

THE LANGUAGE OF ABSENCE AND THE LANGUAGE OF TENDERNESS: THERAPEUTIC TRANSFORMATION OF EARLY PSYCHIC TRAUMA AND DISSOCIATION AS RESOLUTION OF THE “IDENTIFICATION WITH THE AGGRESSOR”¹

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Sandor Ferenczi (1933/1955a) was the first psychoanalyst to conceptualize the intrapsychic consequences of early developmental, relational trauma. He revived aspects of external trauma from Freud’s old renounced seduction theory, which he regarded as “undeservedly abandoned” (Ferenczi, 1930/1955, p. 108), only “to return to what was good in the teachings of the past” and combine it with “the more recent development of our science” (p. 113).

My intention in this paper is similar. Ferenczi’s original and innovative thinking contributed concepts that even today add, deepen, and enrich the theories of Winnicott and Kohut, Relational Theories, Attachment Theory, and contemporary theories of developmental trauma. Rereading Ferenczi’s work allows for a more integrated understanding of it, and enables embedding it in current conceptualizations.

Ferenczi’s ideas about the traumatic origins of psychopathology culminated in his *Clinical Diary* (Dupont, 1988). *The Diary* is a unique and radical document, a treasure of intriguing theoretical and clinical insights that formulate a theory of early psychic trauma and its clinical implications. Ferenczi kept the diary during a period of nine months, from January to October 1932. He began writing it when he despaired of gaining Freud’s recognition of his ideas as complementary to Freud’s theory. Despite Ferenczi’s central position in the psychoanalytic society — and in spite of a long-standing close collaboration, friendship, and also being Ferenczi’s analyst — Freud regarded the direction Ferenczi’s work had taken in his last decade as heretical. Ferenczi died, aged 59, some months after writing the

¹ A first version of this paper was presented in Hebrew at the Israeli Association for Psychoanalytic Psychotherapy, October 27th, 2011. The English version was originally presented at a Scientific Meeting at the San Francisco Center for Psychoanalysis, March 10, 2014, San Francisco, CA.

diary's painful final entry, describing his breakdown following Freud's strong disapproval of the paper, which Ferenczi intended to present to the 12th International Psychoanalytic Conference at Wiesbaden that year (1932). Nevertheless, Ferenczi did present his paper, "Confusion of Tongues Between the Adult and the Child — The Language of Tenderness and of Passion" (1933), for which he was ignored by the psychoanalytic community. The diary, which remained hidden for the next 53 years, was published posthumously, first in French in 1985 and subsequently in English in 1988.

I would like to present Ferenczi's theory as I see it today, through contemporary lenses of conceptualizations of early developmental trauma. Its essence, I believe, is in the notion of "identification with the aggressor," a concept that encompasses both the original external traumatic event and its intrapsychic lasting imprint, as well as the intrapsychic and intersubjective compulsive repetition of it. I shall describe these derivatives and the critical importance of their transformation for the traumatized self.

What Is the Identification with the Aggressor?

Let me go back to Ferenczi's theory of the evolving psyche. At the beginning of life, prior to the emergence of the self and in the absence of mechanisms of withdrawal and regulation, the infant's psyche is tender and permeable to the environment. The initial inborn tendency is to immerse in the other, which is primal to the principle of self-assertion. Self-assertion, as Ferenczi phrased it, requires active adaptation by the caretaker as a prerequisite for the emergence of inborn tendencies. Life within the environment shifts between the principle of self-assertion, which is felt as love, and the principle of adjustment-to-the-environment — a pressure to adjust to the other beyond the tender psyche's ability to contain it, which is sensed as a shock ridden with fear, forcing the infant to relinquish any self-assertive response (Dupont, 1988, June 30th). In other words, until the Ego and its functions develop, any external pressure on the mental apparatus beyond its capacity to process it is sensed as a breakdown of the whole psyche itself, as an anxiety of annihilation. Thus, the opposite of love is not hate but fear, and the balance between them shapes mental development.

Extensive maladjustment of the environment — an extensive absence of a good-enough facilitating environment — is traumatic, as it disrupts the continuity of being (Winnicott 1961/1989b) and arouses automatic survival

modes of fragmentation and dissociation. These are pre-love and pre-hate and pre-psyche conflict. The authentic responses of helplessness, of extreme vulnerability, and of unbearable primitive agonies (Winnicott, 1963/1989a) are fragmented and dissociated. Thus, external absence of adjustment simultaneously becomes an intrapsychic absence of the authentic self.

Dissociation differs from repression in that it is an automatic, fear-ridden reaction to external danger of annihilation, and not a defense against internal conflict. Consciousness itself is fragmented, keeping its parts dis-associated from each other. Dissociation includes what happened but was not experienced, what was meant to go on existing and materializing but was prematurely cut off due to environmental failure. Furthermore, the other's non-recognition of the child's tender needs is coercively incorporated, operating from within as an alien transplant that continues to threaten the dissociated tendencies, or in Winnicott's (1960/1965) terms — the true self. The threat of fear of breakdown is an extremely powerful force that operates intrapsychically to keep the dissociated parts from reviving.

The identification with the aggressor is actually the incorporation of self-annulment on a broad spectrum of degrees and types of accumulative developmental traumas — psychological, physical, and sexual — and of neglect, indifference, and deprivation, including the absence of what should have been there for facilitating a normal development. What is aggressive in the absence of a good-enough environment is that this very absence coerces the tender psyche to react and adjust from within to the other, while distorting it from within and harming its natural and spontaneous development. The term "aggressor" is not just in the sense of explicit aggression and not in the usual sense, as we know it from Anna Freud, namely, as identification with the aggressiveness of the aggressor. It is the traumatic impact of the external other on the tender, fragile, and suggestible psyche that is violent, forcing it instantaneously to adjust fearfully to the outside while obliterating itself. This "alien transplant" (Dupont, 1988) is felt as originating from within, as "me." Simultaneously, the authentic "me" is dissociated, threatening as "not me," the revival of which arouses fear of breakdown (Winnicott, 1963/1989). The absent attachment and mirroring of the child's ruptured psyche constructs a distorted intrapsychic sense of what is "me" and of what is "not-me."

I would like to stress another important point. At the stage of tenderness

and dependency, external trauma has a double nature. When absence of protection from external threat is accompanied by a denial of it and of its psychic consequences, only then does it become a psychic trauma. Furthermore, an absence of recognition and containment by the caretaker of the psychic rupture is a breakdown of the crucial attachment, which is, in itself, annihilating. Early mental trauma occurs in situations of *this double absence, absence within absence* (Gurevich, 2014).

Winnicott's (1971) formulation of $x+y+z$ reiterates Ferenczi's original ideas, pointing out the annihilating impact of this absence within absence at the stage of dependency:

The feeling of the mother's existence lasts x minutes. If the mother is away more than x minutes, than the imago fades, and along with this the baby's capacity to use the symbol of the union ceases. The baby is distressed, but this distress is soon *mended* because the mother returns in $x+y$ minutes. In $x+y$ minutes the baby has not become altered. But in $x+y+z$ minutes the baby has become *traumatized*. In $x+y+z$ minutes the mother's return does not mend the baby's altered state. Trauma implies that the baby has experienced a break in life's continuity, so that primitive defenses now become organized to defend against a repetition of "unthinkable anxiety" or a return of the acute confusional state that belongs to disintegration of nascent ego structure.... (pp. 114-115)

The extent of self distortion depends on the mother's awareness or her own dissociation of her baby's distress, as pointed out by Ogden (2014) when he writes: "... the feeling of falling forever is only an agony when the infantile self is disconnected from the mother" (p. 211).

This double absence is presented in the psyche not as an absent representation, but rather as a presentation of absence (Green, 1999). The "language of absence" (Gurevich, 2008) is the unique grammar of these phenomena, enabling us to mentalize (Fonagy & Target, 1998) them as the manifestations of absence, to recognize them and work them through. I suggest that the "presencing" of these absences by a containing analyst in analysis will transform and return the psyche from situation "Z" to "Y," and enable a continuity of being that contains external and internal absences without a survival need for dissociation.

Further Intrapsychic Consequences of Identification with the Aggressor

While the false self adjusts to the environment, it keeps the authentic and injured self withdrawn from reality. It lives in hiding as a tendency, preserving an “unthought known” (Bollas, 1987), truth and reality, awaiting revival and reparation (as in Winnicott) and reconnection with the situation from which its development was arrested (as in Kohut). Expressions of the dissociated parts are not reflective but “direct broadcasts” from the psychic domain of the “the child who has fainted” (Dupont, 1988, January 12th), who experiences the terror of a repeat of the psychic catastrophe in every dependent relationship.

Whenever the need for tenderness is aroused, there is an attendant fear of annihilation and breakdown, defended by self-condemnation and self-annihilation, resulting in a sense of inadequacy and basic fault (Balint, 1968), as well as shame and guilt for the very existence of the authentic self. The internalized identification with the aggressor guards it, but also compulsively fends it off. Intersubjectively, the other is repeatedly experienced as an ever-present threatening aggressor, demanding compliance, submission (Ghent, 1990/1999), and subjugation (Ogden, 2004).

Orpha

I would like to introduce here the concept of Orpha,² which is mentioned only a few times in the *Clinical Diary*³ but fascinated my heart and imagination. Underscoring this notion enriches our understanding of the psychic tendencies that it describes. It is believed that Ferenczi heard about Orpha from Elizabeth Severn, the most prominent patient in the *Clinical Diary*. Severn, who was interested in the occult and spiritualism, told Ferenczi that her Orpha had found him for her and guided her to him so that he might rescue her.

² This concept was referred to by Frankel (1998), Galdi (1999), Fortune (2003), Kalshed (2003), and recently received an extended significance by Haynal (2014) in his last conclusive article about Ferenczi. I join his deep appreciation for the late Nancy Smith (1998a, 1998b, 1999, 2001) for her inspiring papers about Orphic functions.

³ January 12th, May 1st, and June 12th.

Orpha is a mythical poetical name⁴ for an innate life-preserving force that provides protective mothering in its absence at the age of tenderness. In such a traumatic absence, resulting in identification with the aggressor and in psychic annihilation and psychic death, Orpha comes into being to save the crumbled self from the threat to its very existence. Orpha appears from the depth of despair and helplessness and, as if by magic, revives the ashes of the soul, gathers its dissociated fragments, and even allows for madness to intervene in order to survive. Orpha, in Winnicott's (1960/1965) terms, also allows for a false self to take over in order to survive, while taking upon itself the absent maternal functions and being a part of the false self as well. Orpha is a guardian angel that preserves consoling hallucinations, soothes psychic pain, and shields the dissociated parts from further injury.

Orpha may develop in intelligent or sensitive children a prematurely "wise baby" who is conscious and aware of the aggressor's psyche, predicts his or her actions, knows how to satisfy his or her needs and wishes. Though the wise baby obeys the aggressor, he is secretly contemptuous, knowing that he is immune. By its Orphic powers, it observes psychic catastrophe beyond space and time, and has a visionary ability that enables it to predict recurring trauma. Its cosmic intelligence allows it to digest the aggressor's most monstrous behavior (Dupont, 1988, p. 207). These are the Orphic functions of the patient (Smith 1998a, 1998b, 1999, 2001).

Yet Orpha and the wise baby are detached from any emotion, blind to their own needs, and out of touch with their suffering. Though they manage to preserve the existence of the pre-traumatic psyche from destruction (Dupont, 1988, p. 39), this is achieved by means of fragmentation and dissociation, entrenching the identification with the aggressor and the false self. This perpetuates and compulsively repeats an intrapsychic survival-oriented mode of existence, and lacks the necessary oxygen for the trauma's healing and recovery and cannot restore attachment.

For the dissociated parts to revive and reconnect intrapsychically and for true intersubjective contact to be restored, helplessness and despair must be experienced (and not dissociated) with an empathic and containing other.

⁴ This name should not be mistaken for the Biblical name Orpah (daughter-in-law of Naomi in the Book of Ruth). The spelling in English is similar, but not in Hebrew. There is no etymological link between the two names.

Transformation occurs only when Orpha relinquishes her hold over the dissociated psyche, trusts the analyst to join her, surrendering her exclusive role and place, and the therapist takes over its reviving functions, though not at the cost of emotional detachment. This includes acknowledging the analyst's own failures and their intrapsychic re-traumatizing impact on the patient. These, I suggest, are the analyst's Orphic functions.

A better idea of the complicated nature of these Orphic functions can be gained by a glimpse at the mythological background of Orpha, who is not mentioned in Grave's *Greek Mythology*. Jacob Bryant (Wikipedia), a British scholar and mythographer who lived in the 18th century, described Orpha in his book *A New System or Analysis of Ancient Mythology* (1774-1776) as a goddess who was part of the ancient Orphic cult:

As there was an Orpheus in Thrace, so there appears to have been an Orpha in Laconia, of whose history we have but few remains. They represent her as a Nymph, the daughter of Dion, and greatly beloved by Dionusus. She was said, at the close of her life, to have been changed to a tree. The fable probably relates to the Dionusiaca, and other Orphic rites, which had been in early times introduced into the part of the world abovementioned, where they were celebrated at a place called Orpha. But the rites grew into disuse, and the history of the place became obsolete: hence Orpha has been converted to a nymph, favoured of the God there worshipped; and was afterwards supposed to have been changed to one of the trees, which grew within its precincts.

Orpha is the feminine aspect of Orpheus, the poet and musician of Greek mythology. Animals were magically attracted whenever he played his music: mountains moved, rivers changed their course, and stones and trees shed tears. He fell in love with Euridyce and wanted to marry her. On her way to the wedding, Euridyce was bitten by a snake, collapsed, and died. Inconsolable, Orpheus decided to follow Euridyce into the underworld, the domain of the dead, and bring her back. Through his poetry and music he managed to persuade the gods of the underworld to relent, but on one condition only: he must not turn back and look at her face until the two of them reached the world of light. Orpheus could not resist and turned his eyes on her when she still lingered in the shade. Euridyce disappeared back into Hades, and this time forever.

Unlike Oedipal Freud, who focused on repressed libidinal and aggressive

drives in the unconscious, Ferenczi sends Orpha to search for the abandoned infant, the orphan, to raise the dead, frozen, infantile psyche from the underworld. Reviving it requires a descent into the regions of death, despair, and absolute helplessness. Orpha has the ability to restrain a disbelieving gaze at the ascending remains, granting Orpheus a mothering function that is devoted to any restriction that would save them.

I believe that the transition from Oedipus to Orpheus is paradigmatic: from unraveling the unconscious drives to the revival of dead parts. Orpha, moreover, adds a feminine aspect to Orpheus (the failed reviver) by donating him compassion, empathy, and capacity to take over mothering functions. The notion of Orpha epitomizes the amazing human ability to die psychically and nevertheless to go on living and surviving.

Yet, Orpha needs the analyst to restore faith in an other who fully believes in the existence of those lost parts, who is actively involved in their rescue, and who is willing to dedicate himself or herself to the call from the dead.

Clinical Implications of Orpha

In analysis, first and foremost, the analyst must gain Orpha's trust and help her look after the dissociated injured parts. For this to be achieved, the analyst needs to see himself or herself from Orpha's vantage point and understand her functions in the language of absence as survival attempts to guard the psyche against repeated trauma. A patient's Orpha, then, may help the analyst treat the patient and lets the analyst know what to say in order to support the suffering self. Regarding this as resistance is a re-traumatizing imposition of the analyst's agenda and will distance Orpha again. Orpha must be sure that the therapist will accept her protestations as well as her suggestions.

In his diary, Ferenczi describes how a patient told him to wrap an impenetrable envelope around the painful part of her psyche, which was situated in her head, in order to protect it from collapse, "... and when he would go, to please leave part of himself with her to guard her as a protecting spirit" (Dupont, 1988, May 12th). The patient demanded that he put his psychic powers at the disposal of her own fragmented psyche by addressing her in a simple manner. It did not work when Ferenczi spoke to her without showing feeling. She was responsive only when he fulfilled her needs wholeheartedly. Recognition of the therapist's failure — that is, making his emotional absence present for both analyst and patient — allows for the patient's

inner absence to become present and leads to its revival.

Such a pact with the therapist restores Orpha's willingness to make her appearance in the intersubjective field, and to guide the therapist to the dissociated parts. This revival happens in collaboration with the therapist whose empathy, emotional involvement, facilitating tenderness, and acknowledgement of absence reconnects Orpha to emotions. A compassionate and protective gaze from the analyst may gradually relieve the terror of annihilation, and has the capacity to dissolve Orpha's own fear of the exposure of tenderness and its revival. Orphic self-preservation can then be diminished, allowing for regression to dependence with the analyst (Winnicott 1954/1958b).

The aim of analysis is to heal the identification with the aggressor by rejoining the dissociated parts, and enabling the self a life that is not driven by fear and survival modes. Regression to a trustful pre-traumatic state is a prerequisite for this becoming the external and internal space in which the identification with the aggressor is worked through. Such an approach by the therapist will be felt by the patient as a fear-dissolving love, which then arouses a need for effortless tenderness (Dupont, 1988, June 3rd). Rather than a narcissistic response, this is to be recognized as the formerly frozen, passive love for the primary object: to be loved by the other without having to adjust to him.

Yet the road is strewn with obstacles, and each and every inappropriate move may bring the rescue effort to a halt. The patient's dissociated psyche yearns for authentic and vital connection, while dreading it, too. As in the myth of Orpheus and Euridyce, Ferenczi warns, exposing what has become dissociated to the living gaze of the analyst may cause it to die yet another death. Recognizing the analyst's lethal impact is the only chance to avoid total renunciation of the hope to rise from psychic deadness. The Orphic analyst knows the tragic survival solution and its consequences. Unlike Orpheus, this analyst takes responsibility for his deadly impact and, unlike Orpha, feels the anguish and unbearable psychic pain of the dead parts, contains it, and attempts to revive them in order to restore genuine intersubjective relations.

It is crucial to realize that the real relationship between patient and therapist constitutes the space in which initial trauma is enacted repeatedly. Ferenczi demanded that the therapist acknowledge the inevitability of being an aggressor himself, the actual undertaker (Dupont, 1988, May 8th) of the

patient's psyche, whether as a result of misunderstandings, due to the imposition of his interpretations on the patient, or because of the expectation that the patient adjust to the setting. The therapist should be aware how and when the patient feels imposed upon or used by the analyst for his or her own needs. Being aware of the language of tenderness, it is the therapist's recognition of his or her impact on the patient that either enables or prevents self-expression for the patient. The analyst must actively seek situations in which the patient adjusts himself to the therapist by self-denial. It is the therapist's task to express and verbalize those clamoring, dissociated feelings on behalf of the patient until he can express them himself. In doing so, the analyst recognizes his or her absences and their deadening influence on the patient in the present relations. "Presencing" these external and internal absences empathically is the heart of healing and reparation. Given the containing intersubjective space to experience self-assertion (as in Winnicott's [1945/1958a] "ruthlessness"), annihilation anxiety can be tolerated without recourse to fragmentation and dissociation.

In drawing attention to the therapist's impact and inevitable contribution to the repetition of the trauma in analysis, Ferenczi revealed the vulnerability and limitations of the therapist and made it necessary to acknowledge these as a vital part of the therapy. It is the therapist's attitude, subjectivity, countertransference that influences the transference, and not the other way around.

Identification with the aggressor continuously terrorizes and curbs the needs for tenderness from within as well. In extreme circumstances, Orpha may identify with the aggressor to keep her primacy, regarding the analyst as intending to usurp her role (Winnicott 1941/1975). It is crucial to know the multilayer complexity of the Orphic survival functions and intrapsychic of repercussions (Winnicott's [1960/1965] "true and false self," Grotstein's [2010] "Orphan's of O," Fairbairn's [1952] "internal saboteur," Steiner's [1993] "psychic retreats," etc.), as one warning look from Orpha can once more eliminate all tenderness. What is manifested in the intersubjective space (fear of the other) also reflects internal perverse relations between parts of the self: the patient's Orphic double-faced functioning allows survival of the dissociated parts, but curbs their appearance both intrapsychically and intersubjectively in fear of breakdown. Trusting the analyst may allow the patient to recognize, revive, and contain not only his fear of the external perceived aggressor, but also contain the violent domination of the

“interjected” one (Bollas 1999a), whose threatening power Orpha by herself cannot dissipate.

Interpretation alone never suffices to revive the traumatic events; “something” (Dupont, 1988, January 31st) must actually be added in the real relationship if it is to transform into a mental reality. When the therapist, together with and on behalf of the patient, experiences the deadness and suffering as real, the therapist directs himself or herself to the dissociated child, like an alarmed mother who comes to his aid, before the patient once again identifies with the self-obliteration.

One must keep in mind that the fragmentation of consciousness is real. The damaged child lives in a primitive and primary way, responding to every other person as a threat to his existence. The only way of connecting to him is by meeting him on the level of existence at which he became dissociated. In order to connect with him, the analyst must believe in its existence, feel it, and address it directly, understanding the language of tenderness in which its responses are adjustments to the original external absence within absence. Play, tenderness, full trust in the realness of the patient’s experience, sincerity and authenticity — all these are critical to enable the revival of dissociated self-states. They are “like a kind of glue, [that] binds together permanently the intellectually assembled fragments, surrounding even the personality thus repaired with a new aura of vitality and optimism” (Dupont, 1988, March 20th).

Yet again, the revival of insufferable psychic pain and dissociated tender needs can be dangerous and may result in psychic crisis and extreme dependency. This is not a malignant regression but a crucial opportunity to experience in an empathic environment what up to now was up to now was dissociated. Living it through allows it to *be* rather than be dissociated, and dissipates the internal fear of breakdown.

Ruptures in the therapeutic relationship are inevitable and now arouse anger and rage at the analyst (Dupont, 1988, February 2nd). This anger and rage should be recognized as redirecting outward the aggression that was hitherto turned against the self. The internalized aggressor now returns to his original place, to the other, and it is in the face of this other, if empathic, that the patient can now experience fear and helplessness, ensuing protest, and anger. This does not mean that the patient is destructive but that mental functioning is restored and revived, and so is the original ruthlessness. The initial expectation for external adaptation to the self is alive again. The “I”

exists and is capable of self-reflection of the “me” and its tender needs. It then becomes possible to pave a direct therapeutic path to the psychic pain, which was hitherto kept in lonely, hidden isolation by the patient’s Orpha.

In the process of reviving dead self-states, one meets expressions of what may seem mad. In the language of absence, every mad hallucination holds a grain of truth that is related to the original traumatic experience, now exposed in the intersubjective space. Trusting the analyst, this survival state reveals itself in the hope that the analyst will identify both what has been implanted by the outside and what is genuine and authentic (Dupont, 1988, March 15th).

This brings up another psychic pain that must be worked through: the deep fear of harming the caretaker by exposing him/the therapist to his or her use by the patient. Returning the implant to the “donor,” which seems to be tied by a virtual thread to him, is dangerous, for it may result in the other’s breakdown. Had the parent been able to contain his needs, the parent would never have interjected them into the child in the first place. In the present relationship with the analyst, protest and “returning” to the analyst what belongs to the patient now comes with the patient’s insight that he is unwilling to go on being reactive. Asserting himself, he “forces” the dissociated parent-therapist to acknowledge his own intolerable parts. This is dealt with in the therapy when the therapist is prepared to take responsibility for his or her own part without disintegrating or cutting off attachment to the patient.

Yet, even when there is enthusiasm in the face of good experiences with the therapist, “the dark side does not stop existing,” and the terror of repetition does not go away. Having been to the underworld, the patient knows, as the analyst must know, that the analyst could become the patient’s undertaker at any given moment (Dupont, 1988, March 8). It is unbearable for the analyst to be accused of being a murderer, but it is inevitable that he or she will be, and recognizing it and its impact on the patient is crucial. In contrast with the original “soul murder” (Shengold, 1989), the therapist must not deny his (analytical) guilt — even over the fact that he or she cannot offer all the required maternal care, goodness, and proximity, exposing patients to the very dangers from which they were saved by the skin of their teeth. Once the therapist acknowledges that his or her own deeds and words have “committed murder,” the patient is allowed to experience this through real psychic pain and to contain the terror of annihilation without dissociation and defensive madness.

Resolving the fear of breakdown entails not only regression to dependency and trust, but facilitating a growing capacity to contain its ruptures while maintaining the safety of attachment. What has happened cannot be undone, but once absence is present and experienced, one can become reconciled with it, able to mourn it, and contain it without having to annihilate the self (Dupont, 1988, March 22nd). This is a tedious and despairing process, but the Orphic analyst does not give up. The analyst hears ghostly voices from the abyss and believes in their existence, having faith in what is absent and dissociated, striving repeatedly for their revival and lived presence.

Clinical Vignette

In the following clinical vignette I hope to illustrate how I implement some of the analyst's Orphic functioning that I mentioned above.

Dan is now in his early 40s. He has been in analysis for six years. He has suffered from acute anxiety attacks, at times accompanied by rageful outbursts at himself, breaking dishes, his cell-phone, and banging his head on the wall of the staircase as he left sessions or at home. He also had various psychosomatic pains and a very "nervous stomach," which he treated by not eating. Dan was lonely, regarding every man he met as not good enough for him, not matching the ideally searched for perfect love. These symptoms receded and Dan began to date men, gradually discovering his dread of intimacy, originating in childhood. Dan was very attached to his father, who died of cancer when Dan was 12, leaving him with an extremely depressed and disturbed mother, who preferred Dan's older sister and not only did not prevent her harassment of him, but even encouraged it and seemed to enjoy it.

A few months ago Dan had fallen in love with a young man who mistreated him cruelly. Dan's clinging to him revealed his long-lasting identification with the sadistic abusive relations, blaming himself for them in order to keep the attachment figure as a good longed-for object. Obviously, Dan was enacting and repeating early traumatic emotional abuse and loss and psychic modes aimed to survive the arousal of the dissociated fear of breakdown and sense of deadness. Now, the lover has left Dan for a young, attractive man. Dan wants to die; he can't bear the pain anymore; he cries constantly, staring for hours at blank walls, fantasizing (Winnicott, 1971) obsessively about his lost lover who abandoned him. In fact, he tells himself, again and again:

I was wrong for him, he really sees me as a crazy old man and that's why he's erased me and everything I gave him. Now he has this young, good-looking friend who suits him, and my life has stopped. Life is showing me over and over again that I'm not supposed to have anything that is good. All I can do is to die. I don't deserve love.

He hates himself and reverts to banging his head against walls and smashing things. He constantly imagines throwing himself in front of a speeding car and getting crushed. His plans are quite concrete and I am worried, meeting him daily. I am astonished, when we meet, by the various dissociated parts of him that show up, coming and going at great speed. In between he weeps bitterly, heartwrenchingly, a weeping that at times sounds like an outbreak of rage. It was "the first time I had opened up to such a relationship. It awakened all my need for love and all the love I could give, and the boyfriend threw it away like garbage."

It was too unbearable. I myself feel the catastrophe and dream about him as a lifeless baby thrown away in the dark. I am literally afraid that he will die of unbearable pain and breakdown. I tell him over and over again how being abandoned triggers psychic deadness, not only since his father's death, but also by being unwanted by his mother since he was born (regarding his feelings as reality enables him to feel his deadness as real and meaningful). I connect it with his consequent endless self-blame and excruciating mental pain, together with rage and fantasies of undoing the reality of his unhappy fate. I talk to him when he is crying, telling him that now, for the first time he actually feels the pain that was dissociated all his life, and he can also protest against whoever hurt him and claim for vengeance and justice (Bollas, 1999a). For the first time in his life he believes that he does not deserve to be mistreated. I find myself calling him Danny when he cries, addressing him like a little boy, turning directly to the painful little boy inside him who voices anguish and protest.

My hearty response and agreement with him triggers outbreaks of rage against me for any absence of mine (misunderstanding him, end of an hour, my leaving him by himself in and between hours) as abandoning him, failing to treat or look after him when he is hurt:

Nothing makes a difference. All these years in analysis, they haven't done anything for me, nothing, nothing, nothing. There is no point in anything. You made me love and promised that it

would be wonderful, and look what you have done! You have ruined me!

When he feels me close, it only sharpens his pain, and this he hates, too. He doesn't want this feeling. And he can't predict, either, when I'll be with him and when I'll disappear. He leaves the session in a maddening fury. These incidents leave me in despair, feeling helpless and angry. I know that deep inside he experiences total helplessness and that psychic pain is killing him, the same as I feel — as if he hit me when he slams the door. He is expressing his own rage but also repeats the abuse he suffered in role reversal. He also displays his manic belief that he can undo reality, as he does in his dissociated state. Still, this is the first time that he directs his anger at me and not at himself, and I see this as a beginning of transformation of his identification with the aggressor. These reflections help me understand what he and I are going through, and lighten up the darkness and despair that I feel, too.

I hope that his Orpha guides me to the depth of his soul. At times he is able to talk with an Orphic sense that attaches us warmly together:

I fully understand that all I can do right now is to destroy, and that's how I also destroy my relationship with you, because I am angry with you and blaming you all the time while you are trying to help me. When I leave I feel very guilty, and I feel uncomfortable about waiting to get support and help from a person with whom I behave in such a disgusting way.

I detect a bud of true concern, but also the literal fear that our attachment will be destroyed. I sense sharp guilt for opening up this abyss of pain and at times doubt its necessity. I assure him that he protests against my really leaving him alone with unbearable psychic pains, which I don't manage to alleviate. I feel that I am talking to a desperate little boy who is yelling for help and is blaming himself and me for his suffering. He says, without anger but in despair:

I can't see a way out of this situation and I am angry with you for reminding me of all kinds of things and for trying to destroy my defenses and then leaving me all alone. I was very lonely during the weekend and felt like I was facing a whole firing squad. You weren't there, because that's what you choose and

want to do, and to me this feels like punishment for my behavior, and I can no longer expect anything from you or accept anything. I need real help, badly.

From the rage emerges little Danny who survived much abuse in his early childhood and found solace in grandiose fantasies about being loved and special and not needing anyone. His Orphic powers soothed him constantly, but at the heavy price of psychic dissociation, which was repeated with every concrete rejection that he underwent.

For the first time, Dan managed to express a need for me — he wanted to text me when he went to bed at night because he was terribly scared of being alone and also afraid of acting on this urge to be crushed by a car. I sent him text messages every evening and every morning. Then he arrived in a very bad temper to one of our early-morning sessions and began talking in a quiet and chilling voice about having made up his mind to put an end to it all. He couldn't go on any longer. "I am totally on my own. There's no one with me. You arouse hope and expectations and then you vanish." He was, as it turned out, referring to the fact that I had failed to send a text message that morning. I was surprised, thinking that this early session was a sufficient substitute for it. I sensed desperate anger, thinking: "What else does he want? I do so much for him and nothing is enough!" All of a sudden, I was struck by a concrete pain in my chest. I could hardly breathe. I realized painfully how devastated he really felt, and that I have really just crushed him. I grasp in the back of my mind that my impatience was actually an enactment of the original early traumas. I say,

When I did not text today, I really crushed you and everything else vanished. I left you cold and lifeless. I should have known that you needed me this morning as well. Before I understood this I was impatient with you and it made you even more hopeless.

Suddenly, a small, soft voice is heard: "Yes, I really wanted you to text me ..." and then, in a different harsh and cruel tone: "No. It's impossible. It just cannot be. I am a burden to you, and there's just no way I can need you all the time. I'll put an end to it. It's enough."

I tell him that this as an internal aggressive attack on the emerging tender, painful neediness that he can feel as real, and show him how he now has to obliterate it by telling himself that he is an unwanted faulty burden that must

be extinguished (I already connected these responses to early mental abuse and his identification with the denial of his needs and subjectivity). And then he describes in a very quiet, painful voice how he sees himself as a dead body all the time, smashed, crushed on the ground. He wants to leap in front of every car, all the time. I tell him that every time his neediness is killed, as it just happened with me today, he is left a smashed soul. To feel this is awful, intolerable, and unbearable. He wants to be run over by a car in order to stop the pain. But the pain is inside him, actual, alive, and wanting to be alive. All his life he has been trying to kill it because it was impossible to live otherwise. The wish to be crushed is a concretization of how again and again he was mentally crushed unknowingly. Now that the dead child's pain is alive between us, he is no longer forced to make himself die. The pain is present and alive, first in me, and consequently in him. It was my absence that killed him now, and I acknowledged its presence by fully allowing it to live inside me. I told him that I also know that reviving these feelings was painful and frightening in itself, as it was real and aroused intolerable neediness.

In the course of one session he grew silent and seemed in shock. When I encouraged him to speak, he said that he feared I will think him crazy and that I'll hospitalize him. Once I have put him at ease, he described a concrete hallucination in which he got up, went to the toilet, took off his clothes, and returned naked to the office to curl up in my lap. He is in shock, feels he's gone crazy; he's terrified. I am relieved that his need for tenderness has revived, though sexualized and sensed as madness, and I say:

You're not crazy. When you were born and you were supposed to curl up with your mother, you offered yourself to be held, you needed her to hold you and enfold you, your whole body, tenderly, and you needed her to look at you with all her love. You were forced, instead, to go mad and to believe and accept that attacks were what was right and appropriate, and that you deserved them because your needs were bad. Now you are this baby who has been alive in hiding inside you for all these years. And today you have the courage to bring him back to life here and with me.

Listening, he wept without rage but full of pain. "There's nothing good inside me. Everything is bad, bad, bad."

"No, you know you're not," I said, and added a bit teasingly: "Let's see

if you can say one good thing about yourself.” He peeped at me from between his hands, with which he has been covering his face, and said, with a little smile: “I have a lovely body,” upon which the two of us broke into a big laughter until there were tears in our eyes. In the evening he sent me a text message to say he feels encouraged. “I haven’t laughed for ever so long, and today it happened to us.” I wrote him that it was an unusual and special experience. He replied: “Right. I felt I was returning to myself and very close to you. That was a happy moment for me.”

The next day he texted me:

Already one and a half days without my craziness and anxiety.
Afraid it will come back but it doesn’t. You help me a lot and
give me the confidence, which I never had. First time in my life
I feel someone is taking care of me.

Slowly, the anxious wish to die receded. He no longer mentioned suicide and felt stronger and alive.

Dan, entering for a session, his eyes soft and sparkling:

Something strange is happening to me. I fall asleep without pills.
I really want to sleep, and I sleep many hours and really, really
well. It’s as though some evil spirits have gone and I’m coming
back to myself, as if I have been attacked by a virus and now I
am recovering.

He describes how he walks differently in the street, existing in his body. And other new things are happening to him, too: he feels like eating all sorts of good things, like dressing nicely, like celebrating life. “Tell me, Hayuta, don’t you worry that I might be manic?”

“No,” I answered,

... you are celebrating life and your self and you have really
survived a horrible battle and now you are free of those evil
voices and free to live your self. The fact that you feel a crav-
ing does not mean you are ignoring reality and not giving
things a thought. Now, there’s yearning and appetite because
you’re all alive. You will do what can be done, and what can’t
be done, you won’t.

“And what will happen when the craziness comes back?” he asked. “I am here and I will always be with you when you need me,” I answered.

He then told me how he went to the restaurant in which he used to eat with the lover who left him. He felt it was wrong to have a place in the world that he was excluded from for no fault of his own. As he sat there, he yearned for his lover and loved him, but now he was not destroyed by it. He was no longer fighting to get his lover back, come what may. He was accepting this loss now, even though his love and his longing for him were not dead. I said that he had been trying to root out this love and longing until now, but that was like tearing out his own heart.

Longing is painful, but one should not tear out one's heart. You went to the restaurant in order to see whether you could bear the pain of what was lost and go on living without killing your heart. This pain is the life inside you when your love is rejected.

Dan wanted to kill himself, to descend into the underworld to restore his lover without pain, and returned to a living reality in which he was reconciled with his painful loss. When psychic death threatens to consume my patient as well as myself, it is Ferenczi's voice that accompanies me, and I find in it an Orpha that strengthens me and leads me through the most desperate depths of psychic suffering. I bless its guidance each time a damaged soul is revived.

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