. 130-131)

After so much good analytic work, it was dismaying to Amy and her analyst that "still she could not

tolerate much physical closeness without having an 'allergic' reaction to the men." (p. 10) Of a similar phenomenon, Ferenczi ruefully observed,

It was naïve to think that the adaptation to a new situation involving a complete change in character orientation would be established so easily and so permanently. That affirmation of satisfaction with a "child of the sublimation", that is, to consent to conceive something- that-hasnever-been in the spiritual, moral, intellectual realm, by combined efforts, thinking simultaneously and similarly, is only one side of the coin: the other side, the dark and negative side, did not cease to exist and emerged with redoubled force once the enthusiasm had waned…The patient thus exists in a state of insatiable hunger for love; under these circumstances it is impossible for her to be content with sublimation; she would rather go back to insanity or death. ("The analyst as undertaker", 8 March, 1932, p. 51.)

Improbably, things got worse for Amy: "Then tragically…Amy became ill with an autoimmune disease… doomed to die alone…it was a horrifying repetition of the early traumatic invasion of her body---now by toxic forces that could disable, disfigure, and literally destroy her…" (pp. 10-11) In an autoimmune disease, the body turns upon itself. This is what Ferenczi said about a patient whose trauma may have occurred developmentally later than Amy's:

The patient became convinced long ago that a great many of her symptoms had somehow been forced upon her from the outside. Since she has become acquainted with psychoanalytic terminology she refers to these sensations, tendencies, displacements and forcibly imposed actions, alien to her own ego as well as contrary and harmful to its tendencies, as actions of the "superego". She represents this implantation of something alien to her own ego in a quite material way. The two principal persons who impose painful portions of their own egos onto her personality, in order, as it were, to rid themselves of the tension and unpleasure that they had provoked, are above all her mother…and more recently a lady of her acquaintance, who for a period of time had exercised a kind of psychoanalytical as well as metaphysical influence over her. ("The autochthonous and the heterogeneous ego (S.I.)", 15 March 1932, pp. 57-58)

Amy had "a fantasy that the illness had been caused by the poisoning impact of other people in her life." (p. 11)

Ferenczi's *[p]atient S.I.* feels *the irresistible influence, contrary to all her intentions, exercised by the spirit of these two people, pieces of whom, so to speak, live in her…The pieces of maternal transplant retain their vitality, indeed their energy for growth; the evil in people lives on, as it were, in the minds of those who have been ill-treated (one may think of blood feuds, which go on for generations…) The patient also feels,*

however, that when I, the analyst, succeed in removing from her the pieces of the alien, implanted spirit, this benefits the patient but brings harm to the person from whom the fragments of evil stem. This idea is based on a theory according to which the heterogeneous implanted fragment is virtually linked in some way with the "donor's" person, as though by a thread. Therefore, when the fragment of evil is not accepted or is rejected, it returns to the "donor's" person, exacerbates his tensions and sensations of unpleasure, and may even result in the spiritual and bodily annihilation of that person…All evil, destructive drives must be returned to the psyches from which they originate… ("The autochthonous and the heterogeneous ego (S.I.)", 15 March 1932, p. 59) Ferenczi's patient was able to distinguish the alien forces from her own and achieve some disengagement with them, and I have seen this too with patients of my own.

But the impact of the presymbolically organized trauma is another matter. Stolorow and Schwartz conclude their report with a tentative optimism that is also a thinly disguised despair, a despair mingled with guilt and shame, a despair that is about a "not enough being there" in a personal sense (as about a wife's death) as well as a work sense:

"Yet the analyst cannot help but wonder how a psychoanalytic process can alter the impact of an early trauma, now devastatingly reanimated, that lives presymbolically, in Amy's body. This is a question that lies at the frontier of psychoanalytic understanding. There remains much yet to be learned."(p. 12)

For all his refusal to give up hope, Ferenczi was no stranger to therapeutic despair:

By no means, however, can I claim to have ever succeeded, even in a single case, in making it possible for the patient to remember *the traumatic processes themselves…It is as though the trauma were surrounded by a retroactively amnesic sphere, as in the case of trauma after cerebral concussion…It is not quite clear… if it can be [incorporated] in the analysand's mind as a conscious event, and therefore as a psychic event, which is capable of being remembered…(1) In this case, many patients share in wanting to accept this as an ultimate solution: that a piece of their psychic personality, certain psychic qualities, like hope, love in general or in relation to certain things, had been so completely shattered by the shock that they must be regarded as incurable, or more accurately, as completely killed. Thus the healing of this part cannot be a* restitutio in integrum, *but merely a reconciliation to a deficiency. According to the feelings of the suffering people, a quantity and quality of love of an extraordinary kind, the most complete and perfect genital-moral-intellectual happiness, could revive even these dead fragments of the psyche; that is, even the physical and mental components of the personality could be regenerated to full functional capacity, no matter how badly they had been shattered. But such happiness is not to be had in reality…(2) It is my hope that with tremendous patience and self-sacrifice on our part, after hundreds of instances of normal forbearance, sympathy, the renunciation of every authoritarian impulse, even acceptance of lessons or help from the patient, it will be possible to make the patient renounce that colossal wish-fulfillment and make do with what offers itself…I hope that,* ***first for my sake indeed, but later for the sake of his own reason,*** *he will be able to bring the dead egofragment back to life… ("Return of the trauma in symptoms, in dreams, and in catharsis. Repression and splitting of the personality. Dismantling of repression in and following catharsis", 22 March, 1932 p. 67-68)*

What I have given you, I realize, are two discussions at the same time. One of them introduces you to "Orpha" as an experience-based conceptualization of trauma and its consequences. The other discussion concerns the nature and the possibility of a dialogue which is opened up by Stolorow's initial paper, and then a possible dialogue between Amy and her analyst, and between ourselves. This possible dialogue is first opened and then is in danger of being closed prematurely both by theory and by the operation of clinical hopelessness which arises as that theory meets conventional, more mainstream expectations of "psychoanalysis". In the gap between the two discussions, what we see is while Orpha "herself" is not part of the intersubjective world, our acceptance of "her" *is*. And in the gap between the opening of possible dialogue and the danger of its premature closure is an opportunity, and the opportunity turns me to think again about the frontier of psychoanalytic understanding.

I would like to make a shift in the question of what it is that psychoanalysis has to offer the patient such as Amy. The difficulty is right there, in the form of the question, that move between a person, her tragic history and experience, and a *thing,* the abstraction-as-a-process of the experience known as "psychoanalysis". In

1925, in *The Development of Psychoanalysis* (a work that got them into serious trouble with Freud and hence destroyed their friendship), Ferenczi & Rank wrote "A…psycho-analysis is from this point of view a social process, a 'mass structure of two'…in which the analyst must take the place of the whole heterogeneous environment, particularly of the most important persons in the surroundings of the patient." (p. 27). As we think deeply about these presentations today, and these ideas of what trauma is, we are standing again squarely in the gap, the space between personal experience and the development of theory. To stay in the gap, we must entertain the possibility of a different conceptualization of psychoanalysis. Would/could there be a psychoanalysis if we removed from our working vocabulary the notions of "cure", "diagnosis", and, for that matter, "illness"? The whole notion of trauma as "presymbolically encoded 'emotional memory' "(a conceptualization that Ferenczi had reached intuitively, via experience) seems to me to render inoperative the standard medicalized paradigm of psychoanalysis. How can we speak of "achieving normal developmental milestones" in a life where the possibility of a "normal developmental unfolding" has been so deformed by irretrievable, irremediable somato-psychic impingements? Yet, for many such afflicted individuals, a life does go on. A different psychoanalysis could want to know about how that life does go on, the myriad ways, the myriad solutions, and that interest could be sustaining to those individuals. Not only sustaining, but in the intimate relation between analyst and analysand, new solutions might be created. And, to come back to Stolorow's patient who yearned for a "soulmate", and to Kohut's concept of twinship, this suggests that the psychoanalysis of trauma may be as much, or more, a process of witness than of interpretation (Vida, 2000b; Smith, 1998, 1999).

By the end of *The Clinical Diary*, which was also the end of his life, Ferenczi came to understand that at its vital heart psychoanalysis held the possibility of such a relationship between two people struggling to hold their traumas, separately and together, to reach an open understanding. This was an understanding that, as much as it was about the patient, the analysand, it was also at the same time irreducibly about the analyst. It was in fact a relationship in which each would be alive, fully alive to the other and to the self, capable of embracing "the feeling of both sharp-edged torment and high promised happiness" (Molad, Notes, 2000), and capable thereby of something akin to transformation. This is the "mutual self creation" that is at the heart of the Ferenczi-experience (Vida & Molad, 2000). This is where the stories matter, mine, and yours. This is where how we lead our dialogical autobiographies will influence what happens next. Ferenczi built a research-station in the wilderness, at the frontier, the frontier of psychoanalytic understanding. This research-station is an optimistic bridging idea between Gadamer's inevitable loneliness (and our own) and our urge to join (and be joined as) the person in the frontier-station. It is not just that there is much yet to be learned. There is much, yet and always, to be *experienced.*

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