The Return of Dissociation as Absence within Absence[**]

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My aim is to translate Ferenczi's central concepts of the intrapsychic impact and imprint of early developmental trauma into both revived and contemporary conceptualizations. The concept of dissociation was renounced by Freud, yet it is returning as a cornerstone of recent trauma theories. Ferenczi used the concept of "repression," but used it in the sense of an intrapsychic imprint of early external trauma that fragments consciousness, that is, as dissociation. Furthermore, early trauma is double: an absence of protection that threatens existence of the self, combined with an absence of attachment and of recognition of this threat and terror; thus it is an absence-within-absence. This contemporary conceptualization entails a widening of the intrapsychic realm to include an intersubjective one, and regards dissociation as a unique and complex intrapsychic absence, which is a negative of the external absence-within-absence in the early environment.

My intention in this paper is to revive Ferenczi's central notions of the intra-psychic influence and imprint of early trauma and translate them to contemporary conceptualizations. Doing so is taking a path of freedom, inherited from Ferenczi himself.

The concept of dissociation (Breuer and Freud, 1893, pp. 3-17) was central to the seduction theory, later renounced by Freud, yet it is returning as a cornerstone of recent trauma theories. Ferenczi, following Freud, usually

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used the concepts of repression and fragmentation, but did so in the sense of the intra-psychic impact and imprint of early external trauma.[1] This means that he regarded them as dissociation, dis-association, a fragmentation of consciousness itself, a vertical split (Kohut, 1973), a psychic annihilating rupture (Winnicott, 1960), which is the automatic survival response to an external threat.

The basic meta-theoretical assumption of the concept of dissociation is that external traumatic stimuli shape and influence the psyche, especially when it is tender and dependent on the environment for its existence. Thus, dissociation marks a fine line between intra-psychic conflict theory and trauma theory. This implies that the traumatized psyche develops around dissociated self-states (Bromberg, 1998), organized by fear of breakdown (Winnicott, 1974), both intra-psychically and intersubjectively. Dissociation lacks symbolic representation and compulsively repeats itself by enactments, fearfully yearning for recognition, containment, and association with other parts of the psyche.

Furthermore, the prerequisites for dissociation are of a double nature: absence of protection from external threat and absence of containment by the caretaker of the psychic rupture that has occurred. Consequently, there is a rupture in the crucial attachment, which is in itself annihilating. Early mental trauma, then, occurs in situations of *absence within absence.* Let me elaborate on this.

On January 24, 1932, Ferenczi wrote in his *Clinical Diary:*

> *Suggestibility, therefore, is actually the result of shock: paternal hypnosis equals fear of being killed, maternal hypnosis equals fear of being abandoned by the mother, that is, the threat that the libido will be withdrawn; the latter feels just as deadly as an aggressive threat to life. But the most frightful of frights is when the threat from the father is coupled with the simultaneous deserting 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 and the feeling of injustice, helplessness,*

and despair that things might ever change for the better becomes so
absolute, only then does the ego withdraw from reality, though
without giving up itself. Each experience of terror thus implies this kind
of splitting off; all adaptation 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. (Ferenczi, 1932, p. 18)

In this paragraph Ferenczi recapitulates three basic assumptions of his early mental trauma theory.

(1) Suggestibility is what develops when the environment does not protect the tender psyche from being shocked, when this external protective function is absent. The main inborn principle of the permeable tender psyche is that of

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resonating and of adjusting to the environment (Ferenczi, 1932, p. 81). At its birth, the psyche is closer to non-being and in a state of dissolution. The realization of inborn tendencies, Ferenczi argues, depends on the degree of active adjustment of the primary surroundings to the young infant's needs (Ferenczi, 1928). *Prior to the formation of the self,* extreme and ongoing conditions of non-adjustment of the environment arouse fear, interrupt authentic psychic life, and force it to dissociate itself for the sake of preserving the connection with the vitally needed parent. External reality is infiltrated and incorporated with no regulation and no filtering, and suggestibility increases. If self-assertion is not provided for and facilitated, suggestibility extends to hypnotism by the other, to an annulment of the will, and to a compulsively frightened false self being motivated by the will and needs of the other. The authentic self is not given up, yet remains dissociated.

On the other hand, facilitation of self-assertion avoids extensive adjustment to the other, enhances spontaneous and authentic development, and is felt as love. The opposite of love, hence, is not hate but fear, and the balance between the two is crucial for development.

(2) Ferenczi indicates that early mental trauma is a double one: paternal and maternal. Paternal danger here is the external threat of being killed, or invaded by excessive "not-me" (in Winnicott's concepts), indicating a massive absence of protection. All beings automatically respond to such danger by shock, and freeze if they cannot escape; some fragment themselves physically (autotomy[2]). In the absence of an ego, the undeveloped psyche fragments itself in a way that

parts of consciousness are dissociated from each other. This survival mode is pre-love and pre-hate, and pre-psychic conflict.

The second shock is unique to mammals in general, and to human beings in particular. Born before they are independent, we humans totally rely on the other not only for physical living but also on attachment for mental well-being. The evolving psyche is vulnerable to the extent that a massive breakdown of attachment, the desertion of at-one-ness with the mother, is an absence that is also sensed as a rupture in the continuity of being—as *not* being.

But the most frightful of frights is when both absences occur. Only then, Ferenczi points out, does the psyche renounce and give up any hope for any alloplastic[3] adaptation, of adaptation of the environment to the inner shock. Only when both absences happen simultaneously, does the psyche distort itself to maintain the crucial and vital attachment, and an intra-psychic trauma occurs. Only when a fearful and threatening shock is felt without any recognition of this total helplessness and terror by an other, does the external reality shape and change the inner one, and an autoplastic distortion takes place. This is an absence within absence in which "all adaptation occurs *in* the person"; namely, a dissociation.

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Winnicott's 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. (Winnicott, 1971, pp. 114-115)*

The extent of self-distortion depends on the mother's awareness of, or her own dissociation of, her baby's distress. Furthermore, the absent mirroring of the

child's ruptured psyche constructs a distorted sense of what is "me" and what is "not-me," fragmented by fear of breakdown.

(3) The language of absence (Gurevich, 2008) in the stage of tenderness is a language of negative imprint. As I quoted before, Ferenczi writes, "the violent force imprints its own features on the person ... change in accordance with its own will" (*Clinical Diary,* p. 18). Dissociation is an inner absence in synchrony with an anxiety-ridden identification, which incorporates the other's will, denying that of the child. The other's will operates from within as an alien transplant that is felt as "me," while what is dissociated is threatening as "not me" (these are some of the intra-psychic consequences of the "identification with the aggressor" (see Borgogno & Vigna-Taglianti, 2008; Howell, 2014), as described throughout the *Clinical Diary*).

The concept of dissociation is thus defined as the intra-psychic imprint of the external absence within absence, or in other words, its negative—the mental presentation of external double absence. It should be noted that what we have here is not the denial of the object in the sense of annulment or of negation—but rather the intra-psychic presence and embodiment of absence, as in the negative image of a photograph or a dental imprint, where empty spaces are the "imprint" of missing teeth.

I will illustrate this notion by a simple instance from everyday life. Imagine that you hold out your hand but the other does not take it.[4] No matter whether the other person just did not notice or intentionally abstains, your hand freezes in mid-air, over-exposed and over-present, petrified like an unwanted object, feeling like a thing on its own, iron running in its veins. You are shocked, paralyzed, shamed. The initial feeling is fearful confusion: What's going on?

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Why did the obvious not happen? Did I do something wrong? You want to make the outstretched hand vanish there and then, and hopefully disappear altogether. You blame yourself for not predicting this situation, condemn the very wish to shake hands, and consider yourself stupid for expecting the other to reciprocate—as though the wish itself revealed an unforgivable faulty self (rephrasing Michael Balint's 1968 concept of the *basic fault*).

There's nothing amiss with wanting to shake hands, and the outstretched hand is no shameful sign of malfunction. On the contrary, it reveals a wish to connect to the other. How did it nevertheless turn out that way? Shall we never again stretch out our hand in order to avoid further vulnerability and injury? Shall we offer our hand in demonstrative protest? Out of rage? Or as if nothing had

happened? No matter what we do, we will not be spontaneous when we are expected to shake hands again. The other's initial rejection is imprinted into our hand, forever alive and influencing from within, remaining a hand not taken.

If we regard the hand as a metonymy for the evolving psyche, this familiar, and easy-to-imagine experience exemplifies the automatic survival response to an absence of an expected facilitating environment. Spontaneous responses are dissociated. What is incorporated and identified with, is the other's relation to the hand or the self. The psyche becomes the very lifeless thing that the other sees, or rather not sees, in it.

This is, as Ferenczi describes, "a state in which any act of self protection or defense is excluded and all external influence remains an impression without any internal anti-cathexis," meaning no anger, no negativistic response, only "a purely mimetic period … a partial relinquishing of the weak self-assertive impulse … an immediate resignation and adaptation of the self to the environment. primordial life is selfless, because it does not posses a developed self as yet" (Ferenczi, 1932, p. 147).

Absence requires marking, being signified. Non-recognition of absence is different than considering absence as a concrete reality, which can be inscribed. Recognizing the no-thing is a challenge, because it can be done only via its negative (Green, 1999). What we have here is not an object that is absent, but rather the perception of (its) absence as part of the actual existence. Thus, any absence of what should have been there in order to facilitate the development of the self is imprinted as a negative of the normal process of being, as a dissociation. The language of absence is the unique grammar of these internal absences and their enactments, and can lead us to understand the original states of traumatic ruptures of the self.

This conceptualization has crucial clinical implications for the treatment of dissociated patients: it is the analyst's aim to detect his own inevitable absences for the patient, to recognize them and make them present. Taking responsibility for them facilitates the understanding of their influence on

the patient, and his dissociated adjustment to them. Realizing their traumatizing effect in the actual relations, turns both external and internal absences into "presences" in a safe and containing environment, gradually reviving the dissociated parts of the self and rendering dissociation obsolete.

Clinical Vignette

A 28-year-old female patient, who endured serious abuse in her childhood, calls me frantically whenever she experiences panic attacks and can then be calmed. The conversations are full of fear. At night she dreams about babies who are torn away and dropped, and at the end of our sessions she gets up from the couch as if she had been thrown off it, her head jerking backwards. I tell her that my "throwing her away" at the end of the session leaves her tossed away, falling, horrified. I feel like "an undertaker… repeating with my own hands the act of murder previously perpetrated against the patient" (Ferenczi, 1932, pp. 51-52), sensing her horror and my helplessness to avoid this enactment between us. When I take responsibility for the desperate and terrifying feelings, the "aggressor" is returned to the original external other, and ceases to attack from within. She is then able to mentalize (Fonagy, 2001) what is going on inside her. She says she experiences herself as if she was "clinically dead in a black hole"—there the terrible pain of rupture is dulled and she becomes a mere piece of flesh. When she is like this, she exists only in an ongoing present, without the remotest sense of continuity and being. During our meetings, her wounds are open and bleeding, and it seems as though she speaks from an inner abyss, in which she lies low for hours on end.

"You didn't want to treat me when I first came here," she says. (She is referring here to the fact that when she asked to move her treatment from psychotherapy to analysis it took a while before I could meet her request.) "Shame I didn't die in the crib." Her terror of abandonment—by the mother sick with depression after her birth—which occurred in the past, is now actually experienced between the two of us. The absence is not dissociated; it is present. I reply: "If I don't want to treat you when you are born to me, then it's better to die. When you were born and left all alone in the incubator, it was as though you were dead. Now you can feel it." The trauma is experienced as real when I recognize it as real.

She feels that she literally clings to me whenever she takes fright, and then gradually lets go as she becomes calm again. When she is horrified by her neediness and of my expected hating her for it, I explain again and again that for the first time in her life she can express her needs, that her fear of a hateful response is the enactment of early traumatic anxiety of feeling needy when it was condemned, and that any present failure of mine to recognize her

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feelings and needs arouses the same anxiety and rage in the actual relations with me. Now she does not feel mad and can express all this verbally and feel it as meaningful. "My leeching-mode," she says, "also has an element of violence that's meant to shake you out of your indifference to my pain and my terror."

"If I am indifferent or don't see," I reply, "and I am not alarmed in reaction to your fright, you want to shake me forcefully so I will see, so I'll know what's happening to you." She's enraged that I leave her alone at night when she dreams about babies in the Holocaust, babies who have no food or air to breathe, babies who are beaten. She weeps and says that if I too will stay impervious to her pain, she'll have to turn her tears into stone. But in actual fact, we see that she is not wiped out even though the pain is insufferable: she lives, and protests vehemently against me whenever I fail her. I validate her, not only accepting her accusations, but also showing her the internal influence of my failing her. In the past, her mother's absence was a black hole into which she would fall and fall, petrified in order to survive the anxiety of annihilation. Petrification was the mark in her soul, the negative imprinted image of absence. When absence is present and not dissociated, pain and tolerable anxiety thaws the stone, and mourning is possible.

"If I am like my mother," she says, "and if I say to myself, like she did, that nobody will want me, then I have a mother, and then I can say that I have a bad mother. But if I *don't* say that nobody will want me, then I am an orphan. But I should be myself, and they should want me, and I shouldn't be an orphan. So what I need is another mother. (Yelling) Where did you go?! Why are you not saying anything?!"

"Don't be afraid," I say, "I am here. I won't disappear. You won't be left alone again."

Notes

For example, on January 12, 1932 Ferenczi writes about repressed affects as a fragment that is accessible only in deep sleep or trance and behaves like a child who has fainted, completely unaware of itself.

Autotomy (from the Greek auto- "self-" and tome "severing") or self-amputation is the behavior whereby an animal sheds or discards one or more of its own appendages usually as a self-defense mechanism to elude a predator's grasp or to distract the predator and thereby allow escape. The lost body part may be regenerated later.

Ferenczi uses this concept to denote external adjustment to the tender needs, as opposed to autoplastic adjustment of the self to the environment.

Editor's note: This actually happened to Ferenczi. He planned to give his Confusion of Tongues (1933) paper, in spite of Freud's strenuous objections, at the Twelfth International

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Psychoanalytic Congress, which took place in Wiesbaden, Germany, from September 4 to 7, 1932, under Etingon's direction. On his way to the Congress, Ferenczi visited Freud in Vienna (their last meeting on September 2, 1932) and read the paper to him. Ferenczi described the meeting to Izette de Forest, who then placed the account at the disposal of Erich Fromm for his Freud biography: "When I visited the Professor … I told him on my latest technical ideas …. The Professor listened to my exposition with increasing impatience and finally warned me that I was treading on dangerous ground and was departing fundamentally from the traditional customs and techniques of psychoanalysis. Such yielding to the patient's longings and desires—no matter how genuine—would increase his dependence on the analyst …. This warning ended the interview. I held out my hand in affectionate adieu. The Professor turned his back on me and walked out of the room." From Sigmund Freud's Mission (New York, 1959, pp. 63-65). Quoted in footnote to Letter #1236, dated August 29, 1932, pp. 442-443, The Correspondence of Freud & Ferenczi, Vol 3, 1920 to 1933.

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