

## THE PSYCHOANALYTIC CONCEPTION OF TRAUMA IN FERENCZI AND THE QUESTION OF TEMPORALITY

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A reciprocal and ongoing interaction about theory and clinical technique developed between Freud and Ferenczi in the years from 1908 to 1933. During the course of this ongoing dialogue, the concept of psychic trauma gradually transformed. Ferenczi continued to elaborate on this issue, and concluded with his work on the interaction of trauma and fantasy. Ferenczi initially refuted Freud's early trauma theses and finally conceptualized a metapsychological reformulation of trauma, an inverse development to Freud's formulations. Ferenczi highlighted two essential concepts in the theory and technique of trauma: the processes of identification and the splitting of the ego, while he stressed the enormous role of disavowal in the dynamics of trauma. The author hopes to demonstrate how Ferenczi's contributions added to developments of the concepts of disavowal and temporality, to the recovery of traumatic memory and the modification of the classical concept of interpretations.

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The advances in psychoanalytic theory have dates and are products of their historical moments. Some produce effects, which are continuous through time, while others seem to disappear, only to return much later, producing new associations and further developments.

We know that Ferenczi's theory of trauma grew out of his clinical experience, which he described in his last works, particularly in his well-known paper "Confusion of the tongues," which, in spite of tenacious opposition from Freud, Jones, Brill and Eitingon, he read at the XII Congress of IPA, held in Wiesbaden in 1932. Even though some of these ideas disappeared

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after his death, he introduced reflections on temporality in analysis, which have perhaps become essential today. In what follows, I would like to share some thoughts about Ferenczi's ideas.

As is well known, Ferenczi presented the essential aspects of his theory of trauma in "The confusion of tongues between adults and the child" (1933). In this work, he affirmed that external objects had a determining role in the structuring of the psychic apparatus of the child and stressed the importance of two essential concepts: on the one hand, the *identificatory processes* (whose theory Freud had inaugurated in 1921), and on the other the *splitting of the ego*. Expanding the concept of seduction theorized by Freud, Ferenczi made a significant theoretical advance, attributing traumatic etiology to a "psychic violation" of the child by an adult, to a "confusion of tongues" between them, and above all to the adult's disavowal of the child's pain. A trauma is produced in the child's psyche when these modalities of psychic invasion disqualify the child's thought and affect, denying it recognition, and this inevitably generates a split. The adult's language of passion unconsciously manipulates the eroticism of love and hate, clashing violently with the child's language of tenderness. This "misunderstanding" produces fear, disappointment and pain in the child, who had placed his trust in the adult.

At first, faced with the impossibility of defending himself from the adult, the child submits to the adult's desires and his will, and then identifies with him ("identification with the aggressor"), introjecting the guilt feelings that the adult, to a greater or lesser extent, has felt for his acts. We are talking about the "introjection of guilt feelings."

The traumatic effect appears later, however, as a consequence of the adult's *disavowal*.<sup>1</sup> This occurs when the adult, who cannot bear it, disavows the child's discourse, and this disavowal interrupts all introjective processes and paralyzes thought, affecting not only the child's use of language but also its possibility of representation and fantasy. Following the conceptualization of Abraham and Török (1994), the words of the child remain "buried alive."

Ferenczi's most controversial idea was rooted in the fact that he thought that a similar process could be observed in the space of the analytic relationship as a consequence of the forced intromission, and the compulsion to interpret of certain analysts coupled with the neurotic submission of certain patients (Martín Cabré, 1997, 2001). This theoretical idea, developed by Ferenczi in his last works, had important clinical and technical consequences and focused attention on the extreme states of pain and agony in psychic life.

Many of these ideas can be found in that fascinating document that is Ferenczi's (1932) *Clinical diary*. In the entries for February 4 and 14, he

takes up some of the ideas he had advanced in "The Problem of the acceptance of unpleasant ideas" (1926), developing them with more precision. Ferenczi seems to refer to extreme states of pain and suffering more than to "unpleasure," and even more, as expressed in his later Clinical diary, to "...a great pain that has an anesthetic effect, a pain without ideational content and not accessible to the consciousness..."<sup>2</sup>

This line of thought places his idea of trauma in relation to temporality. What happens when the suffering increases and exceeds the child's capacity to bear it? Usually, "the child comes to be beside itself." But if he is not "in himself," where is he? Ferenczi's reply to this question introduces the idea of temporality in trauma. "...they are far away in the universe; they are flying at a colossal speed among the stars; they feel so thin that they pass without hindrance through the densest substances; where they are, there is no time; past, present, and future are simultaneous for them; in a word, they feel they have overcome time and space..."<sup>3</sup> In other words, extreme pain is unrepresentable pain, and the subject is outside chronological, historical time. This pain is present and is much more extreme than the pain of the memory of past pain. More than historical time, this time is furiously present, as though the subject needed to organize the space of no place and non existence.

From this perspective, consequently, the traumatic becomes something, which is not inscribed, in the psychic apparatus. The reaction to pain involves the space of the unrepresentable and is inaccessible to memory. Therefore, the traumatic cannot be repressed or remembered because it exists in a psychic space beyond representation; it disorganizes the world of representations, including that of the analyst. In other words, the trauma "presents" itself, it does not "re-present" itself; its presence does not belong to any present, it even destroys the present in which introduces itself. It is an absolute present without presence, a mad present in which the subject abandons time in the effort to place his impossible suffering in a vaster temporal unity. This is a present that is endless and inexhaustibly present and at the same time empty.

Ferenczi inscribes his theory of trauma in the dimension of a "present" that is beyond time and history. As opposed to the historical present that establishes presence and identity, in the traumatic present everything dissolves; there is no subject, nor is there opposition between subject and object. What Ferenczi suggests is that in the dynamics and the temporal dimension of trauma, we are dealing with something belonging to death, something even Freud could not represent.<sup>4</sup> Perhaps more than towards death-as-limit, what Ferenczi points to is endless dying in a time in which nothing begins. Time is mummified, and the trauma acts like dead tissue, paralyzing the function of the après-coup.

With his adaptation of the idea of "autotomy," Ferenczi affirms that the subject "dies" by splitting. He feels no pain because he does not exist. "...He is no longer worried about breathing or about the preservation of his life in general. Moreover, he regards being destroyed or mutilated with interest, as if it is no longer his own self but another person who is undergoing these torments..."<sup>5</sup> As he demonstrates in his fascinating clinical description of his patient, O.S.,<sup>6</sup> the sense of time is lost "...as though life did not have to come to an end in old age and death..."<sup>7</sup> Paradoxically, this extreme response is life saving. To protect its spirit and integrity, the living part of the body must be sacrificed and must submit to self-treatment, an autonomy in which the person must subtract himself from himself and others. Does this not remind us of psychosis?

But to consider that in analytic work there is something different at work than remembering, which would be only one of the forms of temporality, allows us to think about other present times that open the subject to other modes of existence. "Present death" and "present pain" imply the exit from a certain kind of temporality. This introduces a series of fundamental questions about psychoanalytic technique and places the problem of temporality in trauma in a radically new clinical perspective. How can we psychoanalysts understand and detect the time of the traumatic if by its nature it is not representable? How can we interpret something that is not representable and that has no historical dimension?

As Freud would later argue in "Constructions in analysis" (1938), in "The problem of the termination of the analysis" (1927) Ferenczi already affirmed that in the reconstruction or in the construction of the analyst, the fundamental issue is not the memory and that it is even possible that the traumatic memory of the patient can never be accessed. On the contrary, if the analysis has been carried out correctly, we obtain a conviction about the exactness of the construction. And this "conviction," this "certainty" as Bion would say, is equivalent to the effect produced by the recovered memory. Although memories are not formed in a "vacuum," Ferenczi's idea, like that of Freud, is that the "construction" obtained by the analyst is a "new truth."

And, curiously, this idea was not new. In "Screen memories" (1899), Freud had argued that infantile memories do not emerge, as people had thought, but instead they are formed in the very instant through a perception determined by the "Nachträglichkeit." We can think of many examples of this: Bion's (1965) concept of "narration as transformation," or the thesis of Spence (1982) and Stern (1985), who affirm that psychoanalytic constructions are narratives that are produced only in an interactive field, or many of the contemporary works of neurophysiologists and neuropsychologists on memory as construction and not as archive. In the same line of thinking,

but from a different theoretical perspective, S. Videman (1970) affirmed that historical truth is not re-found in the cure but that it is constructed within it.

This is not easy work for the analyst, who is a witness to the patient's traumatic experience and who must also deal with his own irrelevance and with his own unrepresentable mental spaces. From this perspective, it is not only the instrument of interpretation that will give the analyst access to the deepest nuclei of the patient's internal world and above all will enable psychic change that will alleviate his suffering and despair. Apparently, Ferenczi situates the analyst in the place of an impossible listening and on the limits not only of the psychic and the somatic but also of the thinkable.

In clinical work, we analysts habitually deal with our patients' suffering. But the suffering Ferenczi refers to in his analysis of the dynamics of trauma is unbearable, limitless, unknowable and uncontainable.

A passage in his *Clinical diary* referring to patient G is an example of this: the patient describes the traumatic experience of witnessing her parents in sexual intercourse that turned into a violent scene in which her father attempted to strangle her mother. She says "...no one is thinking about me, I cannot run to anyone, I am left to myself, but how can I survive alone? Something to eat would appease me, but no one is thinking of me; I would like to scream, but don't dare, better that I keep silence and remain hidden, otherwise they will do something to me; I hate them both, I would like to push them away-impossible, I am too weak, and it would also be too dangerous; I would like to run away, but I don't know where, I would like to spit out this whole business as I would something disgusting..." (p. 202) According to Ferenczi, "... the unbearable nature of a situation leads to a sleeplike state of mind, in which all that is possible can be altered as in dreams..." but if the unpleasure persists without any help arriving, then one regresses even further back: "I am so dreadfully alone, of course I haven't been born yet, I am floating in the womb..." (p. 202). Here time has stopped, it is bound in an infinite, limitless and empty present. This is the time of trauma. A time in which nothing is begun, a time with no possibility of negation, of initiative, of movement. The trauma, unique and unimaginable, interrupts the continuity of time, introducing the unrepresentable into the chain of representations, and, like a flash of lightning, it illuminates a vision of death.

Recent proposals by authors like Cesar and Sara Botella (2001), who understand psychic life as continuous transformations oscillating between the unrepresentable and representability, between the imprint of memory without remembrance and the dream that attempts to symbolize it, approx-

imate Ferenczi's position when he conceived of the analyst's function as work toward representation that grows out of the formal regression of his thought during the session in the attempt to accede to the patient's memory without remembrance, to his unrepressed unconscious, if we follow the recent arguments proposed by Mauro Mancía (2005).

In conclusion, I would like to add that my thoughts, and those of my colleagues demonstrate the importance of Ferenczi's thought in a moment of crisis in psychoanalysis. Perhaps this is because Ferenczi was able to place himself on the limits and to observe the forms of expression he found there. And he was able to challenge "politically correct" psychoanalysis in order to approach patients who lived outside time as he attempted to understand their anguish as they suffered the impossible.

*Sommario:* L'autore parte della costante interazione reciproca che Freud e Ferenczi portarono avanti sia nella teoria che nella pratica clinica e che senza dubbio segnò lo sviluppo psicoanalitico dal 1908 al 1933. Incide, in modo particolare, nel processo di trasformazione del concetto di trauma psichico che Ferenczi elabora attraverso la sua opera, producendo un movimento inverso a quello che Freud portò a termine rispetto all' interazione fra trauma e fantasia. Ferenczi, partendo da una posizione di rifiuto alle tesi di Freud anteriori al 1897, finì per proporre una riformulazione metapsicologica del trauma mettendo in risalto due concetti essenziali per la teoria e la tecnica psicoanalitica: i processi di identificazione e quelli di scissione dell'io, sottolineando il ruolo del diniego nella dinamica del trauma. Per ultimo l'autore tenta di dimostrare come il contributo di Ferenczi contribuì a determinanti sviluppi teorici posteriori sulla teoria e la tecnica psicoanalitica. In modo particolare, mettere l'accento in un aspetto diverso alla rimozione ed al recupero del ricordo nell'analisi, presume una prospettiva diversa sulla temporalità e modifica la concezione classica sull' interpretazione.

## NOTES

1. In "Fetishism" (1927), Freud sees disavowal and splitting as the consequence of the inability to tolerate the "reality" of castration; therefore, they have an internal origin. Ferenczi thought that they were produced in an intersubjective space, in relationship with an object.
2. *Clinical Diary*, February 4.
3. *Clinical Diary*, February 14, p. 32
4. "...Trauma is a process of dissolution that moves toward total dissolution, that is to say, death..." (Clinical diary, June 18, p. 130).
5. *Clinical Diary*, January 10, p. 6.
6. June 26, 1932.
7. *Clinical Diary*, June, 26, p. 142.

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