

FERENCZI'S TRAUMA THEORY.

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Trauma was at the heart of Sandor Ferenczi's clinical concerns. Toward the end of his life, he became convinced that trauma was an important cause of much neurotic and character pathology, despite the fact that traumatic factors were generally neglected by other analysts (1933, p. 156).⁽¹⁾ Ferenczi's final ideas about trauma were presented in very brief form—“a short extract” (1933, p. 156), as he said—in his final paper, “Confusion of Tongues Between Adults and the Child.” He intended to expand, develop, and reevaluate these ideas (Balint, 1958), but soon after he wrote this paper he became too ill to do so, and after several months he died.

However, Ferenczi had published other papers that dealt with trauma, notably during the First World War on “war neurosis” (1916/17), and much later in his papers on relaxation technique (1929, 1930, 1931). In his last years, he also made many notes to himself on his ideas about trauma, among other topics, which were posthumously gathered together and published in the third volume of his collected papers (1955) under the title, “Notes and Fragments” (1920 and 1930-1932). These “Notes and Fragments” flank his Clinical Diary (1932), which was written between January and October 1932 but not published until 1985 (and not until 1988 in English), and which contains many additional clinical observations and ideas about trauma. The present paper will attempt to bring together all of Ferenczi's writings about trauma⁽²⁾ and to present them in a concise, integrated, and organized way.

EARLY INVESTIGATIONS OF TRAUMA: WAR NEUROSES

Ferenczi's work as a medical officer in the Austro-Hungarian Army during the First World War provided the basis for his first systematic study of psychological trauma. His observations of shell-shocked soldiers led him to conclude that “sudden affect that could not be psychically controlled (the shock) causes the trauma” (1916/17, p. 129). This is a definition in terms of the economics of mental energy rather than perceptual experience. This definition of trauma will change, as we will discover.

Ferenczi distinguished two types of “war neuroses.” In the first, “we are dealing with a fixation of the innervation predominating at the moment of the concussion (of the shock)” (1916/17, p. 128, entire passage italicized in the original). Though trauma led to paralysis, which lasted for some time following the event, there remained an urge to continue the actions in process at the moment of trauma. “The innervations dominant at the moment of trauma... become permanently retained as morbid symptoms and indicate that undischarged parts of the affective impulses are still active in the unconscious” (1916/17, p. 129). This innervation is maintained despite lack of consciousness of the trauma. Since these bodily symptoms represent unconscious impulses, they constitute a conversion hysteria (1916/17, pp. 128-129).

This idea of traumatic neurosis as directly reflecting impulses that cannot find discharge, rather than reflecting conflict, is consistent both with Breuer and Freud's (1893-1895) earlier hypothesis that hysteria resulted from reactions to trauma that have not been abreacted, as well as with the earlier work of Janet, who proposed that the traumatized person continually seeks to complete the action that the shock interrupted but is unable to do so (Ellenberger, 1970, p. 384; van der Hart, 1994). Concurrent with Ferenczi's work in Hungary, W. H. R. Rivers (1918), working with British soldiers, came to similar conclusions.

1.- All references, unless otherwise stated, are to Ferenczi's works.

2.- Ferenczi also wrote about trauma in his 1923 book, *Thalassa* (1938), but in relation to traumas the human race has suffered as a species rather than as individuals; *Thalassa* was also a highly speculative and metapsychological book, rather than one based on clinical observation. For these reasons, his ideas about trauma from *Thalassa* will not be considered in this paper.

The second type of war neurosis has a more complex dynamic. In this type, overwhelming shock leads to narcissistic injury (1916/17, pp. 135- 137). Many in this group of patients had previously been distinguished for gallantry. But the patient's vulnerability during battle has shaken his overestimation of his own strengths and abilities. Ferenczi qualifies: "It is not absolutely necessary to suppose that the self-love of all these war neurotics was so greatly exaggerated. ... A correspondingly severe trauma can, in so-called normal people, have an equally shattering effect upon their selfconfidence and make them so timid" that even very simple activities are "accompanied by an outburst of anxiety" (1916/17, p. 137).

Ferenczi thought that the typical physical symptoms of this group, such as tremors and gait disturbances, may have represented these soldiers' unconscious efforts to prevent themselves from returning to the danger situation (1916/17, pp. 137-138). Indeed, Ferenczi classified this group of soldiers as suffering from phobias (1916/17, pp. 133-134). But other symptoms characteristic of this group—their anxiety, hypersensitivity of the senses, frequent reexperiencing of the traumatic events and emotions at the slightest stimulus, and traumatic dreams—were seen by Ferenczi as a repeated seeking out of the trauma in hopes of mastering it and healing oneself (1916/17, pp. 138-140).

LATER WORK ON TRAUMA

A decade later, Ferenczi's understanding of trauma had become more fully psychological, based on perceptual experience and its meaning to the person, rather than the vicissitudes of mental energy. Trauma, in these writings, mainly meant child abuse (usually including sexual abuse), and for that reason I will refer to the victim as the child.

What follows is an attempt to organize Ferenczi's later writings on trauma. This integration may, of necessity, fill in small gaps in Ferenczi's statements. Ferenczi sometimes discussed consequences of particular traumas, or the symptoms of particular patients, or reactions to traumas as reexperienced in analytic sessions; I extrapolated to broader conclusions when I felt this was true to Ferenczi's thinking on the topic. The references below document the ideas under discussion, but they are not exhaustive; indeed, many of these ideas come up very often in his later writings.

I will pull together Ferenczi's ideas under a number of headings: factors that set the stage for trauma; what events are traumatic; how trauma is registered; adaptation during trauma; the various long-term effects of trauma; and the role of trauma in normal development. Ferenczi's ideas about the analytic treatment of traumatized people require a paper of their own—at least—and will not be addressed in this paper.

FACTORS THAT SET THE STAGE FOR TRAUMA

"What is traumatic is the unforeseen, the unfathomable, the incalculable. . . . Unexpected, external threat, the sense of which one cannot grasp, is unbearable" (1932, p. 171). There are two related elements here. The first is that trauma is incomprehensible. The other is that it comes without warning. Regarding the second, Ferenczi said that up to the moment of trauma the person is unprepared, undefended, and feels secure (1930-1932, pp. 239 and 254; 1932, pp. 69-70). Along these lines, trauma is "particularly dangerous" when it occurs in an unconscious state or other exceptional state of consciousness such as a trance state, that is, when the person is or most unprepared for it and unable to defend himself or herself (1931, p. 134; 1932, pp. 45-46). Reminiscent of his second type of war neurosis, Ferenczi said regarding the unwarranted feeling of security that precedes trauma: "One had to have overestimated one's powers and to have lived under the delusion that such things could not happen, not to me" (1930-1932, p. 254). After the trauma, one's trust in the benevolence of the external world is destroyed and one feels deceived (1930-1932, p. 254).

Ferenczi believed that while childhood factors may predispose someone to a particular traumatic reaction later in life, a predisposition is not necessary in order to have a psychotic reaction when a trauma is very extreme (1930-1932, pp. 268-269). Also, for trauma to have a destructive effect, no effective "alloplastic" action, that is, modification of the environmental threat, is possible, so that "autoplastic" adaptation of oneself is necessary (1930-1932, p. 221; 1932, p. 69; 1933, p. 163).

WHAT EVENTS ARE TRAUMATIC?

Ferenczi focused on several types of situations as traumatic, that is, beyond the child's ability to cope. Parental hatred, cruelty, violence, and the threat of violence toward the child, of course, are traumatic events (1930, pp.

121, 123; 1933, p. 161; 1932, pp. 115, 171, 176). Unspoken hatred toward the child is also traumatic (1932, p. 200). Ferenczi believed that sexual assault is even more damaging than simple violence (1933, p. 161). But even aside from overt molestation and rape, adults' erotization of their relationship with children, including disguised eroticism and covert passion toward the child, is traumatic (1930, p. 121, 1932, p. 175).

Other forms of parental behavior also contain aggression and can be traumatic, according to Ferenczi. Excessive tenderness directed at children contains both disguised erotic feelings (1930, p. 121; 1932, p. 115) and disguised aggression (1932, pp. 115-116)—it is a “violently excessive goodness” (1932, p. 152)—and leads the child to feel smothered (1932, p. 116; 1933, p. 164). Ferenczi also believed that adults requiring “superperformance [s]” (1930/1932, p. 272) of the child—that is, precocious achievements—was equivalent to the child being attacked (1932, p. 190). In addition, Ferenczi spoke of the “terrorism of suffering” (1932, pp. 47, 211; 1933, p. 166): “A mother complaining of her constant miseries” (1933, p. 166) can be a terrible burden on her child and bind him to her, creating a “nurse for life” (1933, p. 166), a role that the child may take on in order to make the parent capable of caring for the child.

However, the first traumatic situation that Ferenczi focused on when he made trauma his main concern, and the one he seemed to believe was ultimately most destructive, was emotional abandonment by the parent (which, of course, is implied in the other traumatic acts toward the child) (1929; 1931, p. 138; 1932, pp. 115, 164, 202; 1933, pp. 163-164). In addition to parents hating a child or emotionally deserting a child, he spoke about parents not wanting or loving a child (1929). At one point, he said that withdrawal of love was a greater trauma than rape (1932, p. 164). The traumatic effects for the child of viewing the primal scene, according to Ferenczi, were the result of the child being alone at that moment, with nobody to think about and help him (1932, p. 202). One variant of abandonment is the lack of the parents' understanding, which Ferenczi felt led to despair (1932, p. 206). The lasting effects of trauma result from the absence of a kind, understanding environment (1930, p. 121; 1932, p. 210; 1933, pp. 162-163). “Traumatic aloneness ... is what really renders the attack traumatic, that is, causing the psyche to crack” (1932, p. 193), he said.

One particular variation of emotional abandonment that Ferenczi stressed as key in causing damaging consequences following a trauma is the adults' hypocrisy and denial that traumatic events happened to the child (1931, p. 138; 1933, p. 163). In one instance, the perpetrator of the trauma may deny that it happened, or insist that the child, rather than he, was responsible. He may even punish the child for reacting to the trauma (1931, p. 138; 1933, p. 163). In another case, the parent who did not perpetrate violence toward the child may not be intimate enough with the child for the child to seek comfort there. The second parent may also minimize the event, discount the child's perceptions and reactions to it, or deny the child's need for help. Ferenczi believed that “children get over even severe shocks without amnesia or neurotic consequences, if the mother is at hand with understanding and tenderness and (what is most rare) with complete sincerity” (1931, p. 138). But when parents deny the child's suffering, this suffering is compounded (1932, p. 182): The adult's denial amounts to abandonment of the child, and it interferes with the child's adaptive response to the attack (1932, p. 193; 1933, p. 163). When parental denial followed the initial traumatic event, Ferenczi called this a “double shock” (1932, p. 182).

When both parents threaten or stonewall the child, this is especially unbearable and leads to narcissistic withdrawal: There's no one the child can turn to (1931, p. 138; 1933, p. 163). Ferenczi said that “the most frightful of frights is when the threat from the father is coupled with simultaneous desertion by the mother. There is no chance to cry bitter tears over the injustice suffered or to gain a sympathetic hearing from anyone. Only then, when the real world, as it is, becomes so unbearable . . . does the ego withdraw from reality” (1932, p. 18). The title of his paper, “Confusion of Tongues Between Adults and the Child: The Language of Tenderness and of Passion” (1933), refers to adults misreading children's playful oedipal seductions as invitations to an actual sexual relationship, and then forcing the child into a passionate relationship (1933, pp. 161-162). Often this is followed by severe or punitive treatment of the child, essentially blaming the child for the adult's molestation of the child (1933, p. 163). This amounts to a particular variant on emotional abandonment, with the adult not only ignoring the child's experience but projecting his own experience into the child. The child then not only feels abandoned but confused, guilty, and ashamed (1932, p. 178; 1933, p. 162). Ferenczi wondered whether oedipal wishes are only traumatic when adults respond to them as reality wishes rather than playful fantasies (1932, pp. 178, 205/206). Ferenczi's later writings (from about

1929 onward) suggest that he came to believe that the simple fact of one person's power over another is traumatic for the less powerful person. Ferenczi was interested in interpersonal influence from his earliest psychoanalytic writings (1909). Specifically, he believed that there were two basic forms: influence through love and tenderness, which he said was a maternal form of suggestion, and influence through authority or power, which he considered paternal (e.g., 1909, 1913). His "active technique," which he developed between 1919 and 1925, indicates that he continued to see the analyst's intentional use of a paternal, authoritarian stance as a legitimate analytic strategy throughout this period, although his later "active technique" writings (e.g., 1925) begin to show some wariness of the analyst's use of authority. By 1929, however, he had come to believe that the analyst's typical stance of "rigid and cool aloofness" (1930, p. 118) constituted a manifestation of authority which, by its very nature, was a traumatizing experience for the patient, at least for a patient who has been abused as a child (1930, p. 118; 1933, p. 160). He also saw how the analyst's exercise of authority in ways that seemed legitimate and benevolent could actually constitute expressions of the analyst's unconscious sadism (1925, p. 220; 1932, pp. 96-99; 1933, p. 160). In Ferenczi's career of investigating the effects of trauma, what had begun as an exploration of the psychological effects of sudden physical shocks led to his discovery that one person's power over another can have similar consequences.

HOW IS TRAUMA REGISTERED?

Ferenczi's focus here was on the child's utter defenselessness during trauma, and how traumatic impressions therefore bypass consciousness and are registered in the body. Trauma, Ferenczi said, is accompanied by a temporary paralysis of the ability to resist, as a result of terror (1930-1932, pp. 239-240, 253; 1932, pp. 45-46). If trauma comes during an unconscious state such as sleep, the terror is intensified (1932, p. 46). This paralysis means there is no defense against any sense impression; everything is taken in (1930-1932, pp. 240, 253-254). Ferenczi said that there is a sequence in which traumatic impressions are registered: first sense impressions, then emotions and their physical sensations, and then mental states which represent one's experience of the trauma (1930-1932, p. 221).

Childhood trauma is registered "in a language of gestures, un-understandable to our cs [consciousness] (i.e. in the body) as organic-physical 'mnems'" (1930-1932, p. 264). "The 'memory' remains fixed in the body. ... In the moment of trauma the world of objects disappears partially or completely: everything becomes objectless sensation" (1930-1932, p. 261). Therefore, the trauma cannot be recalled (or can be recalled only in fragments); instead, it is repeated (1930-1932, pp. 240, 261, 264). Only a repetition of the trauma "under more favourable conditions" (1930-1932, p. 240), that is, with a sympathetic analyst, can bring the experience for the first time into awareness (1930-1932, p. 240).

ADAPTATION DURING TRAUMA

Freud believed that Ferenczi's theory of the person's response to trauma outlined in "Confusion of Tongues" was the same as Freud's own trauma theory of the 1890s: "He [Ferenczi] had completely regressed to etiological views I believed in, and gave up, 35 years ago" (S. Freud, letter to Anna Freud, September 3, 1932, cited in Gay, 1988, pp. 583-584). But Freud's earlier theory was an economic one, focusing on the inability of the psychic apparatus to eliminate excess excitations (Breuer and Freud, 1893-1895). In contrast, Ferenczi's ideas about a child's response to trauma are psychological, not economic; he emphasized the meaning of the traumatic events and of the child's adaptation to them in the context of the child's perceived interpersonal world (see Aron and Frankel, 1994). Ferenczi described the initial response to trauma as follows. "First, there is the entire paralysis of all spontaneity, including all thinking activity and, on the physical side, this may even be accompanied by a condition resembling shock or coma" (1931, p. 137; see also 1930-1932, p. 240). After this comes "a new—displaced—situation of equilibrium." The "child feels himself abandoned . . . [and] loses, as it were, all desire for life ... he turns his aggressive impulses against himself" (1931, p. 138). The child feels "mental and physical agony which follows upon incomprehensible and intolerable woe" (1931, p. 138). There are "sensations of sinking and dying" (1931, p. 138). There is an "increase in muscular tension, which may be carried to the point of opisthotonus [a pronounced, pathological, backward arching of the body]" (1931, p. 138). The child may want to vomit up the traumatic experience (1932, p. 202).

Along with this torment, there may also be resistance to the attacker, but this ends (1930-1932, pp. 239-240, 253; 1932, pp. 45-46, 176) and dissociation takes over when one is “faced with the full realization of one’s own utter weakness and helplessness” (1932, p. 176) and when “all hope of outside help or alleviation of the trauma is abandoned” (1932, p. 104). “When the psychic system proves to be incapable of an adequate response ... the primordial psychic powers are aroused. ... In such moments, when the psychic system fails, the organism begins to think” (1932, p. 6, *my italics*). That is, the mind detaches from the traumatic experience and the body adapts to the attack automatically. Ferenczi described the dissociation that results from trauma as a form of psychic death (1932, pp. 130-131, 179). Ferenczi discussed degrees of dissociation. At the more extreme end, “the total negation of reality is loss of consciousness” (1932, p. 180), such as fainting. At less extreme levels of dissociation, “partial negation and distortion of reality is its replacement by a dream” (1932, p. 180). The child dissociates from himself and from external reality, entering an altered state of consciousness, feeling numb or going into a trance (1932, pp. 32, 103-104). The child may withdraw into daydreams or into a sleeplike state or may regress to a womb fantasy (1932, p. 202). The partially dissociated person “now sees the whole event as though from the outside” (1932, p. 103). The child no longer perceives the trauma as happening to him (1932, p. 6; 1933, p. 162), so he doesn’t refuse, hate, feel disgusted, or defend himself (1930-1932, p. 254; 1932, p. 104; 1933, pp. 162-163). He feels invulnerable to pain or hurt and “regards being destroyed or mutilated with interest, as if it is no longer his own self but another person who is undergoing these torments” (1932, p. 6). The terror, which was unbearable (1932, p. 18), is gone. “Death ... is no longer feared” (1932, p. 104). Survival may not seem a possibility and stops being a concern (1932, p. 6). The child may even attain “a manic feeling of pleasure, as if [he] had succeeded in withdrawing completely from the painful situation” (1932, p. 6; see also p. 64).

Along with the fear-induced elimination of normal consciousness comes the loss of one’s own form (1930-1932, pp. 253-254), one’s self (1932, p. 111). In addition to being a way to escape pain and fear, this also allows one to adapt to the traumatic situation more successfully because one no longer resists the attack (1930-1932, pp. 239, 253-254; 1932, pp. 104, 111). “A completely limp body will sustain less damage from the thrust of a dagger than one that is defending itself” (1932, p. 104). Ferenczi went even further: “All adaptation,” he said, “occurs in a person who has become malleable through terror-dissociation in the absence of the ego; the violent force imprints its own features on the person, or compels him to change in accordance with its own will” (1932, p. 18, *my italics*; see also p. 143).

Abandoning resistance may also be a survival strategy in a different way, as with animals that feign death in order to survive (1932, p. 104). In another variation, it may express “hope for mercy from the attacker” (1932, p. 104). The elimination of self can extend even to suicide as the ultimate adaptation: “The anticipation of certain death appears to be such torment that by comparison actual death is a relief” (1932, p. 179; see also pp. 171, 180). This situation—having dissociated from one’s own point of view and adapted oneself to the attacker without resistance—is part of what Ferenczi called “identification with the aggressor” (1932, p. 190; see also 1933, p. 162). Ferenczi’s use of this term (which he introduced) emphasizes what happens to the inner experience of children under attack: They replace their own experience and will with those of the attacker (1930-1932, pp. 257-258). Terror has destroyed the child’s ego (1932, pp. 18, 143). The child has “no emotions of [her] own—living somebody else’s life . . . identifications (superegos) instead of one’s own life” (1932, p. 171; see also 1933, p. 163). The child who identifies with the aggressor no longer hates the aggressor; she “submit[s] entirely to the aggressor” (1932, p. 176); her feeling for herself has been replaced by feeling for and understanding toward the aggressor (1932, p. 103). “Understanding is *eo ipso* identification” (1932, p. 183).

Feeling helpless, overpowered, and terrified by the force and authority of the adult, children under attack “subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and gratify these” (1933, p. 162, original in italics; see also p. 163, and 1932, pp. 176, 190). “One must know the dangerous opponent through and through, follow each of his movements, so that one can protect oneself against him” (1932, p. 177). “In order to become one and to defend himself against the dangers coming from people without self-control, he must know how to identify himself completely with them” (1933, p. 165). Knowing the aggressor from the inside helps the child in her autoplasmic adaptation; it helps her reshape and mold herself to the environment, to maximize her chance of survival (1930-1932, pp. 239, 240, 254; 1932,

p. 39; 1933, pp. 162-163). Akin to giving up one's own perceptions and thoughts, during trauma one may become suggestible (1932, pp. 95, 145). For Ferenczi, this meant denying one's own perceptions (1932, p. 145) as a result of fear-induced shock (1932, p. 18).

But the child's identification with the attacker may not be complete. Alongside her suggestibility, the child may also be mistrustful (1932, p. 145). On some level, she may remain aware that she is being deceived and that the attacker is insane (1932, p. 64; 1930-1932, p. 254). The aggressor's brutality is seen as an illness (1932, p. 19). There sometimes also seems to be part of the ego that rebels against the aggressor, that protests his violence and feels contemptuous and morally superior to him (1932, p. 19; 1933, p. 158), and may obey the aggressor in an ironic or sarcastic way (1932, p. 19). The child's utter detachment from his own suffering—his dissociation—can also be a form of revenge and a source of pleasure: "The assailant is now unable to do him any harm. . . . the sadist cannot inflict any more pain on the dead, unfeeling body, and therefore must feel his impotence" (1932, pp. 67).

The child may also both seek revenge against the aggressor and escape from the strain of facing his increasing yet unexpressed passion or anger by a show of stupidity or apparently senseless defiance (1932, pp. 95-96; 1933, p. 163). Children can get relief when faced with an enraged but outwardly benevolent parent by provoking an outburst or even a beating (1932, pp. 95-96). Identifying with the aggressor can also have an element of mimicry, "holding up a mirror to the bestial attacker" (1932, p. 177). This is "an attempt . . . to bring to his senses even a terrifying, raging brute" and deter the aggressor (1932, p. 177). In addition to identifying with the aggressor, the child also introjects the aggressor (introjection is also a term Ferenczi introduced to the psychoanalytic literature [1909]), which allows the child to control the inner aggressor introject, something he cannot do with the actual outer aggressor (1933, p. 162). The child also introjects the aggressor's guilt in regard to his own harmless play (1932, pp. 190-191; 1933, p. 162), which leads the child to feel both culpable and innocent at the same time (1933, p. 162).

Further, the child becomes confused by the aggressor's denial and hypocrisy. The child identifies with the aggressor's denial due to fear, but this contradicts the testimony of her own senses, and she ends up doubting her own perceptions: "Traumatic confusion arises mainly because the attack and the response to it are denied by the guilt-ridden adults" (1932, p. 178, see also p. 190).

Parental denial of the child's suffering leads not only to confusion but to "traumatic aloneness," and this "is what really renders the attack traumatic, that is, causing the psyche to crack. The being left alone like this must help himself, and for this he must split himself into one who helps and one who is helped" (1932, p. 193). Traumatic shock, or any suffering beyond the threshold of tolerance, leads to splitting, fragmentation, or even atomization of the personality (1930, p. 121; 1932, pp. 38-40, 64, 104; 1933, p. 165).

The degree of trauma determines the degree of splitting (1932, p. 181), ranging from trance through fainting to insanity and even death (1932, pp. 179-180). These forms of splitting protect the victim from trauma and pain (1932, p. 180). Further, when the child splits his personality, then the whole ego doesn't suffer, but individual components suffer by themselves (1932, p. 170). Fragmentation also avoids the pain that may occur when two thoughts are connected (1932, p. 38)—for instance, father as loved parent and father as abuser—and it leads to greater simplicity, making autoplasmic adaptation easier (1932, p. 7; 1930-1932, p. 220).

Splitting results in essentially three parts of the personality. One part is what remains of the injured child (1932, p. 9), the ignorant, distant ego longing for rescue (1932, p. 64). This "part of the person regresses into the state of happiness that existed prior to the trauma—a trauma which it endeavors to annul" (1933, p. 164; see also 1932, p. 177). The child seeks to maintain the situation of tenderness prior to the trauma. But this part of the person is also the suffering child, an unknowing, unconscious, contentless mass of affect (1931, p. 135; 1932, pp. 8-10, 64). It is a fragment of a being that never developed (1930, pp. 122-123; 1933, pp. 160-161), "the remains of the actual person" (1932, p. 10). At one point Ferenczi simply called it the "soul" (1932, p. 181).

A second part of the split personality takes "flight in a progressive sense" (1932, p. 203), maturing suddenly and precociously in sexual, emotional, and intellectual ways, due to mortal fear (1932, pp. 81, 89, 139, 203; 1933, p. 165). The child develops these precocious abilities, hypersensitivities, superintelligences, and even clairvoyance (e.g., 1930-1932, p. 262; 1932, pp. 81, 203, 214) with the purpose of assessing the environment

and calculating the best way to survive (1932, pp. 121, 202) and getting the child to adapt to these necessities (1932, pp. 10, 117; 1933, p. 165). This is the part of the personality that identifies with the aggressor, so she can gratify whatever the aggressor wants from her (1932, pp. 103- 104). This “helpful, loving, often motherly” (1930-1932, p. 237) part of the personality is a caretaker self (1931, p. 136), the “guardian angel” (1932, p. 9, see also p. 64) of the hurtchild self. Ferenczi named it “Orpha” (1932, pp. 8-9, 121). It must preserve the inner, alive part of the personality that has been split off (1932, pp. 9-10), and it also consoles and anesthetizes the suffering part of the personality (1932, pp. 8, 9, 117). While it has a superintelligence, it has no feeling or conviction. Any feeling of its own would be a distraction and reduce its efficiency at its tasks (1932, p. 203). Ferenczi suggested that in extreme need we can hallucinate organs for survival that will actually help us (1932, p. 117). The third part of the personality Ferenczi referred to is what remains when the soul is repressed and Orpha manages the child’s survival: the “body progressively divested of its soul, whose disintegration is not perceived at all or is regarded as an event happening to another person” (1932, p. 9). Ferenczi described it as a soulless body that performs mechanically (1932, p. 64) and as “the ashes of earlier mental sufferings” (1932, p. 10).

THE LONG-TERM EFFECTS OF TRAUMA

It is difficult to undo the effects of trauma because the victim now lives in a world where she no longer assumes she is safe (1932, p. 7; 1933, p. 165). This feeling of danger and the adaptations the child makes so that she can be ready for further shocks result in a traumatically oriented character marked by mistrust, hypersensitivity, rigidity, difficulty sustaining object relationships, pessimism, and an aversion to life, in place of the natural spontaneous personality (1929, p. 104; 1932, pp. 49-50, 89, 123, 175-176). But many of the child’s personality changes are essentially continuations of the responses she made while the traumatic events were happening: “Scars of shocks” to the ego mold the ego (1982, p. 111).

SPLITTING, IDENTIFICATION WITH THE AGGRESSOR, AND MASOCHISM AS EFFECTS OF TRAUMA

For instance, the splitting of the ego that occurs during trauma continues as a permanent state (1930, pp. 121-123; 1931; 1932, pp. 63-64, 80; 1933, pp. 160ff). The child’s self—the undisturbed ego—is repressed and becomes unconscious (1932, p. 111). The child’s contact with her own feelings and her sense of emotional spontaneity are lost (1932, p. 89). The child’s “emotional life vanishes into unconsciousness and regresses to pure body-sensations.

. . . She now experiences fully and completely no emotion whatsoever” (1932, p. 203). Detached intellect—necessary to adapt to further potential traumas—is all that remains (1932, p. 203). In place of the child’s own feelings, particularly her hatred toward the aggressor and her defense against him, there now persists an identification with the aggressor and with the aggressor’s hidden wishes.

Identification with the aggressor was central in Ferenczi’s ideas of the long-term consequences of trauma, as it was in his concept of the child’s immediate adaptation to trauma. After the trauma, the child continues to identify not only with the particular aggressor but with all people, who she also perceives as potential aggressors (1932, p. 203; 1933, pp. 157-158, 162-165). This means that she places herself in the conscious and unconscious world of all people with whom she comes into contact in order to know them from the inside so that she can be safe (1932, p. 177; 1933, p. 165). The child continuously replaces her own view of reality with that of other people (1932, pp. 80, 170-172, 177, 203; 1933, p.162).

While during the traumatic attack it self identifying with the aggressor may have been necessary for survival, in the long run it results in masochism. I think it is possible to identify two forms of masochism in Ferenczi’s descriptions: submissive and provocative. In the first, the child continues to be submissive, “a mechanical, obedient automaton” (1933, p. 163), identifying and complying with the aggressor’s (sometimes hidden) wishes while negating her own feelings (1932, pp. 91, 104, 177). This form of masochism has the goal of avoiding pain (1932, p. 104) and requires “the temporary dying of one’s own person. . . . I do not exist” (1932, p. 104).

One version of this self-effacement involves placating and pacifying the aggressor: “The child becomes a psychiatrist, who treats the madman with understanding and tells him that he is right. (This way he will be

less dangerous.)” (1932, p. 172; also see 1933, p. 165). In a related version, “A mother complaining of her constant miseries can create a nurse for life out of her child” (1933, p. 166). One unfortunate consequence of such emotional “superperformances” is the “complete psychic uncertainty about feelings of love; never quite knowing when and to what extent these represent an obligation and the performance of a duty” (1932, p. 89).

In the second form of masochism, the child becomes “defiant, but is unable to account for the reasons of his defiance” (1933, p. 163). Here the child is essentially provoking the aggressor. Either the child provokes a beating to unmask and protest the aggressor’s hypocritical show of benevolence (1932, p. 167), or else he “commits mistakes on purpose in order to justify and satisfy the adults’ need for aggression” (1932, p. 172).

COLLUSION WITH THE FAMILY’S DENIAL OF THE ABUSE

The child needs to feel she has good parents (1930-1932, p. 268) and cannot tolerate having crazy parents or parents who lack self-control: “If I admit this, then I am left without parents; that is, however (for a child), absolutely impossible” (1932, p. 172). This accounts for the child’s efforts to help or heal the parents, mentioned above (1932, p. 172; 1933, p. 166). The child’s concern about her parents’ troubles also leads her to feel she must keep silent about the assault in order to preserve the family, even to forget it “in order to ensure silence” (1932, p. 118). Such replacing of one’s own perceptions and memory with the family’s party line constitutes identification with the aggressor. On top of this, the offending parent may “test the child’s loyalty by his more and more impossible behavior” (1932, p. 118).

THE EFFECT OF TRAUMA ON FEELINGS OF GUILT

Ferenczi observed a sense of guilt in victims of sexual attacks and saw this as the child’s identification with, or introjection of, the aggressor’s guilt (1932, p. 190; 1933, p. 162). Ferenczi believed that “introjection of the guilt feelings of the adult” is the most destructive aspect of identification with the aggressor (1933, p. 162, original in italics). Ferenczi also attributed feelings of shame to identification with the shame in parents and society (1932, pp. 162-163).

Ferenczi’s idea about introjecting the adult’s feeling of guilt assumes a sense of guilt in the aggressor that may not be present in all cases. In these situations, does the child assume that the aggressor feels guilty based on what the child has previously learned is right and wrong? And is it therefore society’s moral judgments with which the child identifies? Or is it identification with the aggressor’s shame, which may be present even in the absence of guilt, onto which guilt can piggyback? Fairbairn (1943) suggested a different explanation for the abused child’s sense of her own badness: She takes on the abusive parent’s badness—bad by association with the abuse, because the abuse feels bad—so that the parent can continue to be seen as good. Every child, most basically, needs to feel the parent is good. Ferenczi seemed to agree (1932, p. 80).

Aggressors often become severe and punitive with the child following an assault, essentially blaming the child for what was done to her (1933, p. 163). Similarly, the aggressor’s (or other parent’s) anxiety, denial, and threats (1932, p. 190; 1933, p. 163), and his unspoken hatred (1932, p. 200), also communicate to the child that she has been a party to something bad. Ferenczi used the term “super-ego intropression” (1930-1932, p. 279) to describe such behavior by the adults. The child is likely to respond by identifying with the aggressor’s perception and accepting the blame (1933, p. 162). The resulting feelings of complicity and guilt (1932, p. 200; 1933, pp. 162-163) may lead to a reaction of “excessive goodness” (1932, p. 200) in the child.

PRECOCIOUS DEVELOPMENT, REGRESSION, AND FIXATION AS A RESULT OF TRAUMA

During trauma the child takes flight from reality both through precocious progression and through regression, and these also become permanent features of the personality. “Emotions become severed from representations and thought processes” (1932, p. 203). There is “a sudden aging [of intelligence and developmental possibilities] ... at the same time as the emotions turn embryonic” (1932, p. 203). The precocious sexual, emotional, and intellectual abilities that arise in the moment of trauma continue (1932, pp. 89, 203; 1933, p. 165) and may lead to “excessive achievement” (1930-1932, p. 262) and the compulsive “taking on of superhuman tasks” (1932, p. 80, see also p. 203), including sexual and intellectual

“superperformance” (1930-1932, p. 272; see also 1932, pp. 89, 203). Ferenczi came to believe that the dream image of the “wise baby,” which he had first written about a decade earlier (1923), represents this “infantile ‘compulsion for superachievements’” (1930-1932, p. 271; see also 1931, pp. 135-136; 1933, p. 165).

But these precocious developments remain vulnerable because of a continuing wish to regress (1930-1932, p. 262; 1932, pp. 202-203). “The ‘wise baby’ is an abnormality, behind which is hidden repressed infantile passivity, as well as rage over the forcible interruption of that passivity” (1930-1932, p. 271). All responsibilities, including being a patient in analysis (see 1929, p. 106; 1930-1932, p. 272; 1933, pp. 157-158, 163), feel excessive, a burden to the traumatized person. There is a wish not to take responsibility or to perform, a “repugnance for work, incapacity for prolonged effort” (1929, p. 104), and a tendency to fatigue (1930-1932, pp. 262, 272; 1932, pp. 80, 89). The ego is unable to maintain itself in the face of unpleasure (1932, p. 202; 1933, p. 163). There is a longing for passive tenderness and fantasies of happiness, love, and rescue (1929, p. 104; 1932, pp. 80, 202). In addition, the split-off hurt-child ego “seeks to complete the action interrupted by shock” (1932, p. 19), which constitutes “a refusal to take any notice of the injustice suffered” (1932, p. 19, and see above section on “War Neuroses”).

All of this implies, and Ferenczi said, that “part of the person regresses into the state of happiness that existed prior to the trauma—a trauma which it endeavors to annul” (1933, p. 164). Yet Ferenczi also said that “trauma is fixed on the traumatic (not the pretraumatic) moment” (1932, p. 162, see also p. 200), and trauma victims’ continual regression to the moments of trauma in dreams, symptoms, trance states (1930, p. 119; 1931, p. 137; 1932, pp. 28-30, 54-55, 97, 139, 179; 1933, pp. 159-160), and ways of organizing their interpersonal relations (see the following section on “The Effect of Trauma on the Organization of the Inner Object World”), bear this out. Is there a contradiction here?

Perhaps different parts of the split personality have different relationships to the past. It is certainly the hurt-child self that longs for the earlier moments of happiness that would mean the trauma never happened. Yet its continual return to those earlier moments implies that, unconsciously, it perpetually lives in the moment of trauma, from which it flees through these happy fantasies. The precocious adaptive self, on the other hand, seems only to live in the moment of trauma, always ready for danger. A different approach to this question, not incompatible with my own suggestion, was made by Alexander (1956) and Balint (1969, p. 154), both of whom proposed that different clinical pictures of regression in adult patients may depend on whether the regression is mainly to the trauma or to the more satisfactory pretraumatic situation.

THE EFFECT OF TRAUMA ON THE ORGANIZATION OF THE INNER OBJECT WORLD

Balint (1969, p. 131) dates the beginning of an explicit object relations point of view in the analytic literature to Ferenczi’s *Thalassa* (1938), first published in 1923. At the end of the 1920s and the very early 1930s—the years when Ferenczi did most of his writing about trauma—the object relations point of view had not yet been developed to the point of an articulated mapping of people’s inner worlds, complete with good and bad internalized objects interacting with each other and with various internalized egos or selves, as Klein (e.g., 1935, 1946) and Fairbairn (1944) would later describe.

Even for today, but especially in the context of his time, Ferenczi’s descriptions of the inner world of trauma victims were quite articulated. Not only did they represent the most developed conception of an object-relations theory at the time he wrote, but he also linked the splitting of self and objects with trauma. This was not done elsewhere in the psychoanalytic literature until Fairbairn made this connection in the early 1940s.

Ferenczi discussed various egos or selves that resulted from traumainduced splitting. The victim may identify with these selves, and the selves also relate to each other in certain ways. For instance, as discussed above, there is “the split-off intelligence of the unhappy child . . . [which] behaved like a separate person whose duty it was to bring help with all speed to a child almost mortally wounded” (1931, p. 136). This “helpful, loving, often motherly” (1930-1932, p. 237) part of the self, which he named “Orpha” (1932, pp. 8-9, 121), consoles, anesthetizes, and “nurses” (1930-1932, p. 237) the hurt part of the self.

Ferenczi was also explicit that trauma leads to the creation of inner objects. He described, for instance, “introjection of the aggressor . . . [who] disappears as part of the external reality and becomes intra- instead of

extra-psyche" (1933, p. 162). This inner aggressor can then be projected onto real people and influence the victim's perception of, and reaction to, these people, including the analyst. For example, Ferenczi also wrote about the many patients with histories of abuse, who in trance states accused him of being "insensitive, cold, even hard and cruel . . . selfish, heartless, conceited" (1933, p. 157). That is, they saw Ferenczi as the aggressor, and, when not in trance states, responded to him as victims typically respond to aggressors: by identifying themselves with him and suppressing and disguising their hostility and criticism (1933, pp. 157-158). While Ferenczi concluded that his own countertransference, as well as standard analytic technique (1930, p. 124; 1933, pp. 158-159; 1932, pp. 96-100), did in fact contain disguised hostility toward patients that justified their criticisms, he was also clear that the coloration given to current interpersonal relations by their introjects sensitized these patients to any hidden hostility in the therapist (1932, pp. 177, 203; 1933, p. 165).

Other inner objects may also be created as a typical result of trauma, which also subsequently influence the victim's perception of other people. For instance, Ferenczi suggested that "Orpha" can be projected onto other people, including the analyst. We see this in Ferenczi's description of the patient he calls "R.N.," a woman who had been horribly abused as a child. She saw Ferenczi as the "ideal lover" (1932, pp. 44, 64, 214) or "perfect lover" (1932, p. 98) she had been longing for, who would make up for her past sufferings and love and appreciate her fully (see also 1932, p. 80). In a similar vein, Ferenczi said that some "children who have suffered much . . . are prone to 'mother' others also" (1931, p. 136), indicating that the split-off "hurt child" part of the self can also be projected onto others.

The map of trauma victims' inner object world that we can piece together from Ferenczi's descriptions foreshadows Davies and Frawley's (1994) more recent and articulated portrayal of the inner object world of abuse victims as consisting essentially of neglecters, abusers, rescuers, seducers, and the various victim-selves associated with these objects (pp. 167-185). Each of these can be found in Ferenczi's clinical descriptions.

THE EFFECT OF TRAUMA ON PSYCHOSOMATIC SYMPTOMS

Ferenczi wrote about three pathways through which psychological trauma can create psychosomatic symptoms. The first pathway is the child not being loved. Ferenczi believed that the flourishing of the life instinct requires being wanted by the parents, and when this is not the case the life instinct fails to thrive and the death instinct then preponderates over the wish to live. The result is that one's passionate attachment to life and the heartiness of one's constitution are compromised (1929). In the second pathway, excitation persists at the bodily site of the trauma (1932, pp. 80, 123-124) or is displaced onto other body parts (1932, pp. 23, 80), though the excitation may be transformed into different kinds of sensation (1932, p. 80). The third pathway is autosymbolism (symbols used to represent one's sense of one's own functioning). Here, the psychosomatic symptoms are a reenactment within the body of dissociated traumatic experiences, with either the body parts directly involved in the trauma or else other parts of the body selected as stand-ins for the split-off hurt-child self (1931, pp. 135, 139; 1932, p. 80).

The particular psychosomatic consequences of trauma that Ferenczi identified include psychogenic pain (1932, pp. 23, 66-67), colds, circulatory disturbances, loss of appetite, and emaciation (1929, pp. 103-104). He thought that certain epileptic attacks have a psychosomatic component, perhaps reflecting a wish to die (1929, p. 103). Ferenczi saw some respiratory disturbances, including bronchial asthma, glottal spasms, as well as other respiratory difficulties during sleep and relaxation, as attempts at self-strangulation, and as consequences of trauma (1929, p. 103; 1932, pp. 102, 133-134). Ferenczi also believed that hypochondria could be a consequence of trauma, in which the caretaker self became fixated on observing the hurt-child self (1931, p. 136).

THE EFFECT OF TRAUMA ON SEXUAL DEVELOPMENT

As a result of sexual trauma, the child's sexual life remains undeveloped or becomes perverted (1932, pp. 172-173; 1933, p. 163). Genital feelings associated with the trauma may become displaced onto other parts of the body and become hysterical conversion sensory experiences (1932, pp. 23, 80). Mechanical, detached, and compliant sexual behavior, with loss of sexual feeling, can also result (1932, p. 64; 1933, p. 167).

Perversions, Ferenczi came to believe, are hysterical reactions to trauma, not "infantilisms" (1932, p. 155; 1933, pp. 166-167). That is, they result from fear, not fixation based on over- or undergratification. They are a way to satisfy desire without doing something frightening (i.e., heterosexual intercourse becomes

experienced as frightening as a result of being molested or raped [1932, p. 172]).

Genital trauma in childhood can also lead to compulsive sexual performances (1932, p. 89). There may be a fixation on masturbation; this can occur even during intercourse, as a private fantasy replaces a shared experience (1932, pp. 89-90). Ferenczi saw masturbation as a substitute for disappointed love. He understood it as a case of splitting, with a part of the personality that is identified with the rejecting feelings and attitudes of the disappointing lover gratifying another part of the personality. Essentially, to borrow Fairbairn's (1943) language, masturbation is the continuation of a relationship with a bad object. Ferenczi saw masturbation as inherently pathological because it is based on splitting (1932, p. 213). He felt it leads to exhaustion and guilt (which results from "adopting the contemptuous thoughts and judgements" [1932, p. 213] of the rejecting person with whom one has partly identified).

TRAUMATIC MEMORY

When unpleasant external events "force themselves into my consciousness ... a sort of photograph of this external body appear[s] in me as soon as, aware of my weakness, I vanish by withdrawing. . . . Why does the horror-struck person in his anxiety imitate the features of the horrifying thing? . . . The memory mask develops. . . . Originally an effect of the shock. . . . Memory is thus a collection of scars of shocks in the ego" (1932, p. 111). The act of remembering, ipso facto, is a response to trauma and an identification with the aggressor. But in relation to more extreme traumatic events, Ferenczi observed that memory functions differently. He wrote that "a part of our personality can 'die,' and if the remaining part does survive the trauma, it wakes up with a gap in its memory, actually with a gap in the personality, since it is not just the memory of the death struggle that has selectively disappeared or perhaps has been destroyed, but all the associations connected with it as well" (1932, p. 179, see also p. 67).

Yet the memory does exist in some form: It is locked "in a language of gestures ... as organic-physical 'mnems'" (1930-1932, p. 264). "The 'memory' remains fixed in the body and only there can it be awakened" (1930-1932, p. 261). These "forgotten" traumatic events may be "endlessly repeated" in distorted form in dreams (1932, p. 179), symptoms or during trance states (1930, p. 119; 1932, pp. 28-30, 54-55, 97, 139; 1933, pp. 159-160).

But, Ferenczi wondered, if one fully expects to die from the attack, "if life has already been given up, and therefore there is no future ahead of us, why should the individual still take the trouble to register anything?... If it happens . . . that one succeeds in escaping mortal danger or one undergoes the assault one thought would be lethal without being totally destroyed, then it is understandable that one can no longer think about the events that occurred during the period of mental absence subjectively as a memory, but, only by objectifying it, as something that happened to another person, and can only be represented in this form" (1932, p. 180). Essentially, then, memory for traumatic events is state-specific: It is only accessible in the dissociated state in which it was originally experienced (1930-1932, pp. 239, 240, 261), and the traumatic memory itself mirrors the dissociated point of view of the original traumatic experience. As mentioned earlier, another motive for forgetting an assault can be to protect and preserve the family (1932, p. 118).

THE ROLE OF TRAUMA IN NORMAL DEVELOPMENT

Ferenczi proposed that "small traumata easy to overcome," which occur gradually and when the child is ready, are necessary for normal ego development (2) (1930-1932, p. 263, see also p. 269). But if the traumas are too strong, this leads to a fixation and attraction to the past and to the trauma (1930-1932, p. 269). The development of speech, like memory, is learned through imitation and therefore constitutes a record of trauma (1932, pp. 112-113). Ferenczi seemed to assume that all identification results from fear.

CONCLUSION

In his last years, Ferenczi, himself a "wise baby" (1930-1932, p. 274), became increasingly interested in the crippling effects of psychological trauma and its treatment. His experiments in technique, especially relaxation technique and mutual analysis, were attempts to treat patients who were not responsive to more standard analytic treatment because their personalities had been damaged by child abuse. Ferenczi's explorations of trauma and analytic technique led him ultimately to accuse the standard analytic technique of his time as itself retraumatizing these patients (1933, pp. 159-160). Ferenczi's experiments in restructuring

analytic treatment to address the therapeutic requirements of abuse victims have had profound effects on subsequent conceptions of the analytic relationship—even if his influence on these conceptions has often been unacknowledged.

Ferenczi's investigations of trauma were certainly ahead of his time; in important ways they are at the edge of our current understanding of trauma. This paper has brought together Ferenczi's observations from various sources with the aim of presenting a comprehensive statement of Ferenczi's theory of trauma—something Ferenczi himself never got the opportunity to do.

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