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Sándor Ferenczi and the Shadowless Child

The metaphor of "shadow" plays an important role in our psychoanalytical work. I sometimes feel that I am "shadow" for my patients, sitting behind the couch, the light of attention is on them, like spotlights in the theatre and I must keep my place in the shadows, adapting to their projections, even if they are monstrous, I let them slide and find various forms…

The importance of the "shadow" was revealed to me during my work on *Peter Pan: The Story of Lost Childhood* (Kelley-Lainé, 1997). Peter Pan loses his shadow at a very precise moment when he is dreamily sitting on the windowsill of the Darling family listening to the stories that a real mother is telling her real children. He is both sitting outside the window and dreaming of being inside with the children when reality suddenly smashes his illusions, as Nana the dog nurse closes the window and cuts off his shadow.

The image of a body without a shadow is frightening. It is someone without consistency, fragile, transparent. The shadow is proof of existence, a body with flesh, a container with an inner and outer surface. A body without a shadow is everywhere and nowhere at the same time. A body without a shadow has no existence.

A child who has lost their shadow cannot grow up. The trauma child is the one who does not grow up. I would venture to say that the largest part of our clinical work is with the "shadow less trauma child", the eternal Peter Pan figure who can't grow up. Haunted by archaic mental functioning, infantile representations, fantasies, and invested in "prehistoric" pleasure seeking, the trauma child cannot face the reality of the adult world.

Sándor Ferenczi's visionary work explores the profound and omnipresent meanings of childhood trauma. Not only the wounds inflicted on the child through seduction by adults, but the original trauma that leaves its indelible trace, the "catastrophe of birth". In *Thalassa: A Theory of Genitality* (Ferenczi, 1924) Ferenczi departs from the biological underpinnings of genitality, linking these to the psychological development in the human process of maturation: growing up, surviving the never-ending transformations involved in moving from the omnipotent foetal state to becoming an adult capable of accepting the limits, frustrations and castrating

experiences of "reality". In the chapter on "Stages in the Development of the Erotic Sense of Reality" he begins:

> "In a previous work on the course of development of the reality sense in the growing child I had already reached the conclusion that the human being is dominated from the moment of birth onwards by a continuous regressive trend toward the reestablishment of the intrauterine situation, and holds fast to this unswervingly by, as it were, magical hallucinations. The full development of the reality sense is attained, according to this conception, only when this regression is renounced once and for all and a substitute found for it in the world of reality." (Ferenczi, 1924/1968, 20.)

It is in his article "The Problem of Acceptance of Unpleasure (Advances in the Knowledge of the Sense of Reality)" (Ferenczi, 1926) that Ferenczi explores the maturational process more deeply. A sense of reality is in sharp contrast with flight from and the repression of pain, both very much part of psychic life. In empathy with the infantile mind, Ferenczi tries to imagine the processes at work in the omnipotent newborn, whose perception of the world is "monistic" with no discrimination between "good" and "bad", "inner" or "outer", and as Winnicott says, the suckling baby is sucking itself as it has no perception of a separate mother.

What inner processes, particularly those linking drives and rational thinking, accompany the development of the child as it gradually learns to accommodate an increasingly complex reality? For example, the instinctual polarity underlining all life i.e., Eros and Thanatos: Freud's life and death drives. The question is how the psyche comes to relinquish the boundless pleasures of "omnipotence" to espouse the frustrations of reality. Ferenczi refers to Freud's seminal article on "Negation": "Freud has discovered the psychological act of negation of reality to be a transition-phase between *ignoring* and *accepting* reality; the alien and therefore hostile outer world becomes capable of entering consciousness, in spite of unpleasure, when it is supplied with the minus prefix of negation, i.e., when it is denied." (Ferenczi, 1999, 234.) The negative hallucinatory ignoring of the unpleasurable is no longer possible and becomes the subject matter of perception as a negation.

Can the final obstacle to acceptance be removed, i.e., the complete disappearance of the tendency to repression? For Ferenczi this is the very purpose of psychoanalysis: "The process by which recognition or affirmation of something unpleasant is finally reached takes place before our eyes as the result of our therapeutic efforts when we cure a neurosis, and if we pay attention to the details of the curative process, we shall be able to form some idea of the process of acceptance as well." (Ibid, 235.)

In his article "Introjection and Transference" (Ferenczi, 1909), Ferenczi warns that one of the major difficulties of psychoanalysis stems from the very nature of neurotic patients, to transfer their feelings, reinforced by unconscious emotions onto the doctor, thereby avoiding knowledge about their own unconscious.

Ferenczi takes Freud's concept of "*Übertragungen*", neurotics transference and extends it beyond the person of the analyst or doctor, saying that it is a psychic mechanism that manifests itself in all of life's circumstances and underlies most

morbid phenomenon. Ferenczi invites us to consider transference in a more general way, beyond the analytical frame. He talks about the tendency of neurotics to "imitate" to put themselves in the other's place, to feel other persons emotions rather than their own; their frequent confusion concerning eating and eliminating functions with coitus and pregnancy. He says that this kind of infantile identification concentrates hysterical symptoms around the mouth and the esophagus.

In *Mourning and Melancholia* (Freud, 1917), Freud links the nature of identification with the cannibalistic oral phase of libidinal development, saying that the cannibalistic oral phase is a kind of prototype of a process which, in the form of identification is to play an important psychological part in the styles of object choice of the individual. Can we therefore presume that this infantile, oral identification may lead to a type of cannibalistic transference on the part of the patient?

The Italian psychoanalyst, Eugenio Gaddini talks about pathological imitation as a type of disturbance in the identification process. For him, healthy identification means internalization of reality and involves both a quantitative and qualitative modification of object cathexis. This means that the "object" is eventually recognized as being separate from the "self". This process involves an internal differentiation that separates the ego from the "non-ego" by gradually integrating introjections and imitations in a realistic way through identification. For Gaddini (1969) imitation and introjection are in keeping with the pleasure principal, whereas identification is oriented outwards towards the reality principal and development that will eventually permit mature object relations to function in reality.

Pathological imitation describes the "as if personality" or Winnicott's "false self" (Winnicott, 1960); object relations are of a primitive nature based on imitation and fantasies of oral incorporation (Freud's cannibalistic oral phase). According to Gaddini, pathological imitation is a kind of regressive defence against "mature" relationships based on identification. Instead of saying, "I am like him/her" the person says, "I am him/her". It is an attempt to acquire a substitute identity through magical imitation, even if it may result in "losing one's shadow".

The problem with this kind of omnipotent incorporation is that the self becomes so identified with the incorporated object that all separate identity or any boundaries between self and object are denied. The result of these processes is a fundamental confusion between the real object and its symbolic representation, which means that what is projected, is simultaneously identified with, and experienced as part of the self. This can resemble certain psychotic mechanisms, which involve the diffusion of ego boundaries and loss of self-object differentiation, as well as fantasies of oral incorporation. These impulses and fantasies of penetrating into the object with the whole or part of oneself represent one of the most primitive forms of object relations.

How does one work with patients who try to manage their analysis by this kind of "pathological identification" with the analyst? This may look like the "good patient", the one who progresses quickly; symptoms for which he/she came for help, disappear, dysfunctional behaviour evaporates, and life successes come rolling in. Yes, but in fact nothing changes; primitive psychic strategies continue their impeccable workings and maturative transformation is barred.

Let us turn to Ferenczi for his exceptional clinical insights. To repeat his statement that I mentioned at the beginning of my paper: one of the major difficulties in analysis stems from the fact that neurotics transfer their feelings reinforced by unconscious emotions unto the analyst, thereby fleeing knowledge about their own unconscious drives. Transference is the general tendency of neurotics to displace repressed, feelings and emotions on to the outside world. Psychoanalysis acts as a catalyst in this process by attracting such displacements, thus liberating all sorts of transference strategies. This means that the patient can continue primitive psychic functioning in analysis through cannibalistic identification with his/her analyst. Ferenczi warns us that in a proper analysis the patient needs to be sufficiently destabilized so that he or she will rapidly become interested in the unconscious, hidden processes at work.

In order to access the dark side of the psyche so that the patient can attain reflexivity and take interest in his/her unconscious functioning, the analyst must dare to touch the underlying ambivalence of the patient. That is be able to trigger off the hate, opposition, repressed anger that the patient once felt for the all-powerful parents. My question is in the case of "cannibalistic identification", when the patient's defence of unconscious, repressed feelings and emotions involves becoming "one" with the analyst, whether the emergence of ambivalence is more difficult or even impossible at certain points in the analysis.

Neutralizing ambivalence by incorporation is one of the important characteristics of neurosis, according to Ferenczi. In comparing paranoia to neurosis, he states that while paranoiacs tend to project painful emotions onto the outside world, neurotics try to include as much of the outside world into their own sphere of interests, thereby objectifying their conscious and unconscious fantasies. According to Ferenczi, this process of introjections is a way of diluting painful feelings and "free floating" frustrated desires that can never be satisfied. Like incorporation, a primary oral, instinctual activity that aims to find satisfaction without regard to the object, introjection is another way of getting and retaining pleasurable experience from the external world and functions as a defense against internal pain. Identification, by maintaining a close relationship to an object, according to Freud, is the only condition under which the id can give up its primitive objects; this implies the acceptance of "the object" outside oneself.

The most primitive introjection, the first love and hate are also due to transference when initial sensations of pleasure and pain that are originally autoerotic, are transferred onto the "object" that is the source of these feelings. The child at first seeks satisfaction and later comes to love the mother, source of satisfaction. Can we say that "love" for the object is the beginning of the capacity to identify with someone outside the self?

Before our clinical illustration, let us summarize our understanding of Ferenczi's argument about transference and introjection: these basic psychic processes can take on pathological dimensions in neurotics in that there is an attempt to diminish the force of "free floating emotions", i.e., love and hate by introjection and transference. Internal conflicts and fear of emotions are unconsciously diminished by transferring the strength of these feelings unto neutral objects that are of no true significance for

the person while leaving the original conflictual object and emotions intact in the unconscious. This means that introjection, cannibalistic identification, conversion, displacement, substitution, and other pathological symptoms are all attempts at "self-healing" by reducing the valence of exciting, free floating affects.

Ferenczi shows us that this attempt at "self-healing" also functions in the encounter with an analyst: by transferring "free floating excitement" unto the analyst the patient can feel relieved, if only temporarily, of tensions and conflicts that were the source of psychic pain. This is where Ferenczi distinguishes the psychoanalytical method from other kinds of therapy. Many therapists, physiotherapists, hypnotizers etc. unknowingly encourage this kind of "self-healing" by relying uniquely on transference, and call this "natural therapy". In contrast psychoanalysis is seen as an artificial method imposed upon nature because it necessarily demystifies transference rather than cultivating or reinforcing it. The purpose of analysis is to help the patient overcome his own resistances and to be able to face his/her own psychic conflicts that will enable him/her to become totally independent of the analyst.

Agatha

What impressed me immediately about Agatha were her large eyes, her intense regard and the rapidity with which she entered my consulting room. An attractive young woman of 28 years, Agatha was in a hurry to get well so that she could get on with her life. Her major obstacle was her mother – a beautiful, hysterical, suicidal woman whom she loved passionately but felt had abandoned her long ago.

Agatha is the third child and second daughter in the family. The children came in two batches – the first a girl, then a much-awaited son and nothing for years. According to Agatha, the mother wanted to become pregnant to be able to "keep" her seductive and unfaithful husband. After many years of trying and medical assistance, Agatha was born the "saviour" of the couple. Agatha had fantasies about being the result of the "immaculate conception". However, her privileged position did not last long as a little sister was born one year later. According to her mother, Agatha was desperately jealous of the baby, tried to suffocate her and was kept away by force.

During the first sessions, Agatha set the family scene: a violent mother, who beat her, was jealous of her, and tried to commit suicide. The father on the other hand was tender, cared for her when she was ill but left her in charge of a weeping mother while he went off with his mistress. Agatha's childhood was full of excitement – she never knew what she would find on return from school. Scenes appeared – her parents fighting on the bed; were they fighting? Later she is just as baffled by an artist's drawing of a mating couple. Her father parades around naked, shows off his sexual organs to his two little girls. One night, following a row with his wife, he comes into Agatha's bed – she is so anxious and excited that she vomits on the bed. Vomiting is what she fears most; she is petrified at the idea of seeing a man vomiting in the street, or a baby vomiting on her shoulder. She eats very little and has the appearance of an anorexic. She shares her recurrent fantasy of watching two men making love.

Her role in the family was to be the calm one, the responsible one who could deal with family chaos – and she did. She must not show feelings, never must she cry. The stories and memories pour forth, descriptive accounts, devoid of emotions. The family, especially her mother, fill up most of the sessions – little is said about her present life. Very successful in her work, she is often proud to earn more money than her father. Concerning men, she is very confident, convinced she can have any man she wants. Her sexuality began at age thirteen. Her mother was so furious that she had to leave the house for a number of days.

One man seems important, David, with whom she lived briefly and became pregnant. She aborted his child and broke up with him shortly afterwards. Living with him frightened her immensely as she felt herself becoming as hysterical as her mother.

After the first year in analysis her life seemingly changes very rapidly. Analysis is magical, she admires her analyst and wants to do everything right. In her hurry to get well, she meets up with David again and decides to marry him without mentioning it in sessions. She presents me with a "fait accompli". There is nothing to say. Later she confides that she felt very frightened on her wedding day. Soon after the marriage she becomes pregnant and gives birth to a baby boy. She is very happy, her pregnancy goes well and her body is transformed – she becomes enormous and is proud to have weight at last! A few weeks after childbirth, she is back to her usual skeletal shape and the dark trouser suites. It is around this time that she decides to become a psychoanalyst, leaves her exciting job and becomes a student of psychology at the university. Her husband agrees to support her throughout her studies although he has no sympathy for psychoanalysis. Very quickly their relationship, especially sexual contact, deteriorates. David's penis is very small; more that of a boy than a man. She compares it with her father's organ that impressed her so much as a child.

It is impossible to do full justice to all that occurred during ten years of work with Agatha therefore I will limit myself to outlining some of the important psychical events that marked both analyst and patient: as our work developed, I became increasingly irritated, by our "harmonious" relationship. I could do no wrong (was she using me as her shadow?) I became increasingly convinced that I had to come out from inside, to resist the hypnotic, powerful force that kept the analytic frame clean of her anger, tears and dangerous emotions.

Analysis had changed her life in this short time: she had a husband, a child; a family of her own, a change in career. She realized her deep desires. She felt less anxious, less needy regarding her mother, and had found the perfect analyst who listened to her and understood her. An opportunity came with a powerful, seductive dream concerning one of her professors at university (I of course felt transference knocking at my door!) My interpretation was a daring, sexualized one that shocked her (tore the psy-shadow?) to the extent that in the next session she threatened to stop her analysis. She did not act this out, and continued with new insight. She ended up by thanking me for daring to shake her emotionally and open a small door to her own libido. Anger allowed her to tear the "false shadow" and begin to weave her own.

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