

TREATING THE “WISE BABY”^[1].

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In a previous examination of Ferenczi’s concept of the “Wise Baby” (1996), I had noted both its applications and its limitations in the analytic treatment of an unusually intelligent adult. Ferenczi’s concepts of “the origin of intellect in trauma” and of “the wise baby” have often left the indistinct impression of being interrelated phenomena. In this paper, I regard as arguable the notion that very high intelligence is pathological when it is “precocious.” This return visit to the territory of the “wise baby” extends Ferenczi’s ideas about the “origin” and use of the intellect to include a consideration of what may constitute effective “treatment” for those who suffer from giftedness.

PALABRAS CLAVES: Ferenczi; “wise baby;” “Orpha;” trauma; intellectual precocity; mind object.

In a previous examination of Ferenczi’s concept of the “Wise Baby” (1996), I had noted both its stunningly useful applications and its limitations in the analytic treatment of an unusually intelligent adult. The well known principles of the variability of human genetic endowment, as well as my clinical and personal experience, had long ago informed me that very high intelligence, when it exists and however it is defined and measured, begins as a biological given, and I did not accept the extreme extent of Ferenczi’s suggestion that intellect could be exclusively the product of trauma. Impressions similar to Ferenczi’s, however, are common in psychoanalysis and are supported theoretically by both Ego Psychology and Winnicottian Object Relations. The consequence of this is that the early appearance of “very high” intelligence has incorrectly come to be seen as synonymous with a “precocity” that is ipso facto pathological. This crystallization can have damaging consequences to the individuals so regarded. Clinically and in real life, “precocity” is not a single-or simple-construct, if one is willing to look without preconceptions. Individuals (children and adults) who are “precocious” are often regarded with the same suspicion accorded to the creative, that is, with the Horneyan admixture of idealization and hate.

In my earlier exposition of Ferenczi’s work, I made an assumption that the concepts of “the origin of intellect in trauma” and of “the wise baby” flowed into one another and that Ferenczi saw them as referring to the same phenomenon. Further study of the material since then is persuasive to me that Ferenczi did not use these concepts interchangeably, but he did use them in proximity to one another, at times perhaps even overlapping them, so that they reinforced each other, leaving the indistinct impression of interrelated phenomena.

To continue efforts to deepen an understanding of “the wise baby” and to challenge the notion that very high intelligence is pathological when it is “precocious,” I will revisit the territory of the “wise baby” to

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extend Ferenczi's ideas about the "origin" and use of the intellect. For counterpoint, I will comment on an influential collection of essays that persists in the definition of precocity as pathological. This is *The Mind Object: Precocity and Pathology of Self Sufficiency* (1995), edited by Edward Corrigan and Pearl- Ellen Gordon. Corrigan and Gordon, as do a number of their authors, build their premise on Winnicott's "anti-intellectual concept of mind" (Hamilton, 1997, personal communication). Ferenczi's "Confusion of Tongues" paper is used in many of the essays to support the assumption that "precocious" intelligence is a pathologically defensive psychic structure of traumatic origin. This is "The Dream of the 'Clever Baby'": "Not too seldom patients narrate to one dreams in which the newly born, quite young children, or babies in the cradle appear, who are able to talk or write fluently, treat one to deep sayings, carry on intelligent conversations, deliver harangues, give learned explanations, and so on. I imagine that behind such dream contents something typical is hidden . . ." (Ferenczi, 1923/1926, p. 349)

With this brief communication, Ferenczi heralded his increasing concentration on the psychic metabolism of trauma. While "trauma" in the psychoanalytic lexicon had by this time already come to refer to impingements upon a vulnerable individual along a continuum from the mild to the extreme, it is important to remember that Ferenczi's psychoanalytic practice became increasingly focused upon working with patients who had been harmed by severe unremitting physical and sexual abuse. These were the "lost cases" who did not respond well to the emotionally distanced intellectual exercise that characterized psychoanalysis in the 1920s (Balint, 1948). For the remaining 10 years of his life, Ferenczi made recurring mention of the concept of the "wise baby" in his writings, in the context of the difficulties children encounter in their efforts to communicate with adults, particularly concerning matters about adults. This reached a culmination in the "Confusion of Tongues" paper (1933) in which Ferenczi unveiled his view of the biphasic nature of trauma, and also in *The Clinical Diary* (1988), which was not published for more than 50 years after Ferenczi's death.

Let us recall this biphasic mechanism. The first phase is the adult's actual impingement on the child, let us say sexually, directly or indirectly employing a language of passion in a situation where the child understands and expects the language of tenderness. In the second phase, the now bewildered, injured child turns to the adult for acknowledgment, explanation and comfort; instead the adult avoids guilt by disavowing his actions, thus abandoning the child in a helpless, emotionally and sexually aroused state. The child is then compelled, in a stratagem described years later by Fairbairn as "the moral defence", to take in as his or her own the adult's disavowed, by now unconscious, guilt. Ferenczi concluded: "The fear of the uninhibited, almost mad adult changes the child, so to speak, into a psychiatrist, and in order to become one and to defend himself against dangers coming from people without self- control, he must know how to identify himself completely with them" (1933, p.165). If instead of the second phase the impinging adult, or an adult to whom the child appeals for help, had responded with recognition of the inappropriate behavior, with acknowledgment of the child's distress, and with sympathy and soothing, Ferenczi thought the traumatic impact would be significantly less.

Ferenczi came to believe that severe trauma induced a split in the personality of the vulnerable child, such that emotion was separated from intellect. As feeling became unconscious, the intellect that resulted, pure, piercing and intense, would be precociously employed in the service of protecting the child.

Along with the depiction of "precocious" intelligence, a key element of the original description of the "wise baby" was the baby's effort to communicate with the adults surrounding him. Ferenczi acknowledged the clinical context of this in "Confusion of Tongues": "Indeed it is unbelievable how much we can learn from our wise children, the neurotics." (1933, p. 165) It is this effort to communicate that distinguishes the construct of the wise baby from the formulations concerning the traumatic origins of intellect. The point of contact between the two concepts relates to and parallels that second phase of trauma: the implicated adult turns away from the communication of the "wise baby" and disavows the insight. The "wise baby," therefore, can be additionally traumatized by the failure of adults to take in his communications, which come from his unified (cf. Winnicott's true) self.

Ironically, as Ferenczi went on to develop further his own richly communicative psychoanalytic voice (with less and less echoing of Freud) both clinically and in writing after 1926, he was referred to as the *enfant terrible* of psychoanalysis. Balint informs us that though this hurt him, he was also proud to be so designated

(1948, p. 241). “The idea of a wise baby,” Ferenczi noted, “could only be discovered by a wise baby” (1932, p. 274).

Ferenczi acknowledged that his idea of intellect as the result of traumatic suffering was an extension of Freud’s notion that memory developed from the “mental scar-tissue created by bad experiences,” itself an elaboration of the common-sense aphorism that “one is made wise by bad experiences.” (1932, p. 244) In a subtle way, there is a conflation here between the organ(s) of perception and processing on the one hand, and the content which is perceived and processed. In order to un-conflate them, let us say that “the organ” is an individual’s genetic endowment of mental processing equipment that has the potential upon receiving input (perceptual stimuli) to make use of particular sets of neural pathways and associative networks for a variety of purposes from the reflective-introspective to the expressive to the active. (If “the organ” was a light bulb, “very high” might be 200 W, whereas 100 W would be more usual; both are illuminating but a lot more will be seen in a dark room if there is a 200 W bulb in the lamp.) Now, let “content” be the contents, the data, the information, the “stuff” that has been processed. Under favourable developmental circumstances, affects, attachments, and desires will form part of the “content.”

Now we begin to separate out what an individual has learned from the apparatus that he used to learn it with. It makes a great deal of intuitive sense that trauma will very much shape and control the content, the contents of what has been learned; that the organ will determine the depth, the breadth, the associative richness of the meanings of the application of the content; and that interplay between the two will have a role in the degree to which affects, attachments and desires can be retained in consciousness or must be defended against because of varying degrees of unendurability.

It is my contention that this conflation of organ and content has contributed to an unacknowledged confusion, muddying psychoanalytic thinking about extraordinary intelligence (and about creativity, too, for that matter). This version of the nature vs. nurture debate references the core controversy in the psychoanalytic canon, that of external vs. internal, (or, if you will, fantasy versus reality). What trauma does is to call upon the organ of intelligence, demanding its operation to “save” the child when his psychic integrity is threatened. (When the threat of psychic death is extreme and imminent, or when there is unbearable somatic agony, another principle, “Orpha,” may come into play. I will say more about this below.) The specific means at a child’s disposal to save himself will be relative to the innate capacities of the organ of intelligence. When a child possesses innately an extraordinary intelligence, he or she will be vulnerable in a unique fashion. I have referred to this previously as an experience of penetration by suffering that is significantly greater than that of a more ordinary child when in whatever form there is a hurtful impingement by the human environment (Vida, 1996). A greater intelligence allows for an expanded perception of suffering, perhaps until such time that the emotional register must be split off because the pain of preserving it by the experiencing organ is unendurable. Pain can be rendered unendurable as much by what it means as by what it is, in a physical sense. A “wise baby’s” view of what it means far exceeds ordinary understanding.

I do not think that the “wise baby” in Ferenczi’s original construct has (yet) had his intellect split off from his feeling. In my treatment of Dr. de A, in the previous paper (Vida, 1996), it was the gradual recapturing of Dr. de A’s emotional self, fragment by fragment, that allowed the reassembly of himself as a “wise baby,” a version of himself that could communicate both his distress and his expanding awareness of the sources of it. The overall treatment could be characterized as a contemporary example of Ferenczi’s ideas in “Child Analysis in the Analysis of Adults” (1931). Play was the essential modality that had to be made use of: intellectual play, primary process play, emotional play, and dramatic re-living. Once the “wise baby” self of Dr. de A was reconstituted, the treatment could proceed in a more symmetrical fashion than a conventional treatment. The “wise baby” needed to be a full participant, with recognition of his wisdom and incorporation of it into the treatment; my role as analyst needed to be “person to person,” making more communicative use of my emotional states reactive to unfolding material and events.

“Orpha” is the construct addressing an individual’s capacity to survive extreme circumstances which emerged during Ferenczi’s groundbreaking treatment of Elizabeth Severn, of which mutual analysis was an inseparable part (Smith 1998, 1999, 2001). This was described thus in Ferenczi’s Clinical Diary (1988): “The enormity of suffering...and despair of any outside help, propel her toward death; but as conscious

thought is lost, or abandoned, the organizing life instincts ('Orpha') awaken..." (p. 8). As Smith has noted, "Orpha" is the last-resort preserver of self, the "guardian angel" ("producing wish- fulfilling hallucinations, consolation fantasies; it anesthetizes the consciousness and sensitivity against sensations as they become unbearable" [p.9]), the "innate maternal protective process." "Orpha" ought to be regarded more as Severn's construct than Ferenczi's: it belonged to her experience, and the quotation marks accompanying it in the diary are suggestive that the name itself came from Severn, for whom, Ferenczi wrote, from age one and a half to eleven and a half "(b)eing hypnotized and sexually abused became a style of life" (p. 9).

Smith's understanding of "Orpha" not only initiates a reconsideration of the significance of the mutual analysis of Severn and Ferenczi for the development of psychoanalysis, it also proposes a substantial rethinking of trauma and its treatment. Although further comment about both of these is beyond my current scope, I do want to say that Ferenczi's explorations of "the wise baby" prepared him to receive Severn's contributions as his ideas grew about the relation of intellect to suffering and to see that they applied well to his work with others who had been (perhaps less severely) traumatized. The key element of Smith's "Orpha" construct for my argument is that Orpha does not belong to the intersubjective world; Orpha is an "innate maternal protective process" (italics mine) that may be part of humanity's genetic grammar, to ensure "the continued survival of the species when attachment becomes impossible due to trauma" (1999, p. 357). Since Orpha emerges only under the most extreme conditions of life and death, and is being presented as a maternal element, however innate, I am not seeing it as identical to the "wise baby."

In my view, the "wise baby" owes its vitality as a construct to Ferenczi's view of childhood. Ferenczi saw the child neither as a tabula rasa nor as sentimentally innocent (both of which accusations have been hurled at him) but as innocent of adult hypocrisies. The child, he thought (as did Anna Freud, Melanie Klein, Donald Winnicott, et al.) was uniquely accessible to the operations of his unconscious. The "wise baby," by virtue of his unique endowment, has the ability to read not only his own unconscious but the unconscious of adults and innocently believes that adults will appreciate the information. When adults do not, it is traumatizing. Michael Balint characterized it as follows:

Ferenczi's main message is that one can hardly ever pay proper and sufficient attention to the fateful discrepancy between the child's genuine needs and the unconscious uncontrolled gratifications in which the adults indulge while bringing up their children. It is because of our unconscious fears and repressions that we have to choose devious ways for our gratifications, that we subject our children to unnecessary, avoidable, traumata, that we bring them up in a way that is thwarting to them; and subsequently our children, when grown up, pass on similar traumata to their children. This fateful sequence of events in a way resembles the symptomatology of a traumatic neurosis of the succeeding generations, each generation trying to abreact as much as it can bear of the inherited sum-total of traumata and passing the rest on to the next generation. (1948, pp. 247-248)

The essays in the collection entitled *The Mind Object* (Corrigan & Gordon, 1995) demonstrate repeatedly a confusion of the origins of intelligence with the use of intelligence. Their use of "mind" similarly conflates "intelligence" (which dwells in both right and left hemispheres) with "cognition" (which is exclusively a left-brain function). In Ferenczi's original view, and in mine, the "wise baby" as a "baby" is indeed still vulnerable but is offering the products of his intelligence for the bigger, older and presumably wiser adults to make use of (and to help him) which, bewilderingly, they do not. And when they do not, they can become even more dangerous. That is the point at which the "wise baby" will use his intelligence for protection, but he will continue to try to communicate his complex understanding of what is wrong. As long as he can sustain his capacity to feel, he will communicate his own distress as well as his information about how the environment is failing. When, as I put it previously (1996), the emotional register must be cut off because the pain of preserving it is unendurable, what is communicated will indeed resemble what emanates from Corrigan and Gordon's "mind object," which they characterize as an "omnipotently created object always available for mastery and control of internal objects so that dependence and the feelings it generates-anxiety, frustration, anger and envy-can be obliterated" (p.9).

The missing or wrong piece for me in this construction of theirs is the exclusive focus on internal objects without acknowledgement that for the child, objects still have a substantial externality; and that "envy"

clinically seems less relevant than “shame” and “terror.” “Perhaps,” say Corrigan and Gordon, “when the mind attacks and brutalizes itself, we can speak of a superego precocity that goes hand in hand with ego precocity” (p. 13). Here the potentially interesting idea of superego precocity is impoverished when they do not pursue wondering how or what it was that happened to split the mind and turn it against itself.

In his essay, “The story of the mind,” Adam Phillips speaks for the Winnicottian grounding of the concept of the mind object. “The good mind, Winnicott will go on to say, is the part of the self that will develop an understanding of his environmental deficits, in the service of a self-reliance that can sustain contact with, and need for, the mother” (p. 233). “The bad mind—the ‘false entity’ that Corrigan and Gordon call the mind object—reactive to the trauma of environmental impingement, tries to abolish both the need and the object” (p. 234). Phillips proposes that the very young child actually chooses whether to have a good mind or a bad mind, as if there is no necessity for a child to choose the bad one.

What is identified here as “the bad mind” sounds similar to what Ferenczi described as the split of intellect from feeling. Phillips’ “bad mind” may in fact be a precursor of “Orpha.” We might adduce the very existence of a “bad mind” as evidence that indeed something overwhelming has happened, that pain unendurable by the child has in fact produced this split. (Even more, current research in neurobiology suggests that Ferenczi’s “split of intellect from feeling” may be actually a rending of right brain communication from the left.)

Phillips softens his tone somewhat farther on: “With good-enough maternal care, in Winnicott’s particular sense of these terms, the mind would be, as it were, an ordinary participant in one’s psychic life rather than an excessive preoccupation, a continuation of the mother one can take for granted rather than a substitute that one is continually rigging up” (p. 234). And finally, “Whenever the world is not good enough, one has a mind instead” (p. 235).

This last dichotomizing statement tries to cover with wit a basic confusion of the effect of traumatic splitting with the fact that the child has a mind whether it has been traumatically amplified or not. There is a disturbing implication to the assumption that a child brought for treatment must be somehow wrong to have “chosen” to have “the bad mind;” that a “good-enough” environment is the common reality, and that treatment will correct the child’s distortions. This is the culturally sanctioned adult insensitivity to the child’s reality that Balint referred to as the unconscious transmission of unmetabolized traumata across the generations. (And this is the message of Lloyd de Mause and his colleagues of psychohistory [Duffy, 2001]—that historical events are the outcome of adult blindness to the traumata embedded in child-rearing practices, traumata that are abreacted and repetitively enacted over succeeding generations.)

Without recognition that Ferenczi and Balint had said this decades earlier, many psychoanalysts give sole credit to Winnicott for the notion that the actual characteristics of the baby’s and the child’s human environment have a significant impact on the child’s adaptation, and that change in the environment might be necessary for the child to resume adequate development. It has been little noted that there is muddiness in Winnicott’s thinking. We are indebted to Victoria Hamilton (1996) for her observation that an alternative and paradoxical trend existed in Winnicott’s ideas of “the developmental shift from object relating (world in terms of subject) to object usage (world independent of subject)” (p. 388). As early as 1941, and again in 1953 and 1969, Winnicott made “throwaway” statements to suggest that instead of there being a solely developmental process “that culminates in the appreciation of otherness or externality” (p. 390), he thought that the infant probably possesses “an innate, or at least very early, conception of an external world and of others as existing independently of the self” (p.389). Hamilton cites the Scottish philosopher Macmurray, whose thinking was influential for a substantial group of early British psychoanalysts, and who wrote: “. . . human nature is. . . the capacity to think and feel about the reality of the world outside... (To) be ourselves is to live in communion with. . . what is not ourselves...(which) is only possible through other people” (p. 385, citing Macmurray, p. 14).

Ferenczi’s “wise baby” is correlative to Macmurray and an anticipation of Winnicott. The “wise baby” has not only a mind but a mind fuelled by a very great innate intelligence. The “wise baby” is already more than usually aware of and sensitive to the “external world and ... others ... existing independently of the self.” He or she endeavors, by whatever means at his or her disposal, to communicate that experience. Receptive or neutral responses from the human environment will not distort the developmental process of

the “wise baby.” But the “wise baby,” at the same time better endowed and more vulnerable than the child in the middle of the bell-shaped curve, is at risk. An impinging, neglectful or terrorizing environment will colonize him or her. Though he or she may use intellect defensively to try to manage the harmful external environment, eventually the implant of the harmful environment, which takes up occupancy in the unconscious, will feed off the same intellectual wattage to turn against him or her internally. This is what Corrigan and Gordon saw as “superego precocity.” Treatment for the “wise baby” thus colonized has at its heart the search for externality, which must be met by realness in the therapist, even if it is not a pleasant experience. The “wise baby” is restored to wholeness only when room can be made for that which had been known, and been there, all along.

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