THE MODEL OF TRAUMA, ACCORDING TO FERENCZI WITHOUT SYMPATHY THERE IS NO HEALING OR FEELING TOGETHER WITH.

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ABSTRACT:

Using the notes of Ferenczi throughout the Clinical Diary, I recomposed his work with patient B., through which, together with patient R.N., Ferenczi came to encounter the psychogenesis of trauma and mental shock, urging him to develop a theory and a technique of working with trauma, constantly seeking healing and treatment. Based on this clinical excerpt, I discuss about trauma, approached theoretically and technically, emphasizing both the importance of knowing the mechanisms of trauma and the importance of healing, through communication from affect to affect, which allows a chance for rearrangement

Keywords: trauma, traumatic factors, repetitive trauma, post-traumatic.

RESUMEN:

Utilizando las notas de Ferenczi a lo largo del Diario Clínico, recompongo su trabajo con el paciente B., a través del cual, junto con el paciente R.N., Ferenczi llegó a encontrarse con la psicogénesis del trauma y el shock mental, y que le condujo a desarrollar una teoría y una técnica para trabajar con el trauma, buscando constantemente la sanación y el tratamiento. Basándome en este extracto clínico, abordo el tema del trauma, tanto desde un enfoque teórico como técnico, haciendo hincapié en la importancia de conocer los mecanismos del trauma y la relevancia de la curación a través de la comunicación desde lo afectivo a lo afectico que permite una oportunidad para la restructuración psíquica**.**

Palabras clave: trauma, factores traumáticos, trauma repetitivo, postraumático.

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Gathered together people who loved each other, or hated each other, perverted and naive, tender and aggressive, benevolent and malevolent, victims and aggressors, forced to stay together and leave the house only with a permission slip when needed, it took some time before the authorities made an exception for the application of the quarantine law to victims of domestic violence. Encountering the newly conceived trauma, or encountering the traumatic experience, brought trauma and the need to work with it back to the forefront for us psychotherapists. Although written in 1932, I was reminded in quarantine of *Jurnalul clinic/Clinical Diary* and Ferenczi for several reasons:

One time because Ferenczi was concerned with the therapeutic aspect of psychoanalysis, as the Freud-Ferenczi correspondence shows. He writes to Freud that he has discovered a traumatic basis of illness that requires a change in technique. Freud again declares his disinterest in this issue, both because Ferenczi's ideas were in counterpoint to his ideas that underpinned the foundation of psychoanalytic theory and perhaps because Freud knew that Ferenczi had a long history of hypochondria. He did not have Freud's support in the discoveries he made in his clinical work and felt increasingly alone and blamed by the psychoanalytic community.

Also, beyond abandoning himself, he persistently tried to understand certain pathologies and persistently tried to heal. It was Ferenczi who introduced **the goal of healing** into psychoanalysis. Appreciated by André Green as the first therapist because of the first intersubjective experience in analytic cure, Ferenczi ceaselessly sought solutions to the impasses that arise in analysis and to the suffering that destroys. The healing element in therapy is the communication from affect to affect, which allows a genuine reliving and a chance to rebuild.

Once abandoned on his own in trauma, he takes into analytical functioning two patients, the patient and himself, who both claim healing. In his dual endeavour, Ferenczi discusses topics that have been at the heart of the modern development of psychoanalysis, especially psychoanalytic therapy in borderline and psychotic cases: communication

from unconscious to unconscious, interpretation of affect, of anguish rather than interpretation of content, cleavage as a defensive reaction to early trauma, excorporation, countertransference as an analytic tool, differentiating between analyst's transfer and emotional resonance to the patient's personality, empathy, the advantages, disadvantages and limits of self-disclosure (he even attempted to develop a kind of deontological code of self-disclosure), trauma and its consequences for psychological development.

Also, because the pandemic and the particularly restrictive measures that brought the whole planet to a halt from the universal way of functioning, made us all reflect, for the nth time in our history, on fantasy and reality, on the varied and psychopathological interpretations of reality that become appropriate in particular conditions. In the same way Ferenczi comes to challenge the over-appreciation of phantasm and to point out the under-appreciation of traumatic reality in psychogenesis, orienting his research towards the archaic development of the psyche. In order to work in analyses that could not be defined as neurotic, he tries to adjust the framework of analysis.

Moreover, when we go through the *Jurnalul clinic/Clinical Diary*, many ideas developed by great psychoanalysts such as Klein, Bion, Winnicott, Searles, Kernberg, Green come to mind, and we realize that he is the precursor of many of the analytic concepts we operate with nowadays and many of the attitudes we function with nowadays.

So, *Jurnalul clinic/Clinical Diary* with the motto *without sympathy there is no cure* contains Ferenczi's notes between January 7, 1932 and October 2, 1932 on the patients he was analysing at the time, with whom he came to understand the psychogenesis of trauma or psychic shock. In German to *feel together with* is synonymous with *to feel with*, to *have sympathy, to sympathize with*. Ferenczi *feels together* with his patients, after having had access during a mutual analysis session to a memory of childhood sexual abuse of a housekeeper, which makes him feel that he belongs to a "community of similar destiny", as he puts it. He tackles many topics: paranoia, schizophrenia, homosexuality, the Oedipus complex, didactic analysis, the end of analysis, masochism, the therapeutic effects of abreaction, catharsis, refutation, the compulsion to repeat trauma, etc., but he focused on three fundamental topics that he had been working on internally: mutual analysis, trauma and his relationship with Freud.

In this clinical diary, I was struck by the tenacity with which Ferenczi sought to reach out to his own trauma and to help his patients as well, not abandoning them or abandoning himself in misunderstanding or triumph. Mutual analysis was his solution to overcoming his own trauma, to continuing his interrupted analysis in order to break one of his paternities (p. 105), overcoming his fear of "the terrorism of suffering" with infantile sources. **The terror of suffering** is the third way of parents of attaching their child, alongside passionate love and passionate punishment. The child ends up being forced to settle the parents' conflicts not out of disinterest, but in order to be able to enjoy the lost peace and tenderness again. Thus the child becomes a nurse, trying to treat and heal the parent. Ferenczi himself discovers the archaic mark of mental development, which he could only overcome through mutual analysis, healing himself and his patients with the same history of destiny.

I will talk about trauma, approached theoretically and technically, but both perspectives are drawn from the clinic, being the consequence of working with and in trauma. I have recomposed, from Ferenczi's notes throughout the *Diary*, two analyses, patient B. and R.N., but here I will expose patient B. We will see how Ferenczi attaches importance to the reality of trauma, develops a theory of trauma, investigates its effects in the internal reality and relentlessly seeks healing, treatment.

TRAUMA THEORY

Trauma
Consequences in mental development
Traumatic factors
Repetitive nature of trauma
Post-traumatic state

He discovers in all his patients, who suffered in childhood as a result of sexual abuse, adult seduction or the terrorism of suffering, some general characteristics:

- Trauma is a real event and not fantasized; it is not the phantasm that generates the trauma.
- The experience is subjective and cannot be questioned by the psychoanalyst; we do not question the real content of subjective truths, these are the traumatic ones.
- There is a confusion of language between child and adult, differentiating between infantile sexuality, an unquestionable aspect of the child, and adult passion imposed on children without their will, with consequences on psychological development. The child's motives for seduction are therefore different from the adult's motives.

The child's seduction should not be mistaken for the adult's perversion; all the child who seduces the adult wants is support, validation, encouragement, reparation, goodwill, to which the adult responds erotically.

"Already overly passionate expressions of non-genital tenderness, such as passionate kissing, intense hugging, actually touch the child in an unpleasant way. Children want nothing more than to be treated kindly, tenderly and gently." (p. 147, in „*Orice ură este de fapt proiecție psihopatică"/"All Hate Is Actually Psychopathic Projection*").

The Oedipus complex has both hereditary roots and generational, transgenerational roots. The adult's defense mechanisms (denial, relativization, projection) reduce their own anxiety and sense of guilt, leaving the child prey to psychic explosion.

- Transference consists in the patient reliving the analyst's denial of his feelings, perceptions, thoughts as traumas, which reactivate old traumas that the analysis must heal.

These are the milestones of trauma theory, on the basis of which Ferenczi also elaborates a therapeutic manner of working. He investigates the lasting consequences on the psychological development of the child who suffers trauma, the traumatic factors, the defense mechanisms of the child victim, the post-traumatic state and the pathology of trauma.

These are **the consequences for the child's psychological development** set out in the note entitled "On the lasting effect of imposed, 'compulsory' active and passive genital demands on young children" (p. 148):

1) Symptomatology: stubborn character, inability to complete any studies, Freud says that sexual activity leads to ineducability, hysterical sensations, especially in the head and belly, and pain crises on deeper analysis reveal a displacement from bottom to top, to more distant parts of the body. Occasional abreaction in attacks of hysterical spasms.
2) The defenses have their moral reason of refusal and discomfort, as the child experiences complete inability to defend herself and compulsion to endure. They protect their personality by loss of consciousness, compensatory fantasies of happiness, split personality.

Trauma strikes most often in the advanced stage of sphincter morality, and because of this the girl feels defiled, treated badly, would like to complain to her mother, but is prevented by her father through intimidation and denial. The child is helpless, confused, has to fight against the will of adult authority and the mistrust of the mother, is the whole world evil or am I wrong? the little girl asks herself and chooses the latter. The subsequent displacements and the erroneous way of translating her sensations end in symptomatology.

3) In men forced early to genital activity, the damage is identical, centered on taking on a superhuman task, behind which lies a colossal fatigue and lack of desire to work, the same thing sexually.

The **traumatic, pathogenic factors** that act in the subjective conflict and essentially constitute the traumatic subjective truth are:

- The most powerful traumatic factor is the introjection of anxiety and guilt of the aggressor by the child. The child remains paralyzed by great anxiety, having to cleave and identify with the aggressor in order to save herself from death.
- To this we add the silence that follows the trauma, namely the prohibition to tell anyone, and the absence of a trusted adult.
- The traumatic event is not just a secret, but becomes a taboo that tends to be repeated.

The repetitive nature of the trauma is due to the defense mechanisms that come into play in a trauma situation to save the psyche and body from death and which will produce changes in mental structure and functioning:

- Dissociation: emotions become detached from the events, so that the events become like a movie you are watching.
- Identification with the aggressor, which differs for the victim and the aggressor: the victim dissociates and identifies with the aggressor's intentions, guilt and anxiety are internalized, and the aggressor trivializes, minimizes, projects, denies, deceives. Identification with the aggressor generates a paradoxical situation:

the victim strives to survive at the cost of perpetuating the traumatic situation, thus allowing the trauma to be repeated, in which the aggression becomes acceptable, and the aggressor trivialized.

- Emotional ambivalence is part of the traumatic process, the abuse is experienced as both good and horrible, but on different levels and by different psychological instances.
- The realization of the pleasure principle in trauma: the child tries to maintain the previous situation of gentleness and goodwill, and the fear of rejecting the abuser translates into the fear of losing the guarantee that the loved one needs him/her.
- Cleavage: the personality splits into two parts [“Fragmentation” p. 92] that do not want to know about each other, the pre-traumatic and the post-traumatic, grouped around the tendency to avoid subjective conflict.

Post-traumatic state: the intrapsychic result of the trauma is generated by the presence or absence of trusted people around the child. This is where therapy comes in. I will now detail the therapy of patient B, to whom I have devoted a lot of space in the clinical diary, in order to illustrate Ferenczi’s theory of trauma, his findings and his manner of work.

TRAUMA IN HYSTERIA

The psychic-somatic bond and the attack on this bond
Adaptation, survival
Healing and transference
Addiction and the annulment of the I-You boundary
Multiple abuse

THE PSYCHIC-SOMATIC BOND AND THE ATTACK ON THIS BOND

Patient B [“On hysterical crisis” p. 126] hysterical, frigid, suffering from anxiety attacks, anxious dreams, daily compulsion to drink alcohol, daytime hallucinations with anxious content. She is seduced by her father with caresses and tender words, with extraordinary promises that the child in her naivety took seriously, raped by him, a scene that is recapitulated over and over again in dreams, symptoms and catharsis. The state of affairs is complicated by the prohibition to tell the mother or anyone else. The allusions she makes to her mother that she is dirty are taken ad litteram, and her mother scolds and chastises her for getting dirty.

In “*Thinking with the Body Means Hysteria: the ‘inexplicable leap into the corporeal’ that characterizes hysteria*” (p. 48), Ferenczi defines hysteria as the regression of eroticism to the organs that originally served egoistic (i.e., non-erotic), self-preserving functions (lungs, heart, head). Differentiating between the physical and the psychic, it is the psychic that binds the organs and only a very strong external physical force can unbind the organs so tightly bound or lead to its collapse. So, the moment the psychic/mental system breaks down, the body begins to think. Here is the illustration of the physical force of the “violent giant” that sexually abuses and loosens the psychic-somatic bond:

— all forces are present, all possible efforts are made to remove the aggression, without success: pushing, screaming, hateful affections, thirst for revenge, etc.

— the weight of the giant becomes increasingly unbearable

— the child’s airways are blocked and any feeling of pressure caused by the genital injury and any feeling of embarrassment disappears

— all available strength is concentrated on the single task of getting air to the lungs — the signs of carbon dioxide poisoning are announced: severe headaches, feelings of dizziness, muscles tensed to the maximum, then relaxed, accelerated and irregular pulse

— then the heart makes an effort to influence the circulatory act, a process that works otherwise automatically

— a new phase is reached: the unpleasantness changes into a maniacal sensation of pleasure as if the patient were escaping the distressing situation

— the child is no longer concerned with breathing, the heart, the preservation of life, but rather prefers to be destroyed and mutilated, as if it were no longer herself, but another being to whom these sufferings are inflicted

— the victim experiences the satisfaction that the aggressor is now powerless to inflict any more suffering on him/her; after all, he can no longer inflict any suffering to the dead, insensitive body and the sadistic aggressor must feel his impotence.

ADAPTATION, SURVIVAL

Ferenczi notes that the surprisingly intelligent reactions of the unconscious in situations of great danger consist in the fact that the moment one renounces the external resolution of the danger and intervenes with internal adaptations, then these internal accommodations, by coming to terms with the destruction of the Ego, with its death as a form of adaptation, with the formation of a symptom, are felt internally as **salvation, liberation**.

Hysterics can, miraculously, be body and spirit at the same time: changes in somatic structure or functionality express desires, feelings of pleasure-unpleasure, even complex thoughts (organ language). This patient **moved the pain** from the genital area upwards, towards the head, in the form of cephalalgia, like all women suffering from hysterical crises, because this allows to avoid the anguish that the events would be real. Ferenczi notes in "*Hysterical Discharge, Hysterical Conversion; Highlighting Their Genesis on the Occasion of a Cathartic Regression*" (p. 69) that the patient displaces the pain to a more harmless area. "Pain therefore relieves pain if the location is placed in a less significant and certainly unreal area." This being a possible significant source of masochism: pain for the relief of another, greater pain.

A trauma patient doesn't want to feel or think or remember because the memory is even worse than the symptoms in which it takes refuge. Pain has an anesthetic effect, being a pain without represented content, therefore unapproachable by consciousness, as perceptual states remain empty, uninvested. Ferenczi, gives a therapeutic indication: "We must not allow ourselves to be impressed by suffering, that is, we must not interrupt suffering before its time, we listen to it, we try to receive what the patient communicates through his/her states and emotions". (p. 80)

The mode of working is catharsis, the role of which is the return of the repressed.

> "It is as if trauma, like concussion-related trauma, is surrounded by a **retroactive amnestic sphere**. Each individual **catharsis** increasingly narrows this sphere." (p. 131)

There is always an explosion and an explosion center. It is not very clear in what way or whether the center of the explosion can be assimilated by the patient's spirit as an unconscious process and thus this psychic event can be capable of recollection and the split fragments can be reunited. But many patients tell us that they do not want to accept as a definitive solution that a part of the psychic personality (the very part that contains love and hope) that has been so badly hit must be treated as unhealable, more precisely as fully killed. These sufferers feel that a quality and quantity of love, of an extraordinary nature, of a perfect genital-moral-intellectual bliss could reanimate these "dead soul parts", regenerate to their full functioning capacity the parts of personality however destroyed bodily and spiritually. But such happiness cannot be achieved in reality. A physically and morally extraordinary partner of colossal potency and love would be too little for a woman victim of child rape to function as an antidote to the debasement and mutilation, the personality limitation caused by the trauma.

> "The healing of this part cannot therefore be a *restitutio in integrum*, but only a reconciliation with a lack." (p. 131)

HEALING AND TRANSFERENCE

But, working **in transference**, the patient helped by our colossal patience, our devotion and compassion and the abandonment of the authoritarian attitude, is able to succeed in giving up the fulfillment of these colossal desires, to be content with what he/she has, to reanimate, to heal the part of the dead Self, "to be able to evoke it all for my sake, and later even for the sake of his/her own action." (p. 132)

A fantasy of the patient, her hips would be bound with wide, rigid bandages, fostered Ferenczi's understanding that the patient, in transference, may have the opportunity to gain **the protection and support that is lacking in trauma**. As if comforting in the mother's lap or embracing the father's strong arms makes complete relaxation possible even after a shattering trauma, so that the one who has suffered a shattering trauma no longer consumes his/her energy with external tasks of defense and caution, [in an unescinded way then], but can devote herself to the internal task of **repairing** the functional disturbance caused by an unexpected penetration.

The positive feeling of transference subsequently provides **counter-investment** that could not be achieved at the time of the trauma. Emphasizes the operation of counter-investment as a solution to healing trauma. For example, the trauma of birth is not dangerous and does not produce essential traces, because the surrounding world takes care of repair immediately after birth, the environment acts as a womb, being an extension of the womb, I would say. By repeating the care, we repeat the insurance: we prepare for sleep by closing the windows, the doors, by lying down

in comfortable, warm bedding, and we manage to restore the repair, to withdraw the guardian that guards us from danger. We make sure the external environment is safe to withdraw our interest inward and into restorative sleep. However, when trust in the goodwill of the surrounding world is lost, a lasting split in the personality takes place: the part that separates sets itself up as a protective guard against dangers on the surface (skin and sense organs), it is a guardian, and the attention of this guardian turns exclusively outwards and is concerned only with dangers, with objects in the surrounding world that could become dangerous.

> "By this we obtain the splitting of the world which before was in a unitary suggestive way, into a subjective and an objective psychic system, and each receives its own system of memories, of which the objective one is fully conscious." (p. 133)

Genuine child trauma is experienced in situations where the environment pushes on the sleeping child, there is no care for immediate remediation, and the child is forced to protect herself by an adaptation, that is, a modification of what is his/her own, prematurely differentiating the external world from the internal one, the one that does the act from the one subject to the act. Neither subjective nor objective experience is, from that moment on, in a full emotional unity, except for sleep and orgasm.

> "If a trauma strikes the soul or body unprepared, that is, without counter-investment, then it acts destructively on the body and spirit, that is, disruptively and through decomposition." (p. 134)

Without the counter-investment of insurance, the connection and force that hold together the fragments of organ and the fragments of psychic elements is lost, resulting in a dissociation that makes correct global functioning and life no longer possible. The explosion, the anarchy of organs and psyche, in the absence of cohesive counter-investment, destroys the psychic associations between systems and psychic contents, even the deepest elements of perception. For this reason, "Narcosis, hypnosis, anguish destroy the creative functions of cohesion, of synthesis." (p. 135) The unprotected child is ready to explode under the pressure of the impulses of the surrounding world, and the feeling of being unloved or hated makes the desire for life disappear, that is, to be reunited, and renders him/her incapable of remaining alone.

Thus, analysis helps the patient shape the surrounding world, to make unifying connections, to associate, all of which generate the feeling of being protected, loved and the desire for life.

ADDICTION AND THE ANNULMENT OF THE I - YOU BOUNDARY

In a drunken or narcotic state it seems possible for the emotions of others to simply spill over onto us, as if the protective layer of the Self has been dissolved by narcotization.

> "In other words: a drunk or narcotized child (perhaps even a child whose protection is paralyzed by fear or pain) becomes so sensitive to the emotional movements of the person he/she fears that he/she feels the aggressor's passion as his/her own. Thus, penis anxiety can turn into penis adoration, into penis worship." (p. 163, in *Contribution to the Cult of the Phallus*, p. 162).

It is an anxiety transformed into pleasure and desire, which accounts for infantile sexual pleasure and female masochism.

MULTIPLE ABUSE

["On the Hysterical Crisis" p. 126] The explosion triggered by double abuse: once seduction by the father and rape, and another time, at age 5, the awareness that the father was taking revenge on her instead of the mother, split her own self into several fragments:

— in a fragment in another "dimension" where nothing of the true state of affairs is experienced, where there continues to be a painful longing for the "ideal lover" — another fragment, the body abandoned by the soul, which mechanically and unconsciously seeks sexual acts and prostitution

— a third fragment is the mother's surrogate, which tirelessly watches over the other two fragments and does everything to prevent physiological death as a result of pain and exhaustion.

In this case, the therapy consists of establishing the fragments of the personality and allowing the transfers of the three fragmented parts.

The abuse is felt as an implantation of soul contents into the victim's soul, producing discomfort, pain and tension, while the abuser absorbs the part of the self that the victim has repressed; it is an implantation of poison from within the abuser into the victim, contaminating the state of naïve, anguish-free, calm happiness in which the victim lived before. The victim of the abuse mirrors the aggressor in a caricature, by which he/she simultaneously attempts to express his/her protest and the truth that the aggressor tries to avoid. The patient elaborates the trauma in **the identification with the aggressor**, identifying herself simultaneously with this caricature and with the victim, trapping herself in her own scenario: he/she strives to survive at the cost of perpetuating the traumatic situation, which thus allows the trauma to be repeated, the aggression becomes acceptable, the aggressor trivialized. Only a therapeutic intervention can free the patient from this paradoxical situation.

Ferenczi's technical indication for breaking the deadlock is the **management of countertransference:** what the analyst feels in relation to the patient must be identified and recognized by the analyst as experiences connected to the patient. From the moment the analyst feels in the same moment (Ferenczi points out), the patient "unfreezes", having the feeling of being understood, which leads to the more certain feeling of the reality of her own happening and the feeling of contrast between the present and the past moment of the happening (then she was alone, now she is listened to with goodwill). The interpretation and analysis of the countertransference changes the patient's investment in the amnesic material that was previously unbearable.

CONCLUSIONS

He emphasized the importance of the therapeutic relationship, always questioning himself, investigating the emotions a patient accesses, using the therapeutic relationship to heal, fearing the discovery of the connection from unconscious to unconscious, but brave enough not to deny it but to use it for healing purposes and honest enough to reflect on the pros and cons of "mutuality" and reconsider it as an attempt to heal. He worked in the interactional field, without neglecting the intrapsychic and developmental level of the patient, always repeating that you give the patient as much as he/she can admit, reflect, contain, always respecting and taking into account the developmental level of the patient.

I summarize Ferenczi's findings on trauma in the hope that we are more prepared to recognize it in symptoms:

1. Trauma is a real event and not phantasmagoria; it is not phantasm that generates trauma.
2. Experience is subjective and cannot be challenged by the psychoanalyst with the adjectives "true", "false", "right", "wrong", so we do not question the real content of subjective truths, as these are the traumatic ones.
3. Traumatic experience is composed of elements of intrapsychic and interpersonal dynamics, of object relations. The child's and the adult's motives for seduction differ. Child seduction should not be mistaken for adult perversion; all the child seducing the adult wants is support, validation, encouragement, reparation, goodwill, etc. to which the adult responds erotically. The adult's defense mechanisms (denial, relativization, projection) reduce their own anxiety and guilt leaving the child prey to psychic explosion.
4. The most powerful traumatic factor is the introjection of the anxiety and guilt of the criminal, the perpetrator, the aggressor by the child, who remains paralyzed by a great anxiety, having the cleavage and identification with the aggressor to save him/herself from death.
5. To this we can add the post-traumatic silence as a pathogenic factor (the prohibition on telling anyone) and the absence of a trusted adult.
6. Identification with the perpetrator is a process that comes into play in a trauma situation. It differs for victim and perpetrator: the victim dissociates and identifies with the perpetrator's intentions, guilt and anxiety are internalized, and the perpetrator trivializes, minimizes, projects, denies, deceives. Identification with the aggressor generates a paradoxical situation: the victim strives to survive at the cost of perpetuating the traumatic situation, which allows the trauma to be repeated, the aggression becomes acceptable, and the aggressor trivialized.
7. Dissociation: emotions become detached from events, so that events become like a film that you watch. Many examples are given in the *Diary*.
8. Fragmentation, cleavage: split between pre-traumatic and post-traumatic personality, between parts of the self, grouped around the tendency to avoid subjective conflict, and extremely to deny it.

9. Psyche-soma relationship: a very strong external physical force unravels the organs so closely linked to the psyche and leads to the collapse of unity. The psychic system breaks down, the body begins to think, and a new pain reliever that pain. The new pain has an inaesthetic effect, a pain with no represented content, therefore unapproachable by consciousness, the perceptive states remain empty, uninvested. The new pain is preferred to the memory of the event.
10. The memory is even worse than the symptoms in which it takes refuge.
11. Achievement of the pleasure principle in trauma: the child tries to maintain the previous situation of gentleness and kindness, the fear of rejecting the aggressor translates into the fear of losing the guarantee that the loved one needs him/her.
12. Emotional ambivalence is part of the traumatic process, abuse is experienced as both good and horrible, but on different levels and by different psychological instances.
13. Post-traumatic state: the intrapsychic outcome of the trauma is generated by the post-traumatic situation, the presence or absence of trusted people around the child. The traumatic event does not become a secret, but a taboo, which thus, through all the mechanisms listed, tends to be repeated.

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