

WELCOME, TRAUMA AND INTROJECTION: A TRIBUTE TO SÁNDOR FERENCZI.

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ABSTRACT:

Ferenczi has been defined the author of a “clinical revolution”, because many paradigms, in his thinking, differ considerably from the Freudian ones. Technique is generally considered to be Ferenczi’s main concern. However, a wholly new metapsychology may be discerned in his writings. In this paper the author addresses three Ferenczian paradigms. He establishes connections between welcome at birth, trauma and introjection. This pathway reflects a view of development essentially different from the Freudian one, starting from the innate need for a primary loving relationship, then focusing on the impact of trauma and identification with the aggressor. Finally, the relational paradigm is viewed as the foundation of the therapeutic relationship.

Despite rumors of an imminent death of psychoanalysis, there are numerous signs of its good health. Like everything which is alive, it moves and is transformed. It undergoes differentiation that not only does not distort it, but, on the contrary, leads to its enrichment.

One of the most important signs of this vitality lies in the rediscovery, around the middle of the Eighties of the last century, of the history and the seminal work of Sándor Ferenczi. This rediscovery gave rise to an international movement, called “Ferenczi Renaissance”, which led to 18 international meetings, held in Budapest, Sao Paulo, Madrid, Turin, Tel Aviv, Florence, London, Baden-Baden, Miskolc and Paris, and to innumerable publications that have highlighted the deeply innovative and still relevant character of the Ferenczian paradigm. I use the word “paradigm” following André Haynal (2004), according to whom Ferenczi’s contribution was a “clinical revolution”, characterized by a paradigm change. There are many aspects of Freud’s thought that were questioned by Ferenczi. I suggest the following list.

1. The two-person paradigm, as an alternative to Freud’s one-person model.
2. The paradigm of the unwelcome child, viewed as the origin of conflict, as an alternative to the conflicts connected with the Oedipus and castration complexes, and to the constitutional residues that were still present in Freud even after his emancipation from Charcot.
3. The rediscovery of trauma, as an alternative to Freud’s implicitly exclusive attention to unconscious fantasy.
4. In technique, the indulgence principle as an alternative to the frustration principle.
5. The paradigm of introjection, with special reference to traumatic acts, including those that may take place in analysis.
6. The emphasis on a “maternal style” in treatment, as an alternative to the Freudian “paternal style”.

In this paper I shall restrict myself to discussing points 2, 3 and 4, viewed as steps along a pathway of mental development. Ferenczi is generally considered a “pragmatic” author because of his concern with technique. However, this concern has deeper implications. It refers to an “implicit metapsychology”.

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Recently, J. Jiménez Avello (2009) attempted to state the theoretical principles underlying Ferenczi's technique.

THE UNWELCOME CHILD: METAPSYCHOLOGICAL IMPLICATIONS

Towards the end of the Twenties Ferenczi published two papers that are a milestone in the psychoanalytic approach to the origin and nature of conflict: "The Adaptation of the Family to the Child" (1927) and "The Unwelcome Child and his Death Instinct" (1929).

In these two papers Ferenczi transcends the positivistic one-person paradigm that Freud had inherited from nineteenth-century psychiatry. This paradigm was deeply embedded in Freud's thinking, notwithstanding the Copernican revolution he himself had started. In his own selfanalysis Freud had left the position of the observer outside the field of scientific observation. Ferenczi went beyond that. He presented a consistent bipersonal position, both in etiology and in therapeutic technique. According to this new prospect, the origin of conflict was no longer exclusively inside the subject, but involved the environment. The influence of the environment, and especially of the mother, at birth, was a point of no return. It deeply modified the theory, starting from the death instinct, the importance of which was reduced and referred to the responsiveness of the environment. It also modified the analytic technique.

Ferenczi (1929) writes: "The organs and other functions develop at the beginning of life within and without the uterus with astonishing profusion and speed -but only under the particularly favourable conditions of germinal and infantile protection provided by the environment".

Therefore, a theory of the death instinct out of the relational context does not stand the test of facts. Instead, clinical observation shows that children who are received in a harsh and unloving way die easily and willingly. Either they use one of the many proffered organic possibilities for a quick exit, or if they escape this fate, they retain a streak of pessimism and aversion to life.

Ferenczi (1929) emphasizes that, according to classical psychoanalytic theory, "*In infants only just brought into the world the life instincts were greatly preponderant. In general, there has been a disposition to represent the life and death instincts as a simple complementary series in which the life maximum was placed at the beginning of life, and the zero point at the most advanced age*".

However, clinical observation suggests that "*the infant is still much closer to individual non-being, and not divided from it by so much bitter experience as the adult. Slipping back into this non-being might therefore come much more easily to children*" (ibid.).

Seventeen years later, another Hungarian psychoanalyst, René Spitz (1946), will confirm this fundamental insight, on the strength of the clinical observation of institutionalized children, more subject to lack of caregiving.

Therefore, this etiological viewpoint implies a radical change in the theory of conflict. Conflict now arises in the two-person relationship, rather than in the unilateral emotional stance of the subject towards the object. As a corollary, this implies a radical revision of the therapeutic relationship. The analyst's affects enter into the relationship. The analyst is no longer an "opaque mirror". To quote Jiménez Avello (2009): "*Moreover, due to reasons that I will attempt to explain, today's psychoanalyst must stop thinking of himself as an absence (this is how I see the so-called "cure type" and others similar to it), and operate as a true other in a vivid relation with his patient*".

Ferenczi's contribution as regards caregiving is an excellent model for pedopsychiatric research, which establishes the main stages of development. I include among these stages the formation of the parental couple, with its origin in the respective families and its capacity to give rise to an individual nucleus; the desire for parenthood; the emotional balance of the parents at the moment of conception; the course of the pregnancy; the experience of delivery; the quality of the mother's caregiving to the baby and of the family to the mother; the period following childbirth; the experiences of separation/individuation that take place at weaning, toilet training, and the acquisition of motor and language skills; the development of transitional areas and experience; school and adolescence. All this should be viewed as one pathway, guided by the quality of maternal care and the continuity of the mother-child relationship.

TRAUMA, THE REDISCOVERY OF ABANDONED WORKINGS AND ERSCHÜTTERUNG

In September 1932 the last act of the “tragic love story” (Haynal, 2007) between Freud and Ferenczi took place in Wiesbaden. The rupture between the two took place because of Ferenczi’s emphasis on the traumatic etiology of much, if not all, psychopathology. The crisis was so severe that Freud, backed morally by Brill, Eitingon and Van Opuijzen, and more ambiguously by Jones, demanded that Ferenczi should refrain from presenting his paper, “Confusion of Tongues between Adults and the Child”, which Ferenczi had previously read to him in private. Freud’s immediate reaction was furious: “Ferenczi read me his paper. Harmless. Dumb. Otherwise he is inaccessible. The impression was unfavourable” he wrote in a telegram to Eitingon on September 2, 1932 (Freud-Eitingon 2004, 735 F).

Yet Freud, in the preceding twenty-five years, had tolerated much insubordination from his *enfant prodige*, whom he had loved so much, and who had passionately returned his love. He had accepted, practically without batting an eyelid, the overturning of his theory of “repeating and remembering” childhood experiences in analysis, in Ferenczi’s 1924 joint book with Rank.

This time, Freud seemed incapable of accepting “*a complete regression to etiological viewpoints which I held thirty-five years ago and which I had abandoned*”, as he wrote to his daughter Anna on September 3, 1932, in a letter reported in the Eitingon correspondence (Freud-Eitingon, 2004, 735 F, n. 1). And again: “*His source is what patients tell him when he manages to put them into what he himself calls a state similar to hypnosis. He then takes what he hears as revelations, but what one really gets are the fantasies of patients about their childhood, and not the (real) story. My first great etiological error also arose in this very way.*” (letter to Max Eitingon, August 29, 1932).

But Freud was wrong. Ferenczi’s belief in the stories of traumatized patients, his obstinate attempt “to find new veins of gold in temporarily abandoned workings” (Ferenczi, 1930), was not at all a repetition of Freud’s research on trauma before 1897, neither was it the effect of a mutual infection of *pseudologia phantastica* between analyst and patient, as Freud says in a letter to Eitingon of May 29, 1933, a few days before Ferenczi’s death.

The main difference is that the trauma rediscovered by Ferenczi in the Twenties refers to the effect of violence on the defenses and the general organization of the ego. In 1896, Freud was speaking to an incredulous and hostile academic audience. He placed himself in an aseptic position of observation of the hysterical patient, without giving much attention to the patient’s non-scientific explanations. He described trauma as “an emotion experienced in the past”, added to “the hereditary disposition derived from his progenitors”. Freud’s scientific emphasis is on the sexual nature of the event, rather than on its traumatic effect. In fact, sexuality remains a central concern also in his later formulations. In those years, Freud’s view was that the traumatic sexual experience which is then repressed and returns as a symptom may be “astonishingly trivial” (p. 200), such as a boy pressing his knee against a girl’s dress, or “hearing a riddle which suggested an obscene answer”.

In the Wiesbaden paper, and in the notes he took at the same time, Ferenczi was referring to much more. He described in a strikingly lucid way the mortal anguish, the psychic shock (Erschütterung) of the victim of a sexual abuse. These themes were soon to become tragically relevant, in connection with traumas of other nature.

The psychic death endured by the young victims of sexual traumas foreshadows other psychic deaths, which were soon to take place in Auschwitz, Hiroshima, the Gulags, Plaza de Mayo, Santiago, Srebrenica, the Twin Towers, Abu Ghraib. The list is long and inevitably incomplete.

The description of traumatic events provided by Ferenczi was to be confirmed by the testimony of a psychoanalyst who was involved in the destruction of the soul within a body which remained alive until its final destruction. I refer to Bruno Bettelheim (1979), who reports the most subtle forms of “identification with the aggressor”, another Ferenczian concept. This mechanism is a last and illusory autoplasmic solution to the impossible wish to survive.

Ferenczi’s concern with trauma addresses the devastation of the victim’s mental organization. It is no longer a matter of prematurely awakened erotic desires. We are confronted with experiences giving rise to

psychic shock, concussion and agony. Ferenczi was concerned with a series of autoplasmic adaptations to trauma. Starting from identification with the aggressor, they lead, through ego fragmentation, to extreme fragmentation, waxy flexibility, stupor, catatonia, psychic death or even actual death, as an extreme attempt at flight. This is far removed from Charcot's *choses sexuelles* and Freud's *caput Nili* (Freud, 1896, p. 203).

This approach concerns the future of psychoanalysis. In keeping with its tragic inspiration, it now records the conflict between the ego and the external world: something which Freud could not have foreseen.

TRAUMA AND THE LOSS OF BASIC TRUST

The fragmentation of the ego confronted by the traumatic experience is accompanied by the loss of basic trust, which normally arises between birth and autonomy.

Basic trust was first mentioned by Erik Erikson (1950) as the first of the eight stages of man. According to Erikson, "*the first demonstration of social trust in the baby is the ease of his feeding, the depth of his sleep, the relaxation of his bowels*" (op. cit., p. 319). This is the evidence that the baby is not afraid of suddenly being left by his caregivers, neither does he fear their food, nor other types of aggression. He does not have undesirable contents to expel, with rage and aggressiveness. This is a paradigm based on "normality", namely on a desirable state separating relational physiology from pathology. But reality is different. We must refer to pathology in order to have a view of what is normal, rather than the other way round.

Following Bowlby, it is useful to understand basic trust starting from ethology. John Bowlby (1988) arrived at his concept of a secure base starting from the observation of caregiving in primates. When the young have not yet reached autonomy, mother's body takes on the function of a base from which to gradually detach themselves and to which to return at once in case of danger. In many animal species, caregiving entails constant vigilance of the young to ensure their safety. The perception of peril is thus delegated to the mother.

In the young of the human species trust in the environment is indispensable for psychic survival and implies relative or absolute unawareness of death and of the conditions that favor it.

To go back to Ferenczi, we may say that the "welcome child" can soon forget his recent past of nonexistence and joyfully reach out to life. Death and its shadow are no longer present. Only exceptional events can modify this situation and reintroduce the specter of destruction, thus modifying the mental organization.

Later, a gradual awareness develops, up to the mid-life crisis when, "*nel mezzo del cammin di nostra vita*" (halfway through our life), as Dante says, we become fully aware of death. This awareness may be a source of depression and anxiety but also of further development (Jaques, 1965). In adult life we take on control of, and vigilance over, our person. Significant areas of trust remain in the adult ego. This is testified by the fact that many of us travel by plane without anxiety, take drugs without knowing how they work, and undergo an operation.

In contrast, Bettelheim describes death camps as highly technological laboratories of experimental psychology. The conscious or unconscious purpose of the SS was not merely that of exterminating the prisoners. In that case, it would have been quicker to shoot them when they were captured. Their purpose was to eliminate one fundamental element in the cohesion of their ego. Bettelheim points out that the experience of the death camps was supposed to lead to a scientific way for the Nazis to dominate nations, through terror and the disorganization of personality, with the aim of reducing to slavery. The ultimate trauma leads to psychic shock and agony. It is so effective because it deprives the victim of basic trust. The victim is led to seek a secure base in the aggressor himself.

Trauma leads to regression. Small children who undergo sexual abuse display a temporary loss of psychomotor abilities already acquired. Bettelheim's description of the behavior of prisoners in Dachau and Buchenwald shows the loss of basic trust and total regression. In SS jargon, deeply regressed prisoners, close to death, were called *Muselmänner* (Muslims). This is the final evidence of the importance of Ferenczi's rediscovery of trauma.

With the return home of Vietnam veterans, post traumatic symptoms caught once more the attention of the scientific community, after the neglect following on the two world wars. This is further evidence that Ferenczi's discovery was profoundly innovative, and not, as Freud thought, regressive.

REJECTION, TRAUMA AND INTROJECTION

I conclude this paper by examining the development from rejection to trauma to introjection. I emphasize that Ferenczi attempted to outline a metapsychology of psychic life, starting with the observation of connected events that lead to psychic death.

He was the first to describe the mechanism of introjection (1909). He went back to this concept several times to stress its role in psychopathology.

In the “Confusion of tongues” paper (1932a), he stresses the autoplasmic role of introjection in coping with trauma. He writes (1932a): “[confronted with trauma], *these children feel physically and morally helpless, their personalities are not sufficiently consolidated in order to be able to protest, even if only in thought, for the overpowering force and authority of the adult makes them dumb and can rob them of their senses. The same anxiety, however, if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor. Through the identification, or let us say, introjection of the aggressor, he disappears as part of external reality, and becomes intra- instead of extra-psychic*”.

Ferenczi describes the dramatic events which, starting from unwilling reception, lead to the introjection of depriving, intrusive, parasitical parents, extracting the vital parts of the self. Starting from the “*adaptation of the family to the child*” (Ferenczi, 1927), he shows not only a model of child-rearing but also a model of psychotherapy, that will later be further specified in the *Clinical Diary* (1932b).

The introjection of the neglectful parent has important consequences for psychoanalytic technique. The therapist’s emotional contribution to the analytic dyad is no longer to be viewed suspiciously as “copper”. On the contrary, it is a basic ingredient determining the therapeutic or iatrogenic outcome of analysis.

In working with his “difficult patients”, Ferenczi experienced directly that it is illusory to expect that the analyst’s unconscious, with its unresolved neurotic residues, can be left outside the consulting room. It comes in contact with the patient, as in intergenerational transmission, that clinical practice has taught us to recognize.

This is important in the development of the analytic relationship, “*because developing minds are more susceptible than adult minds to being moulded by the caregiver’s ‘hypnotic orders’*” (Borgogno, 2009). These orders may be based on fascination, insinuation and seductiveness (maternal hypnosis), or on injunction and intimidation (paternal hypnosis). “*According to Ferenczi, both these types of order are inevitably recorded and assimilated by small children. They become operative (...) without their becoming aware that they are housing them within themselves, until someone translates them into words.*” (ibid.)

According to Franco Borgogno (op. cit.), this is Ferenczi’s relational view, “an introjective analyst *par excellence*”. From the first pages of the *Clinical Diary* Ferenczi reminds us that what happens in the family may be reproduced in the consulting room. Any insincerity, false politeness, hypocrisy or concealed dislike are always perceived, even if we think we can conceal them.

If the analyst expresses subliminally detachment or hostility, the only authentic feeling on the part of the patient is protest. Here is an example. “*You don’t believe me! You don’t take seriously what I tell you! I cannot accept your sitting there unfeeling and indifferent while I am straining to call up some tragic event from my childhood!*” (Ferenczi, 1932b, p. 1). This protest cannot be expressed as long as the patient needs to keep us in an idealized position, in order not to feel the anxiety of being in the clutches of a hostile mother.

Confronted by this situation, the analyst has no choice but to counter this idealization, agreeing to “*examine in a critical way our own behavior and our own emotional attitudes with respect to these observations and admit the possibility or even the actual existence of fatigue, tedium, and boredom at times.*” (ibid.). If we do not do this, our insincere and hostile part will remain buried inside the patient. It can no longer be analyzed, as long as our obstinate determination to hide lasts. If we do this, then our sincerity can give back to analysis its healing function.

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