

THE TIME OF RE-LIVING. FOR AN EVENTFUL PSYCHOANALYSIS

Psychoanalysis and the Event of Fragmentation

In the psychoanalytic frame we can discern qualities of time that are invisible elsewhere. As Gilles Deleuze (1988) wrote, time is ‘a polyphony of polyphonies.’ In what follows, I disentangle one thread of this polyphony, which I call the *time of re-living*. To trace this complicated time, I am in dialogue with Sándor Ferenczi, who left us many theoretical and clinical clues to assemble an *eventful psychoanalysis*. But what can give the singularity of this ‘event’? Surely, we cannot ignore the many decades of conversations that make us suspicious of the event as the carrier of a modern ethos, where, in a moment of rupture, something deemed new constantly displaces or replaces something that got old. A close reading of Ferenczi’s work brings into focus a unique psychoanalytic event, which comes with its own metapsychology: *the event of psychic fragmentation*. In other words, Ferenczi’s great interest in psychic splitting amounts to a metapsychology of fragmented psyches, but also to filling a phenomenological gap in psychoanalysis, by giving precise descriptions of what is being split in the psyche and of the life of the fragments that result from the splitting (Soreanu 2018).

In what follows, I disentangle various facets of the event of fragmentation and I argue that it consists in sets of *violent temporal relations*, where it is not a case of various moments in time crossing each other and thus creating meaning and memory, but a case of a clash between times. To start with, we can imagine it as a time of an other intruding in the time of subject, or shocking the subject out of their own time, or overwriting the time of the subject with a foreign and overwhelming time. But we can also imagine it as a violent internal plurality of the times of the subject, where different psychic fragments ‘live’ inside a different time, in an overall effect of a-synchrony, and

where the times of some fragments seem to attack, displace, or negate the times of other fragments.

Ferenczi's ideas on time are a 'graft' on the Freudian *Nachträglichkeit*: they do not deny its operation, but make an addition that takes us in a different direction, both in terms of our metapsychological constructions and in terms of our clinical position in the consulting room.

In a similar manner, there is a Ferenczian 'graft' to the Freudian ideas on repetition. Let us take a closer look at the kind of 'graft' we are observing. The 1920 Freudian text *Beyond the Pleasure Principle* made an important contribution in accounting for a 'daemonic' aspect of repetition, but it also inhibited us from imagining further types of repetition (Soreanu 2017).

In 1920, Freud discovered a new form of repetition, which is not in service of the pleasure principle. When he solidified this important discovery, because of its strong anchoring in the primacy of the death drive, he closed the path to exploring other kinds of repetition. Our imaginary on repetition became partly 'frozen' after the uncovering of its 'daemonic' aspect. In a succinct formulation, in *Beyond the Pleasure Principle*, Freud theorizes two types of repetition. The first one is in service of the pleasure principle and it proceeds by linking. It happens in the transference, in the psychoanalytic setting, and it leads to recollection. The second type of repetition is in service of the death drive, and it is an attempt to restore a previous state of things, an attempt to return to the inanimate by way of a total extinction of tension in psychic life. This second kind of 'daemonic' repetition represents the core discovery of the text *Beyond the Pleasure Principle*.

With Ferenczi, we can imagine a kind of repetition that does not serve directly the pleasure principle, nor does it bear its first and most important connection to the death drive. It is primarily a *reparative repetition* aiming at eliminating residues of unworked-through traumas and at restoring some elements of a pre-traumatic state of the ego (or of the proto-ego). This repetition takes the form of an *eventful re-living* of the trauma. In what follows, I reflect on what constitutes the 'eventfulness' of this sort of re-living, which occurs primarily in traumatic dreams and in the consulting room.

Ferenczi gave a whole different meaning to the series repetition/remembering/reliving. Freud contrasted remembering with repeating and distinguished sharply between insight (memory or recollection) and experience (repetition or regression). Ferenczi saw

repetition, and particularly regression or experiential reliving, as one of the tracks of remembering. Importantly, reliving is the way of gaining access to the child in the adult, or what Ferenczi (1931a) speaks of in terms of ‘child analysis in the analysis of adults’.

In Ferenczi’s theory, memory operates both through the ego and through the id, constituting two different regimes or tracks of memory, defined in their difference by their object-relatedness (Stanton 1990: 84). In the *regime of id memories*, we find ‘bodily sensations’, referring to primal life and death trends. When these are elaborated retrospectively by the ego, they are lived as emotions. In the *regime of ego memories*, we encounter ‘projected sensations’, referring to the environment and to external occurrences. These tend to produce effects of objectivity, and they are experienced as verifiable consciously. The crux of the matter is how these regimes of memory interact, and whether the emotionality of the bodily sensations and the objectivity effects of the projected sensations come to be connected. We can argue that Ferenczian re-living aims at a composition between id memories and ego memories.

Ferenczian repetition has its own track because it involves the memory register that was constituted around bodily sensations. It is thus very far from mere remembering (which, in Freudian terms, would be the ‘colder’ activity of the conscious part of the ego; or the passing of marks from the unconscious part of the ego to the conscious part of the ego). Ferenczian repetition is also oriented toward the clearing up of traumatic residues – this is why we think of it as reparative repetition. It occurs in dreams and in certain forms of regression or in enactments in the psychoanalytic frame. Finally, it stands in a curious relation to the idea of restoring a previous state of things, which in Freud is interpreted as restoring the inanimate state, where tension is absent. What is being restored in a Ferenczian paradigm, in my view, is a state akin to the pre-traumatic state of the ego or of the proto-ego. This form of reparative repetition, therefore, passes through the self-preservative instincts or the ego instincts. In other words, we need the ego instincts to come to understand how this form of repetition works. It can only secondarily be said to operate in the service of the pleasure principle. Without the implication of the register of memory of the id, the re-attunement between emotionality and rationality, which became split from each other at the time of the trauma, cannot be achieved.

This brings us to Ferenczi, to his conception of the symbol, and to his ideas on analogical thinking. Association – linking across levels of sensoriality and signification – brings an alteration of material

structures, and a re-organisation of the very fleshiness of the body. '[T]he symbol – a thing of flesh and blood', Ferenczi (1921:352) writes.

The implications of this conception of the symbol are profound. I would like to ponder here on the idea of the non-arbitrary that emerges from Ferenczi's work and from his philosophical ideas on mimetism and analogy. Even language imitates the body and body parts in a complicated manner. This means that associations have a necessary aspect to them, and thus they also need to be very precise. Marion Oliner (2013) has recently drawn our attention to the fact that although there is a growing body of work in psychoanalytic theory on the irrepresentable, the non-represented or non-represented mental states (Green 1996; Roussillon 2011), we are still confronted with an unsettling clinical-empirical puzzle in the fact that there is often a very striking accuracy in the enactments and actualizations of the traumatic events, even when the memory of them remains inaccessible to consciousness. This is to say that the psycho-soma is able to re-stage the traumatic events with a great level of precision. This precision and minuteness of detail leads us to believe that the crux of the matter is not that these marks were not presented in any way to the psyche, or that they belong to the realm of the irrepresentable.

Oliner (2013) uses 'non-represented' in inverted commas, to draw our attention to the overuse of his term to cover situations where actually what is missing are the associations between different modes of representation (or, we would say, between different modes of presentation in the psyche). The crux of the matter, rather, is another Ferenczian theme: that of the splitting of the psyche during a moment of excessive stimulation, when the psyche cannot convert the amount of free energy invading it into linked energy. In short, we can say that the reason why association is at times very difficult and painful across different sensorial modalities is because we are dealing with *modes of presentation belonging to different split-off parts of the psyche*, rather than because the traumatic event has not presented itself to the psyche in any way that produces a mark.

The Ferenczian reading of *Nachträglichkeit* would entail, firstly, a psychoanalytically plausible version of a type of 'time-travel', where, via what Ferenczi calls the memory of the id, or sensorial memory, we become able to 'touch' another time. (Here, I use 'touch' as a metaphor for multi-sensorial access, not just in the strictly tactile sense – it may be acoustic, olfactive, kinetic, etc).

Secondly, as we will see in what follows, a Ferenczian *Nachträglichkeit* also involves in the structure of the traumatic scene a third presence, which ‘locks-in’ the trauma, via denial (or misrecognition of the nature or of the magnitude of the child’s experience, whose world was broken by the intrusion of the language of passion of the adult). When, in a clinical setting, different sensorial modalities become linked with one another, and the memory of the id becomes connected in stronger ways to the memory of the ego, what we achieve are effects of authenticity, which are at the core of the process of healing. Originally, the trauma brought about the splitting of sensorial modalities and of parts of the more or less developed ego, producing effects of inauthenticity. It is crucial to mark that the memory of the id is capable of some form of inscription. This means that both in the ‘locking-in’ of the trauma, and in its subsequent unpacking and working-through, the memory of the id has a leading role. The reliving of a different moment in time and the recuperation of the split-off parts of the ego unfold in the spirit of the marks inscribed via the memory of the id. In other words, healing occurs guided by and in the spirit of the memory of the id.

Thirdly, a Ferenczian *Nachträglichkeit* acknowledges the violence of the temporal threads that cross one another in the psyche. For Ferenczi, trauma occurs in the form of a ‘confusion of tongues’ (Ferenczi 1933) between children and adults. Children speak the ‘language of tenderness’ which is an experimental, playful and expansive register, through which more and more of the outside world is taken inside. Adults speak the ‘language of passion’, the register of adult sexuality, which has known repression and guilt. The meeting of the two languages causes children shock, a sense of intrusion, and an unbearable intensity. The meeting of ‘languages’ is a meeting of times as well. It is the time of guilt intruding in the time of play. This violent crossing of times is rehearsed and restaged in the psyche.

The confusion of tongues is thus an asymmetric encounter between two psychic registers. Furthermore, for Ferenczi, any traumatic event occurs in *two moments* and it includes *three presences*. A first moment is that when the language of passion *intrudes* into the language of tenderness (and this can take the form of an actual sexual assault or of a psychic transmission). The second moment is that of *denial* [*Verleugnung*] when a third adult called upon to recognize the intrusion fails to do so. It is only through the action of denial that an intrusive event becomes a trauma, bringing a near-death of the self, producing a gap in memory, and destroying the capacity of the subject to trust their own senses.

The event of fragmentation is not a unitary or abstracted one. Instead, it presents itself to us with various facets. We can say that fragmentation condenses different forms of eventfulness. In what follows, we discuss the event of survival; the event of being beside oneself; the event of alienation; autoplasmic events, including the emergence of the Orpha fragment of the psyche; the event of re-living on the psychoanalytic couch (neo-catharsis).

The Event of Survival

While Ferenczi insists that the adaptive potential ‘response’ of very young children to sexual or other passionate attacks is much greater than one would imagine, it is worth stressing that what is at stake is not necessarily an act of sexual abuse. Indeed, what is at stake is a *psychic transmission*. In *On Shock*, Ferenczi clarifies this point: ‘Shock can be purely physical, purely moral, or both physical and moral. Physical shock is always moral also; moral shock may create a trauma without any physical accompaniment’ (Ferenczi 1932a: 254). As Jay Frankel (2015) has shown, the place of the aggressor here is occupied in most cases by a narcissistically compromised care-giver. The ‘attack’ therefore consists of parts of the care-giver’s mind intruding into the child; appropriating aspects of the child’s mind and using it for the care-giver’s own purposes (Frankel 2015); or inverting the parent-child relationship, so that it responds primarily to the care-giver’s needs and not to those of the child (Frankel 2015).

The first response to the attack is a state of traumatic paralysis, which is incompatible with any sort of psychic spontaneity or activity of psychic defense. The paralysis is not a fleeting state or a moment of adaptation. Instead, it is capable of changing the structural organisation of the psyche, and it generates a ‘frozen fragment’ of the psyche, which is silent, deadened and fully de-libidinised. This frozen fragment moves outside time and any sense of unfolding. As Ferenczi describes:

First, there is the entire paralysis of all spontaneity, including all thinking activity and, on the physical side, this may even be accompanied by a condition resembling shock or coma. Then there comes the formation of a new—displaced—situation of equilibrium. If we succeed in making contact with the patient even in these phases, we shall find that, when a child feels himself abandoned, he loses, as it were, all desire for life or, as we should have to say with Freud, he turns his aggressive impulses against himself. Sometimes this process goes so far that the patient begins to have the sensations of sinking and dying. He will turn deadly

pale, or fall into a condition like fainting, or there may be a general increase in muscular tension, which may be carried to the point of opisthotonus.

Ferenczi 1931a:137–8

The absolute paralysis of motility in the moment of the attack includes the inhibition of perception and, with it, the inhibition of thinking (Ferenczi 1931b: 240). The traumatic impressions that occur at the time of the attack cannot be recorded via the system of memory of the ego, because this would involve the presence of thinking, even if we are talking about processes of repression. These impressions are thus taken up by the psyche without any sort of resistance. While Ferenczi hesitates between suggesting that ‘no memory traces of such impressions remain, even in the unconscious, and thus the causes of the trauma cannot be recalled from memory traces’ (ibid) and describing instead the elements of the new system of memory of the id, I have shown that the precision of the traumatic re-enactments leads us to believe that some marks, in the first instance incompatible with thoughts, are presented to the psyche.

The fact that the traumatised subject survives, psychically and physically, the moments of traumatic paralysis, is a highly improbable event, in terms of the state of the drives. In other words, it is a time that is so radically dominated by the operation of the death drive and so prone to un-linking, that the ‘the event of survival’ requires an explanation.

Alongside the ‘frozen fragment’ of the psyche that moves outside time, there are other psychic forces at play. Ferenczi speaks of a psychic dimension always latent in the soma, and, interestingly enough, in all material substance. This manifests as a series of ontogenetic and phylogenetic inclinations (or ‘motives’). Ferenczi discusses this primal substrate in the first pages of his *Clinical Diary*, pointing to a process when different organs or body parts produce effects of thinking, and are able to perform surprisingly minute calculations that have as a result the preservation of life.

Inorganic and organic matter exist in a highly organized energy association, so solidly organized that it is not affected even by strong disruptive stimuli, that is, it no longer registers any impulse to change it. Substances are so self-assured in their strength and solidity that ordinary outside events pass them by without eliciting any intervention or interest. But just as very powerful external forces are capable of exploding even very firmly consolidated

substances, and can also cause atoms to explode, whereupon the need or desire for equilibrium naturally arises again, so it appears that in human beings, under certain conditions, it can happen that the (organic, perhaps also the inorganic) substance recovers its psychic quality, not utilized since primordial times. In other words the capacity to be impelled by motives [*Bewegtwerden durch Motive*], that is, the psyche, continues to exist potentially in substances as well. Though under normal conditions it remains inactive, under certain abnormal conditions it can be resurrected. Man is an organism equipped with specific organs for the performance of essential psychic functions (nervous, intellectual activities). In moments of great need, when the psychic system proves to be incapable of an adequate response, or when these specific organs or functions (nervous and psychic) have been violently destroyed, then the primordial psychic powers are aroused, and it will be these forces that will seek to overcome disruption. In such moments, when the psychic system fails, the organism begins to think.

Ferenczi 1932b: 5–6

In the hour of the traumatic attack, the event of survival means maintaining a beating heart or getting air into the lungs, against all odds. All available psychic energy is concentrated on one task, an apparently simple one, but without which preserving life would be impossible. The heart, at this time, becomes a ‘thinking’ heart.

The Event of Being Beside Oneself. Alienation as a Temporal Relation

Unlike the Kleinian ‘projection’ of the unwanted aspects of the self, we encounter in Ferenczi’s work a curious libidinal act that can be read more as a temporary re-location or ex-corporation of the ego, rather than a mere projection. In his text *On the Analytic Construction of Mental Mechanism*, Ferenczi (1930a: 222) will call this ex-corporation of the ego ‘getting beside oneself’. This psychic act requires tremendous psychic energy. Although this fragment is associated to a temporary state in the scene of the trauma, I believe it should not be treated fleetingly. It generates a kind of psychic ‘trail’ that the psyche can later repeat or reconstitute in situations of abuse or strain:

Another process requiring topical representation is characterized in the phrase ‘to get beside oneself’. The ego leaves the body, partly or wholly, usually through the head, and observes from outside, usually from above, the subsequent fate of the body,

especially its suffering. (Images somewhat like this: bursting out through the head and observing the dead, impotently frustrated body, from the ceiling of the room; less frequently: carrying one's own head under one's arm with a connecting thread like the umbilical cord between the expelled ego components and the body.)

Ferenczi 1930a: 222

Ferenczi crafts a language to talk about a phenomenon that many clinicians working with traumatised patients have noted: the peculiar moment of exiting the body, of observing oneself from the ceiling, as if the self were an other. This 'othering of the self' produces an important dissociation, a sense of exteriority from their own experience that is available to the self in subsequent situations that mimic the scene of the trauma. The psychic fragment 'observing from the ceiling' marks what I call a 'pre-Orpha function': it develops after the moment of traumatic paralysis, which we described above, and which was experienced as a near-death, as a cessation of all thought and feeling; and before the coagulation of the Orpha-fragment of the psyche, which, as we will see in what follows, comes in the shape of a 'guardian angel' – a true, stable, and fully shaped dissociation, capable of watching over the abused child, abandoned by all external helpers and subjected to the overwhelming force of the aggressor.

In an entry of the *Clinical Diary*, Ferenczi argues:

If I am to believe what my patients report about similar states, this 'being gone' is not necessarily a state of 'non-being', but rather one of 'not-being-here'. As for the 'where', one hears things like: 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. Seen from this gigantically wide perspective, the significance of one's own suffering vanishes, indeed there develops a gratifying insight into the necessity for the individual to endure suffering, when opposed and combatant natural forces meet in one's own person.

Ferenczi 1932b: 32

What we can discern here is a state of traumatic omnipotence, based on particular kind of violent temporal relations. The particular kind of timelessness described here is one where a part of the subject

feels triumphant over time or feels like they have overcome time or 'killed' time altogether.

There is also a particular kind of alienation that derives from different parts of the psyche being in their own times. We are referring to a violent internal plurality of the times of the subject, where the different psychic fragments 'living' inside a different time create an overall effect of a-synchrony. The times of some fragments seem to attack, displace, or negate the times of other fragments. Here, the time resulting from 'being beside oneself' attacks the sense of unfolding of the more conscious and well-adapted parts of the ego.

Let us look closer to this violent internal plurality of times. When subjected to an overwhelming psychic transmission or to an attack, the child can go through an instantaneous maturation, and develop the emotions of an adult. This premature coming of age is often accompanied by being able to perform roles more easily associated with motherhood or fatherhood, than with childhood. The playful, spontaneous, gradual appropriation of the world stops, while the traumatised child migrates to a place of 'carer' for the narcissistically compromised adults around him, for other children, or even for parts of the self. Another facet of this precocity refers to sexual roles. It is worth noting that it is a fragment of the psyche that goes through what Ferenczi (1933, p. 165) calls 'traumatic progression' or 'precocious maturity', and not the entire personality. There is a traumatic bifurcation that happens, which produces a markedly paternal/maternal fragment, and other fragments that are still 'childful', in their needing the presence of the register of tenderness, of gentle care and gradual learning, in order to mature.

Traumatic progression extends to the sphere of the intellect: the traumatised child will be capable of surprisingly wise utterings, sometimes to the delight of the adults around him, who will gratify and encourage faculties that are in fact results of traumatic dissociation. As Ferenczi poetically puts it: 'It is natural to compare this with the precocious maturity of the fruit that was injured by a bird or insect' (Ferenczi 1933: 165). Ferenczi regards the intellect as born out of suffering. The splitting that leads to the birth of intellect is recorded in the unconscious in the form of dreams where a 'wise baby' enters the scene, speaking in the voice and with the contents of an adult conversation. In the dream the wise baby starts teaching wisdoms to the entire family. The 'wise baby' became an important psychoanalytic construction for Ferenczi, through which he was able to better discern

the effects of the particular arrangement of the trauma-scene on his patients.

Autoplastic Events. The Event of Orpha

There are two kinds of responses of the ego to the trauma, according to Ferenczi. The first, corresponding to a highly developed sense of reality, he terms ‘alloplastic adaptation’, which means that the ego is able to alter the environment in such way that self-destruction and self-reconstruction are not necessary, and in such way that the ego maintains its equilibrium (Ferenczi 1930b, p. 221). The second he names ‘autoplastic adaptation’ (ibid), which means that ego does not have, or loses its capacity, to mould the external world, and instead takes action on itself.

Perhaps one of the most eventful cases of autoplastic adaptation is the creation of new organs or new capacities – or, as he calls them, ‘neoformations’ (Ferenczi 1926). In his 1926 essay on *The Problem of the Acceptance of Unpleasant Ideas*, he discusses how certain kinds of self-destruction lead to an enlarged recognition of the surrounding world and lead closer to the formation of objective judgement (ibid). To illustrate this kind of phenomena, he turns to a helpful biological analogy with Loeb’s eggs:

This is similar to the phenomena noted in the ingenious attempts of Jacques Loeb to stimulate unfertilized eggs to development by the action of chemicals, i.e. without fertilization: the chemicals disorganize the outer layers of the egg, but out of the detritus a protective bladder (sheath) is formed, which puts a stop to further injury. In the same way the Eros liberated by instinctual defusion converts destruction into growth, into a further development of the parts that have been protected.

Ferenczi 1926: 377

Ferenczi’s biological analogies allow him to extend his trauma theory and to observe that new faculties emerge at the time of the trauma. This opens new paths in psychoanalytic theory in terms of how we think of repair, and on how the ‘new organs’ created in traumatic times can be part of this repair. In the 30 July 1932 entry of his *Clinical Diary*, Ferenczi concludes: ‘A neoformation of the self is impossible without the previous destruction, either partial or total, or dissolution of the former self. A new ego cannot be formed directly from the previous ego, but from fragments, more or less elementary products of its disintegration. (Splitting, atomization.)’ (Ferenczi 1932b: 181).

There is yet another ‘eventful’ result of the time of trauma: this refers to the *sudden* creation of new organs. It is a kind of ‘teleplastic’ transformation (Ferenczi 1932b: 117), producing ad hoc organs, which become responsible for some of the organism’s functions:

[...] it seems that it is possible for life to continue with the aid of purely psychical powers. Expressed in psychiatric terms: *the hallucination* of breathing can maintain life, even where there is total somatic suffocation. The hallucination of muscles and muscular power, cardiac strength, evacuation of the bladder, vomiting, accompanying the complete paralysis of these organs, can delay the disintegration of the organism. The patients feel, however, that in a ‘teleplastic’ fashion up to now perhaps believed in only by spiritualists, real organs, receptacles, gripping tools, tools of aggression are produced as ad hoc organs, which take charge of a greater or lesser part of the organism’s functions, while the organism is lying lifeless in a deep coma. Discharge of these functions occurs then extrasomatically.

Ferenczi 1932b: 117

The connections that Ferenczi makes between destruction, creativity and the creation of new organs should not however seduce us into a celebration of fragments, a sort of enthusiasm for a post-traumatic subjectivity. Such triumphalism of fragments is not in the spirit of Ferenczi’s work. Ferenczi remains lucid on the dark implications of splitting, which pass through a particular kind of narcissism, where the deadened fragments of the ego are denied. The ego becomes a kind of mosaic of dead and still-alive parts, but the deadened and de-libidinised parts are ‘forgotten’. Some of the fragments ‘assume, as it were, the form and function of a whole person’ (Ferenczi 1930a: 222).

Among the fragments of the psyche that result from the unbearable attack in the moment of the trauma, we find a curious fragment, which Ferenczi names ‘Orpha’ – the feminine of Orpheus. Orpha is perhaps Ferenczi’s most complicated and eventful fragment. Orpha is the form that the organising life instincts take at the time of the trauma, precisely when the enormity of suffering has resulted in a renunciation of any expectation of external help. As Ferenczi notes, ‘[t]he absent external help [...] is replaced by the creation of a more ancient substitute’ (Ferenczi 1932b, p. 105). Orpha is a sort of ‘guardian angel’, a healing agent, and a principle of salvation: by surprising minute calculations around what it would mean to continue living (as we saw above, often in a basic sense of continuing breathing or

maintaining a beating heart), Orpha acts in the direction of self-preservation. Orpha also ‘produces wish-fulfilling hallucinations, consolation phantasies; it anaesthetises the consciousness and sensitivity against sensations as they become unbearable’ (ibid:8). What is remarkable here – and of great political importance – is that with Orpha any dichotomy between reason and passion collapses. Orpha is created by the intrusion of the language of passion in the realm of the language of tenderness. Orpha is wise, but it is a fragment, it is split-off from other faculties. Orpha is formed when death is very near, but it acts as an organising life instinct.

As I see it, Orpha brings an account of the emergence of hyper-faculties and of over-performance. A strange product of the traumatic shock, Orpha manifests itself, Ferenczi writes, as ‘an unperturbed intelligence which is not restricted by any chronological or spatial resistances in its relation to the environment’ (Ferenczi 1931c: 245–6). One could say that Orpha is a metapsychologically plausible account of a particular kind of clairvoyance. Orpha’s time is a triumphantly eternalised time. It is the time of gods, saviours and miracles. Later in life, it persists as a time of a particular sort of omnipotence, one that violently pulls the subject away from the reality principle, and invites dangerous forms of over-exertion.

The Time of Re-living on the Couch. Neo-catharsis

If the psyche presents itself as a kind of mosaic of parts, some of which are alive and some of which are deadened (de-libidinised), then what does it mean to say that some form of reconstruction is possible and what does such a reconstruction rest upon? In his *Clinical Diary* Ferenczi makes an intriguing note: ‘in a manner which to us appears mystical, the ego fragments remain linked to one another, however distorted and hidden this may be’ (Ferenczi 1932b: 176). To achieve a fresh start in thinking about psychic healing we are to think about this note as a metapsychological assumption, rather than a metaphorical statement. This is confirmed by the fact that the ‘link’ preserved between the split parts of the psyche also makes its apparition in dreams and dream-like images and states. Patients sometimes bring us dreams of a cut-off body part that is still attached by one thread to the body. In such dream imagery, what is represented is not only the severed organ/head, but also the thread that connects it to the body.

If we take this proposition seriously, what emerges as a question is: where and how can this thread be found and in which way can it be used for psychic healing? In the consulting room, this question brings

us to the crucial importance of re-living for approaching the trauma. The clinician will know that as a result of a traumatic shock, one part of the personality can ‘die’ (or, in other words, the libido can fully withdraw from a part of the personality), while the part that survives the trauma can wake up from the shock with a ‘gap in memory’ (or, to be more precise, with a gap in conscious memory, or the system of memory of the ego). The ‘thread’ that we are discussing passes through the system of memory of the id, which has an entirely different inscription mechanism from the system of memory of the ego. This does not mean that nothing was ever presented or preserved in the unconscious, but that to be able to access it, a re-living by way of regression is needed. Ferenczi noted that often in the second part of the analysis, what the patient experiences is a ‘collapse of the intellectual superstructure’, accompanied by a ‘breaking through of the fundamental situation, which after all is always primitive and strongly affective in character’ (Ferenczi 1931a: 140). This kind of regression will make possible a ‘new beginning’ – a term that Michael Balint (1968) will later put at the centre of his propositions on ‘benign regression’ and ‘the basic fault’. What is repeated in this event of re-living is the original conflict between the ego and the environment and the painful intrapsychic solutions found for this conflict, in search of a fresh solution.

This is where the experience of the ‘trace’ becomes relevant. It is however not any kind of mystical trance, but precisely ‘neocatharsis’, an experience of re-living the inscriptions made in the memory of the id, while arriving at some effects of reality, veridicity and conscious memory, in the presence of the analyst:

It was easy to utilize these symptoms as fresh aids to reconstruction—as physical memory symbols, so to speak. But there was this difference—this time, the reconstructed past had much more of a feeling of *reality and concreteness* about it than heretofore, approximated much more closely to an actual *recollection*, whereas till then the patients had spoken only of possibilities or, at most, of varying degrees of probability and had yearned in vain for memories. In certain cases these hysterical attacks actually assumed the character of *trances*, in which fragments of the past were relived and the physician was the only bridge left between the patients and reality. I was able to question them and received important information about dissociated parts of the personality.

Ferenczi 1929: 119

One difficult question is what the fundamental difference is between re-enactments driven by the compulsion to repeat and operating under the imperatives of the death drive, and this form of 'neocatharsis'. In other words, what precisely makes it possible for us to say that the re-living of the traumatic experience occurred under 'new conditions' (and potentially with a new resolution)? Here, the picture painted in Ferenczi's work is a complicated one, but there are two recurring themes. One new condition is that of the constant elaboration by the analyst of their own 'professional hypocrisy' (1933), referring to the analytical posture that makes the patients repress their criticism directed to their analysts, in a similar way they repressed their criticism of the lack of love of the adults in their childhood. As he notes:

We greet the patient with politeness when he enters our room, ask him to start with his associations and promise him faithfully that we will listen attentively to him, give our undivided interest to his well-being and to the work needed for it. In reality, however, it may happen that we can only with difficulty tolerate certain external or internal features of the patient, or perhaps we feel unpleasantly disturbed in some professional or personal affair by the analytic session. Here, too, I cannot see any other way out than to make the source of the disturbance in us fully conscious and to discuss it with the patient, admitting it perhaps not only as a possibility but as a fact.

Ferenczi 1933: 158

This sort of clinical sincerity makes it possible for the patient to experience the traumatic events of the past as thoughts or as objective memories, and not only as hallucinatory reproduction.

The second way toward a new condition is aiming toward the horizontality of the analytic space. Because of the ubiquitous nature of phenomena of infantile obedience, there will certainly be little scope for any complete or enduring horizontality, but the analyst needs to invent new ways around and across submission. Ferenczi (1932b: 108) argues that:

The most essential aspect of the altered repetition is the relinquishing of one own's rigid authority and the hostility hidden in it. The relief that is obtained thereby is then not transient and the convictions derived in this way are also more deeply rooted.

Ferenczi 1932b: 108

The analyst's complicated work is to engage in some form of dialogue with psychic fragments that are already entangled in violent temporal relations. The crux of the matter then is intervening in these fraught temporal relations or finding ways to use the 'odd' times of some of the psychic fragments for the progress of the analysis.¹ In several entries of the *Clinical Diary*, Ferenczi describes the experience of engaging the Orpha-fragment of the psyche. On the couch, Orpha appears as a fragment of the psyche that sometimes instructs, directs or guides the analyst with great precision as to what to do, how to speak, how to be silent, in order to allow the re-living of the traumatic sequence of events. In evoking the experience with one of his patients, Ferenczi writes:

At her demand and insistence, I help her by asking simple questions that compel her to think. I must address her as if she were a patient in a mental hospital, using her childhood nicknames, and force her to admit to the reality of the facts, in spite of their painful nature. It is thought two halves have combined to form a whole soul. The emotions of the analyst combine with the ideas of the analysand, and the ideas of the analyst (representational images) with the emotions of the analysand; in this way the otherwise lifeless images become events, and the empty emotional tumult acquires an intellectual content.

Ferenczi 1932b: 14

Proposal of a woman patient, O.S.L during the trance, simulate thinking by asking very simple questions, to revive tactfully yet energetically the 'ghost' which has been given up, as it were, and slowly to persuade the dead or split-off fragment that it is not dead after all. Simultaneously the patient must encounter enough compassion and sympathy that it seems worth his while to come back to life.

¹ 'Each 'adult', who 'takes care of himself is split (is no single psychic unit). Apparent contradiction: Sense of reality is possible only on the basis of a 'fantasy' (=unreality) in which a part of the person is sequestered and is regarded 'objectively' (externalized, projected); this, however, is only possible with the help of a partial suppression of emotions (repression?)— Analyses which are carried through on the level of reality never reach the depth of the processes of splitting. Yet each succeeding development depends on the way it occurs (on its vehemence), on the time factor, and on the conditions, of the original splitting (primal repression). Only in earliest childhood, or before the original splitting, was anyone 'one with himself. Deep analysis must go back under the level of reality into pre-traumatic times and traumatic moments, but one cannot expect a proper resolution unless this time the resolution is different from the original one. Here intervention is necessary (regression and new beginning). Cf. the kindly understanding, the 'permission to give vent' and the encouraging calming reassurance ('Suggestions')' (Ferenczi 1932d: 270-71).

In his writing *The Two Extremes: Credulity and Scepticism*, Ferenczi speaks of ‘psychognosis’ or ‘gnosis’, which he sees as ‘the hope that it is possible, through an adequate profound relaxation, to gain access to a direct path to a past experience, which can be accepted without any other interpretation as being true’ (Ferenczi 1932c, p. 263). Here, the pre-traumatic time and the post-traumatic time touch, creating an opening for understanding a particular kind of utopia. What we arrive at through ‘psychognosis’ is not direct access to the experience ‘of how things truly were’, but an effect of authenticity and an effect of veridicity. The post-traumatic state is, paradoxically, fuller in possibilities for enrichment and more radically relational than the pre-traumatic state. Utopia is the multiplication and expansion of such psychic effects of authenticity and veridicity.

Vignette

Katarina arrived in my consulting room shortly after an attempted suicide. A few weeks before, she had taken all her medication at once, a combination of antidepressants and sleeping pills. Her husband had found her and she was taken to the hospital in time, avoiding any permanent damage to her physical health. In the first session she told me a lot about her dissatisfaction with her relationship, her feeling trapped in a couple with an older man with whom she fought often. She was able to talk directly about her suicide attempt, and she asked me for help. Her speech did not lack emotion and I found her expressive, but I also felt a heaviness and darkness at the core of what she was recounting. At times, it was as if a black metallic sphere was slowly coming toward me. The second session brought a surprise: Katarina told me the same sequence of episodes she had evoked in the previous session, using the same words and the same voice inflections. It was an uncanny repetition, and as the minutes of the session passed, I felt the metallic sphere even heavier. In the second half of the session I intervened and told her that I knew the story she was telling me already. I added that the story was familiar to me because she had told it to me in the previous session, but that I did not mind hearing it twice, or however many times she needed to tell it. She revealed that she had no recollection of having told me the same things in the previous session. She was occupied by chains of stories, which she was telling herself and, at times, other people, but without shifting the words or the colour of her voice. For the first part of her analysis, I often felt like a recording device storing encrypted sequences, which were hiding something dangerous.

After a few months, Katarina moved to the ‘dangerous place’ in my presence and she told me her secret. When she was around four years of age, she was playing in the house of her mother and stepfather. They had a pub on the ground floor, and one of the rooms was covered by a glass ceiling. Katarina thought she saw a doll on the glass ceiling, to which she could get through a side entrance, and she went to get it. While crossing the ceiling, it collapsed with her. She fell with it on one of the tables, where the customers were having their beer. The glass shattered and spread everywhere. While she was screaming on the table, her mother came and spanked her and scolded her for having broken the ceiling, while the stepfather stood and watched, doing nothing. Katarina had never forgotten what had happened, she had conscious knowledge of it, but a part of her psyche was in a pulverised state, just like the glass ceiling breaking into thousands of pieces. She was constantly falling and re-falling: her vocabulary around falls, drops, trips, tumbles and plummets was incredibly diverse. When she felt like she didn’t want to go on with life, she experienced a blank and memory-less state where she would not take the pills, but ‘fall’ into her box of pills. When she was experiencing uncontrolled emotions, she would tell me she was afraid of ‘re-falling’ in one of the bad states. As a child, she was often left alone for long periods, to take care of herself, and also of a brother a few years younger than herself, who had a neurological diagnosis. She was also ruthlessly beaten, by both her mother and her stepfather. Given this extreme abandonment, I was often confronted with the sense of how improbable the event of her survival was: indeed, she had had to invent new organs to preserve her life in such circumstances. Self-caring was imperative, as she could not count on care by an other. But free-falling, total loss of control over the event of self-preservation was an equally active psychic possibility.

One of the important directions of our ‘Orphic dialogues’ was that of re-experiencing the fall and slowing it down. I worked with a vocabulary that ‘transposed’ what she brought in the session to another speed, always decelerating her movement: it was not free-falling and plunging, but floating, hovering, drifting slowly. This was also a form of addressing the traumatic progression that falling through the roof, as well as other episodes of abuse, had brought. Indeed, Katarina was living across a-synchronic times, to the point that these were tearing her apart, pulverising her sense of self and pulling her into different directions. A part of her was repeating in her mind a complaint and an accusation for mistreatment, like a lullaby or a soothing internal sound, without any sense about the thousands of times that she had repeated the exact same complaint to herself. Her repetitions were an Orphic, self-caring sound. Another part of her was highly adapted: she

completed her studies and obtained a position of considerable responsibility. Another part of her, perhaps the most dangerous one, was boundless and pulverised, like a cloud of particles without contour, existing outside time lived in its unfolding, experiencing herself as an effect of an inhuman, cruel and unstoppable acceleration. When this part of her took over, she could 'fall' into the box of pills, without having any recollection of herself engaging in a set of actions, happening in a sequence: taking out the pills from the bag, taking off the lid, counting the pills, swallowing the pills.

Several months after evoking the fall, Katarina told me about a very conflictual situation with her husband, when she felt she had lost control. She suddenly remembered something else she wanted to show me, and stood up from the couch, moving toward a chair in the consulting room where she had left her bag. While standing up, she paused and revealed that during the argument with her husband, she had picked up a vase and thrown it into a glass cabinet full of crystal glasses. The sliding doors of the glass cabinet were completely shattered. When telling me all this, she was making efforts to summon some feelings of shame for her 'losing control'. What I felt was that beneath a thin layer of self-reproach there was excitement and enjoyment. The way she told this story, as well, was 'de-railing' from her usual grammar: there were pauses and seemingly un-related sequences. She was free-associating rather than voicing an eternal complaint. She was also standing up and looking at me, while I was following her from my chair. I intervened: in the past, when she had fallen through the glass roof, there was nothing she could control; now, when she broke the glass cabinet, she was standing and acting. Indeed, there had been some inversion between the horizontal and the vertical. For a moment, Katarina could have a glimpse into her enjoyment in causing – a derangement in the terrain of the pleasure of submitting and being subdued, which was dominating the relationship with her objects, but also the relationship between different parts of her self. A particular crossing of times was needed for our accessing and starting the analytic work with this 'alternative enjoyment', involving being active, doing, and causing. It was a combination of acting-out (breaking the glass cabinet) and acting-in (standing up and having part of her session while standing). Her standing up was akin to the state of 'trance' described by Ferenczi. She could re-live part of her fall, but this time while standing, and while the analyst was acknowledging her psychic pulverisation and her suffering. The re-living in this case involved both the shattering of the glass cabinet (while in analysis) and the telling of this shattering (in the consulting room, while standing). This was the beginning of a long working-through of the scene of trauma. It took the form of the analytic

pair engaging the violent temporal relations that the subject was living under. It was an instance of the time of re-living.

Conclusions

The clinical reimagining of *Nachträglichkeit* as implying a violent clash of times can produce important theoretical and clinical insights in psychoanalysis. Ultimately, there is a violent internal plurality of the times of the subject. Different psychic fragments ‘live’ inside a different time, creating an overall effect of a-synchrony. In other words, the times of some fragments attack, displace, or negate the times of other fragments. What we have looked at in this paper is how these sets of violent temporal relations can be theorised and can be put at the centre of a metapsychology of fragmented psyches.

Thinking with Ferenczi, the event of psychic fragmentation fills up with different kinds of meanings and becomes less enigmatic and also less unitary. We can say that fragmentation needs to be thought in the plural. We can also say that fragmentation condenses different forms of eventfulness. The analyst faces the complicated work of engaging the psychic fragments that are already entangled in violent temporal relations. The analyst holds up the frame where the eventful re-living of the trauma can take place.

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RALUCA SOREANU

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