Exploring Ferenczi's Concept of Identification with the Aggressor: Its Role in Trauma, Everyday Life, and the Therapeutic Relationship

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Abstract

When we feel overwhelmed by an inescapable threat, we “identify with the aggressor” (Ferenczi, 1933). Hoping to survive, we sense and “become” precisely what the attacker expects of us—in our behavior, perceptions, emotions, and thoughts. Identification with the aggressor is closely coordinated with other responses to trauma, including dissociation. Over the long run, it can become habitual and can lead to masochism, chronic hypervigilance, and other personality distortions.

But habitual identification with the aggressor also frequently occurs in people who have not suffered severe trauma, which raises the possibility that certain events not generally considered to constitute trauma are often experienced as traumatic. Following Ferenczi, I suggest that emotional abandonment or isolation, and being subject to a greater power, are such events. In addition, identification with the aggressor is a tactic typical of people in a weak position; as such, it plays an important role in social interaction in general.
collusions: “tenuous agreements” to avoid areas of anxiety for both of them. The process of analysis can be understood as the working through of these inevitable collusions.

*He knew that while his father's eyes rested on him he must look frank, he must look wide-eyed, simple.*

—Henry Roth, *Call It Sleep*

**Identification with the Aggressor, Ferenczi (1933)** Proposed, is our response when we feel overwhelmed by threat, when we have lost our sense that the world will protect us, when we are in danger with no chance of escape. What we do is make ourselves disappear. This response goes beyond dissociation from present experience: like chameleons, we blend into the world around us, into the very thing that threatens us, in order to protect ourselves. We stop being ourselves and transform ourselves into someone else's image of us. This happens automatically.

This paper will explore identification with the aggressor as a response to traumas, both gross and subtle, as a pervasive phenomenon in human relations and in the clinical situation.

**The Concept**

I start with a brief but necessary clarification of the definition and history of Ferenczi's (1933) concept. Most analysts associate the term identification with the aggressor with Anna Freud's usage. Yet it was Ferenczi who introduced the concept—in 1932.1 His conception was very different from Anna Freud's later use of the term, by which she denoted how “by impersonating the aggressor, assuming his attributes or imitating his aggression, the child transforms himself from the person threatened into the person who makes the threat” (p. 113).

For Ferenczi, it was a broader concept in two ways: he described a pervasive change in someone's perceptual world rather than the more

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1 Ferenczi's 1933 paper was presented at the Weisbaden Congress in September 1932 and published in 1933 in German. It was not published in English until 1949.

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limited event that Anna Freud discussed, and he was talking more about actually protecting oneself than about simply feeling more secure. Here is Ferenczi's concept: Exploring the early memories of his adult patients who had been abused as children, Ferenczi (1933) found evidence that children who are terrified by adults who are out of control will “subordinate themselves like automata to the will of the aggressor to divine each one of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor…. The weak and undeveloped personality reacts to sudden unpleasure not by defence, but by anxiety-ridden identification and by introjection of the menacing person or aggressor” (pp. 162-163, entire passage italicized in the original).2 The child “become[s] one” (p. 165) with the attacker.
Here, Ferenczi described three virtually simultaneous actions that constitute identification with the aggressor. (I will briefly hold off my discussion of introjection, which Ferenczi also mentioned in this passage.) First, we mentally subordinate ourselves to the attacker. Second, this subordination lets us divine the aggressor’s desires—get into the attacker’s mind to know just what he is thinking and feeling, so we can anticipate exactly what he is about to do and know how to maximize our own survival. And, third, we do the thing that we feel will save us: usually we make ourselves vanish through submission and a precisely attuned compliance with the attacker. All this happens in a flash. The end result is often the opposite of what Anna Freud (1936) described: compliance, accommodation, and submission in the threatening situation rather than aggression displaced to a later time or a different arena.

How does identification with the aggressor work? The child, straining constantly to decipher and to live inside the experience of the other person (e.g., Ferenczi, 1933, p. 165), fills the void left by dissociation of her own feelings and perceptions with an ever-vigilant, overheated intelligence. In this way, she tries to anticipate the dangers that may come from the attacker so she can head them off. Ferenczi (1930-1932, p. 262; 1932, p. 214) described the instantaneous precocious development of hypersensitivities, superintelligence, even clairvoyance, whose purpose is to assess the environment and calculate the best way to survive. Knowing the aggressor “from the inside” in such a closely observed way allows the child to gauge at each moment precisely how to appease, seduce, flatter, placate, or otherwise disarm the aggressor. Without conscious thought, the child suddenly discovers the precocious abilities that are needed for the job (e.g., Ferenczi, 1933, pp. 164-165).

Identifying with the aggressor also involves feeling what one is expected to feel, whether this means feeling what the aggressor wants his particular victim to feel or feeling what the aggressor himself feels. The child may even share in the pleasure that the abuser gets from hurting the child: Ferenczi (1932) observed that a traumatized child may “become so sensitive to the emotional impulses of the person it fears that it feels the passion of the aggressor as its own. Thus, fear … can turn into … adoration” (p. 91). A similar phenomenon, in which people who are powerless in the face of threat comply not only in their behavior but in their emotions, is the “Stockholm syndrome,” in which prisoners develop feelings of sympathy, protectiveness, attraction, even love toward their captors. Feeling the part, I think, allows us to play the required role flawlessly. Yet there is always...
some piece of one's own perception that remains and resists giving itself up to identification, however lost it may appear to be (pp. 17, 19, 113).

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3 See Davies and Frawley's (1994, p. 117) discussion of the trauma victim's hypervigilance, loss of self, and compulsive compliance with others.

4 It is beyond the scope of this paper to address the issue of the aggressor's intention to eliminate the victim's subjectivity. There is much yet to explore about the relationship of this intention in the aggressor to the victim's compliance in eliminating her own subjectivity. Herman (1992) has written about techniques by which captors systematically try to obliterate the subjectivity of their prisoners. On a milder level, Rushkoff (1999) has discussed the subtle forms of influence used in advertising in order to get people to act against their interest and their will. We can broaden Rushkoff's focus to ask whether our consumerist society requires this of us in order to perpetuate itself.

And within families, while all parents' views of their children are affected by their personal biases, some parents seem to train their children to live falsely and to deny their own ways of experiencing. One mother, for instance, did not hold or comfort her young daughter when her daughter was upset, but instead required her daughter to be “grown up” and put her feelings into words. Her daughter has grown up to be quite articulate about “feelings” she does not even feel.

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Recently, Davies (2000) has described in vivid terms her similar appreciation of the effects of this process of identification in response to trauma:

_The most singularly devastating aspect of childhood abuse is the violent penetration and coopting of mind that occurs when one is emotionally and physically dependent on another who violates and exploits—when … one person is granted the authority to control and define the other's reality, even when that definition of reality exists in stark contrast to the person's actual lived experience [p. 219]._

Why did Ferenczi call this process identification, since he was not talking about imitating the aggressor? Racker (1968) can help us here, with his delineation of two types of identification, concordant and complementary. To know her attacker from the inside, the victim molds her own experience into the attacker's experience of himself—what Racker called concordant identification. By doing this, she learns who he expects her to be and may be led to identify, in her feelings and behavior, with her attacker's inner object, his “other.” This complementary identification then guides her compliance with him. As an example of this distinction, if I am with someone who is outraged about an injustice and I respond by also feeling outraged, I have made a concordant identification; if I am with the same outraged person but instead feel guilty, as if I have caused this person to be hurt, I have made a complementary identification. Thus identification with the aggressor can take both concordant and complementary forms.

Elsewhere, I (Frankel, 1993a, b) have described how the unconscious collusions that inevitably characterize the therapeutic relationship are configured on the basis of concordant and complementary identifications. Davies and Frawley (1994) have
delineated in great detail how childhood sexual abuse results in certain typical transference-countertransference configurations based on complementary identifications.

Seligman's (1999) description of identification helps us see how the concept extends beyond the idea of behaving *like* someone else. He proposes that identification “is with a dyadic relationship system rather than with a single role or, to put it another way, as an orientation of one's subjectivity within a self-with-other relationship dyad characterized by oscillation between one position and the other” (p. 141). Patterns of identification “would not be best described in terms specific to the particular attributes [of the other person] that are involved but rather in terms of the overall contours of the interactional process” (p. 140). Seligman's articulation of the concept supports the idea that identification means that one's experience is derived from, and shaped, defined, and limited by, the parameters of a particular relational configuration, not that one necessarily takes on the attributes of another person. More specifically, in identification with the aggressor, the parameters that define one's experiential world have not been negotiated between the participants in an interpersonal relationship; rather, they have been directly imported from the mind of the threatening other person.

In the passage from Ferenczi that I quoted earlier, he actually distinguished two mechanisms—identification and introjection—two sides of the same coin, I think, but these two words direct us to different aspects of the process. As I understand Ferenczi's use of these terms, identification means trying to feel something that someone else feels—essentially, getting into *his* head, molding one's own experience into *his*. In the case of someone feeling threatened, the identification is a way to guide one's adaptation to the frightening person. Introjection is about getting an image of the attacker into *one's own* head.

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5 Ferenczi (1930-1932) emphasized the loss of one's integrity, one's own psychic shape, and people's “consequent plasticity,” their “autoplastic adaptation” (p. 220; also see Ferenczi, 1933, p. 163), in response to trauma. In describing identification as molding oneself into someone else's psyche, I follow Ferenczi's use of the evocative metaphor of autoplasticity.

6 Ferenczi may have believed that *all* identification was the result of trauma (see Frankel, 1998, pp. 59-60), though his writings are not consistent on this point.

7 Torok (in Abraham and Torok, 1968) noted that introjection literally means “casting inside” (p. 111). She discussed how, over the course of the history of psychoanalysis, the term introjection had been used in a confusing, sometimes even contradictory, variety of ways (pp. 110-111). Ferenczi, who introduced the term (Ferenczi, 1909) and later clarified his understanding of it (Ferenczi, 1912), defined introjection as “an extension to the external world of the original autoerotic interests, by including its objects in the ego” (p. 316). Essentially, we take others into ourselves, in the process expanding the boundaries of our inner world. Specifically discussing the subject matter of the present
paper, Ferenczi (1933) said, “Through the identification, or let us say, introjection of the aggressor, he disappears as part of the external reality, and becomes intra-instead of extra-psychic” (p. 162). The concept of introjection greatly influenced Klein (e.g., 1935) and, through her, Fairbairn (e.g., 1943); the latter, like Ferenczi, saw introjection as a reaction to trauma. Fairbairn believed that we introject (he said “internalize”) a transformed version of our traumatic relationships with other people in order to gain some feeling of control over them.

so may help one *feel* more in control of the outer threat, feel that the threat has been transformed into a more manageable inner one—what Fairbairn (1943) called internalizing the bad object.

There is a third concept—dissociation—that Ferenczi focused on as a response to trauma. Briefly, Ferenczi's understanding of dissociation is similar to that of other writers; he saw it as a splitting off from immediate perception of experience that is intolerable.

At this point, I leave my explication of Ferenczi's ideas to propose my own understanding of how dissociation, identification, and introjection often function as a unit during trauma. How does this work? During an overwhelming and inescapable attack the victim surrenders himself to the attacker. He gives up his own sense of self and his personal feelings and reactions—that is, he dissociates large chunks of his own experience—both because it is unbearable and because it is actually dangerous (as I will discuss shortly). Hoping he will be permitted to survive, he uses his capacity for identification to remake his mind and behavior to fit the image of him in the mind of the attacker. At the same time, he takes into his mind—introjects—aspects of external reality and creates fantasies that help him live with what is happening, and has happened, to him.

**The Aims and Consequences of Introjection**

Despite appearances, during trauma one's self and one's hope for and belief in good objects have not been forsaken: They live on in one's inner world of introjects. Introjecting the nonabusive aspects of the parent is an attempt to preserve the good parts of that relationship, to “regress … into the state of happiness that existed prior to the trauma—a trauma which it endeavors to annul” (Ferenczi, 1933, p. 164); they become a treasure hidden in a secret place.

But it is not only the good aspects of the parent that are introjected; so is the bad, abusive parent. As I see it, introjecting the abuser allows us to continue our fight against him. In our minds, the aggressor—an *image* of the aggressor, the *introjected* aggressor—is available to us; he is ours. In fantasy, often unconscious fantasy, we endlessly continue the battle that we dare not wage in reality. The trauma and humiliation of having given up in reality may even lead us never to give up the internal fight, but to carry on our efforts to subdue and conquer our attacker either in our minds or by projecting his image onto proxies in
the outer world and struggling with them. We may try to master our inner foe by domination or, more cleverly, by submission, but he will continue to haunt us; we can never truly vanquish him because he has really beaten us, at least at one moment in our lives.8

In this way, as I see it, introjection not only helps us cope with traumatic feelings, it also perpetuates our experience of trauma. And this experience of perpetual trauma becomes a raison d'être for our continuing traumatic response. Identification with the aggressor and dissociation now become habitual and refractory. Here I make explicit Ferenczi's distinction between identification with the aggressor in the moment, and as a way of life.

Ferenczi (1933) felt that the most damaging aspect of identifying with the aggressor is what he called “introjection of the guilt feelings of the adult” (p. 162). The abused child takes the blame for what has happened to her and feels that she is bad. This child has identified with the abuser's badness and perhaps with the abuser's perception that the child herself is bad. Ferenczi's term implies that all abusers feel guilty, which is not true. But introjection is certainly involved when a child takes on an attacker's badness, because such a child internalizes and rearranges the actual abusive events in her mind to make herself the cause of her own abuse. This grandiose sense of control is preferable to facing the reality that she is a helpless victim.

The Relationship of Dissociation and Mutual Dissociation to Identification with the Aggressor

Identification with the aggressor and dissociation are inextricably intertwined and mutually supportive. In the moment of trauma,

8 Broadly speaking, identifying with the aggressor is a way of adapting to a threatening external reality, whereas introjecting the aggressor is a way to cope with the disturbing inner feelings that arise as a result of an assault. In this light, Anna Freud's notion of identification with the aggressor seems in a way more about introjection than about identification, since its aim is to manage vulnerable feelings rather than to cope with an actual threatening person (S. Fabrick, personal communication): We are fighting in the outer world what is essentially a battle with internalized objects. Ferenczi's ideas about introjection of the aggressor foreshadowed Fairbairn's (e.g., 1944) later scheme of internalizing and splitting the bad object to cope with traumatic feelings of rejection.

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dissociation empties one's mind of one's own experience, including perceptions, thoughts, feelings, and a sense of vulnerability.9 Dissociation may also split off only part of what is in a person's mind. In either case, I believe that dissociation of emotional experience can serve two functions: first, it gets us away from unbearable pain or fear; second, it assists our adaptation by selectively splitting off only those feelings that may pose a threat in the immediate situation if they were to be expressed. In this way, dissociation partners with identification with the aggressor in the task of adaptation: identification informs us which of our feelings are dangerous in the present situation, and dissociation banishes these feelings from awareness. (Identification also substitutes for these dangerous feelings ones
that it judges to be necessary in the current situation.) For example, a child may dissociate his feelings of fear, no longer showing or even feeling them because he knows, through identifying with the attacker, that showing his feelings will evoke a more intense attack by the perpetrator. Simply feeling fear carries the possibility of showing it. Dissociating (and therefore not showing) fear may frighten off the attacker, or else the attacker, seeing that his intimidation is not reaping a frightened response, may lose his sadistic interest. In this way, dissociation is a way to negotiate with and influence a threatening reality. You feel what you must in order to be convincing in the role that will save you.

When he was a child, one of my patients, Joe, was chronically and severely beaten and tormented by his father. His father wanted him to be tough and systematically trained him never to show vulnerability or fear. Once, when Joe was 10 years old, Joe's father acted as if he was going to cut the throat of Joe's dog and forced his anguished, terrified child to watch. Only when Joe stopped crying, stopped trying to run away, and acted brave and tough did the father put down the knife and let the dog live.

Now, whenever Joe is approached aggressively, whether in a subtle or an overtly attacking way, his normally anxious state shuts off. He feels strong, in fact, invulnerable. His anger begins to well up to the point where he is not sure he can control it—although he never loses control; to do so would be a loss of position in his never-ending competition for a sense of personal superiority to other people. He

9 Dissociative reactions vary in severity. See Ferenczi's (1932, pp. 103, 104, 176, 180) descriptions of different degrees of dissociation.

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feels no fear, is incapable of feeling fear. Joe's dissociation of his feelings of fear allows him to present himself as he consciously feels—angry and fearless—and this behavior does in actuality have an intimidating effect on others. In tandem with his dissociation, Joe's constant, vigilant scanning and reading of others' feelings and intentions—his well-developed “identification with the aggressor” skills—provides constant feedback, allowing him to titrate and adjust his intimidation so that it is never obvious and never appears intended.

This case example illustrates the reciprocal influence and mutual dependence of dissociation and identification with the aggressor. Dissociation clears the way for identifying with the aggressor by emptying the mind of spontaneous emotional reactions so that we can feel what we must. Conversely, identification with the aggressor informs and structures dissociation: Through identification, we know the aggressor's feelings, and this knowledge becomes a guide to what we may safely feel and express and also to what we must excise from our outer persona and our inner experience. Dissociation and identification with the aggressor work together in a coordinated, mutually supportive way. Together, they not only create ways of feeling safe, but also exert active influence on others.
Dissociation can be specific to certain perceptions and thoughts, not just emotions. Someone may blot something out of his consciousness because knowing it leads to the threat of revealing it to the aggressor. Self-awareness is a great danger, since it could lead to fatal self-disclosure. It may be easier to erect a barrier to perceiving or knowing something than it is to prevent yourself from saying something you know. The result is that the traumatized person constructs a private narrative of her life that leaves out some things and exaggerates others.

The model I am proposing makes clear that dissociation is more than the walling off of disturbing areas of experience. Along with

10 While Joe is identifying with his aggressor/father in Anna Freud's sense of becoming aggressive like his father, he is also identifying in Ferenczi's sense: Joe becomes the fearless man that his father wanted and trained him to be. Joe's case also demonstrates how someone may have both a persisting identification with a significant other who was an aggressor in one's past, alongside a strong tendency to put oneself inside the minds of other people in the present moment.

11 Ferenczi (1932) commented, “In order to ensure silence, also internal silence: forgetting, repression” (p. 118).

identification with the aggressor, it is part of an ongoing process—responsive to the current situation, guided by ongoing unconscious communication, and perpetuated by current motives—of anticipating and avoiding what one expects to be the real-world danger (not just the disturbing feelings) that would likely occur if certain thoughts or feelings were to be experienced and consequently—unavoidably—expressed in the present situation.

Davies (1998) discusses the distinction between dissociation and repression. Repression has the unconscious “goal of keeping certain experiences entirely and permanently out of awareness, whereas [dissociation] stresses the failure to integrate certain fundamentally incompatible interpersonal experiences and the vertical splitting of consciousness into independent centers of associational interconnection” (pp. 58-59). What I am talking about here is dissociation, I believe, because it involves ideas and feelings that are fundamentally incompatible, even dangerous, within a particular interpersonal situation; they can never be integrated with the experience of self within that situation and must therefore be kept out of awareness when in that situation. The result is a center of associational awareness, including an experience of self, that is specific to that situation. Even if we have known and integrated these same ideas and feelings into a more typical self-state, when we enter a new, threatening situation, these experiences can become something new and quite different; their meaning changes with the context. For instance, what was a comfortable perception when one was on safe ground can suddenly become dangerous when in enemy territory—something that must never be known, and never was known, from within that self-state.12
These ideas dovetail with the idea that an individual's self-states are actually interpersonal events: The affective states of two people in interaction covary in a coordinated way. So do their dissociations. Janice Earle (1997) has described an event eerily similar to the one with my

12 Along these lines, Bromberg (1998, pp. 214-215) discusses how dissociation requires constant vigilance—essentially, he links dissociation with identification with the aggressor. In this regard, he quotes Sullivan, who said that dissociation “isn't a matter of keeping a sleeping dog under an anaesthetic. It works by a constant alertness or vigilance of awareness, with certain supplementary processes which prevent one's ever discovering the usually quite clear evidences that part of one's living is done without any awareness.”

patient Joe. A woman she was treating went into a dissociated state when her life was threatened by her ex-boyfriend, who was apparently about to murder her with a knife. This woman's dissociated state seemed to “disarm” the boyfriend. He put down his knife and walked away without harming her. Earle speculates that her patient's depersonalized state induced a dissociated state in the boyfriend. Can we talk about “projective dissociation” as a special case of projective identification?

A similar though less dramatic phenomenon can take place in the analytic relationship. A patient may talk to the therapist in a way that excludes the therapist from personally connecting with the patient's experience; the therapist is left feeling detached and bored, perhaps sleepy. In such a case, the patient may unconsciously be acting like his preoccupied mother, leading the therapist to identify with the patient's experience as neglected child. This patient may be seeking in this way to distance and avoid his experience of being a forgotten child, but, on another level, his lulling the therapist into numbness re-creates for himself another neglectful mother, this time in the therapist—precisely the traumatic situation he was striving to avoid. Both patient and therapist have become preoccupied, traumatizing mothers; both are also now neglected children—in both positions they have “dis-associated” from both their own feelings and from each other. (Transference-countertransference configurations that typically occur in the treatment of people who have been sexually abused as children, including neglecting parent-neglected child, have been discussed by Davies and Frawley, 1994.)

Bromberg (1996) gives us a view of how mutual dissociation is not only an occasional event but a virtually continuous clinical phenomenon. Drawing on his ideas about multiplicity of self-states, he discusses how

an analyst will inevitably shift his self-state when the patient shifts his .... Dissociation is a hypnoid process ... any unsignalled withdrawal from [the interpersonal] field by either person will disrupt the other's state of mind. Thus, when an enactment begins (no matter by whom it is initiated), no analyst can be immediately attuned to the shift in here-and-now reality, and he inevitably becomes part of the dissociative process.... He is often in a hypnoid state qualitatively similar to that which his patient is in ... the [patient's] words
begin to take on an “unreal” quality, and this is frequently what “wakes the analyst up” to the fact that something is “going on” [p. 527].

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The analyst, along with the patient, has been “asleep” to something that has been happening between them. A therapist may simply not notice, not think of, not be aware of a feeling, not respond in the way he or she is being implicitly asked not to respond by a patient's unconscious communications. The patient signals the therapist not to take a certain role or make a certain move—for instance, not to confront, show interest, or show empathy—and implicitly rewards and punishes the therapist to insure compliance.

Before I end this section, a few words about dissociation and introjection. First, these two defenses can work in concert. While dissociation strives to avoid a present danger (and thus implicitly acknowledges it), it also denies this danger, specifically by denying it the feeling of being real. Thus, it implies a private grandiosity in one's attitude toward the other—“You can't really hurt me.” In this sense, dissociation facilitates introjection of the aggressor—he is inside and under one's control, no longer a real threat. The lens of dissociation takes away the reality feeling from the traumatic reality and instead attaches to it a fantasy feeling, thus serving as a bridge for the introjection of the experience: It allows the actual, outer events to feel like a private, controllable fantasy.

Finally, identification with the aggressor is, of course, not a foolproof way to protect oneself; sometimes there is no way to deter an attacker. In this event, the only recourse is to find a way to tolerate the unbearable experience, which is accomplished by dissociating from, and introjecting, the traumatic event.

Long-term Consequences of Identification with the Aggressor

A child who lives in fear is likely to become alert to all people and situations as potentially dangerous. For the child to cope with this perception, identification with the aggressor, dissociation, and introjection may all persist as tendencies in relation to people encountered subsequently. These tendencies can manifest themselves

13 Similarly, a child who lives with perpetual parental criticism, disparagement, or detachment can develop the persistent feeling that she is lacking, bad, shameful, or somehow culpable. Ferenczi (1933) understood this as reflecting “introjection of the guilt feelings of the adult” (p. 162), as described earlier. The child installs the critical or distant parent as a permanent resident in his psyche. While this situation can be considered an identification with the aggressor, it differs from the situation of the child who expects everyone else to be dangerous: The child of danger develops a general tendency to “become” whoever others in any present moment want him to be, while the child of criticism continues to “be” the image his parent had of him in the past and is less likely to be generally compliant. Both, however, continue to expect other people to be like the offending parent, whether this means dangerous or critical, and both buy into the parent's judgment of them. Of course, many people have parents who were both frightening and critical.
in different ways. Ferenczi (1932, pp. 91, 104, 167, 172, 177; 1933, pp. 163, 165-166) saw masochism, in its various aspects, as an expectable long-term outcome when people have become accustomed to identifying with the aggressor—essentially, identifying with the aggressor becomes institutionalized as a general way of relating to people. In addition to an eagerness to take blame, Ferenczi (1933) discussed submission, provocation of the aggressor, self-sabotage, and seduction of the aggressor as possible masochistic strategies designed to influence others in subtle, covert, or indirect ways by people who have given up the sense that they can exert clout more directly.  

Ferenczi (1932, pp. 178, 190) also observed that a lack of conviction often accompanies the traumatic memories of people who have been abused as children. This lack may be due to the continuing prestige and credibility of the introjected aggressor/parent (see Fairbairn, 1943), whose view of key events often contradicts a person's own perceptions. This sense of self-doubt may extend to other aspects of one's experience. Some people continually feel they need others to validate what they already know themselves. Indeed, chronic identification with the aggressor can lead to a situation in which the aggressor's beliefs take the place of one's own and one's beliefs are no longer drawn from one's own experience. One's narrative about one's own life is not derived from personal experience but from someone else's story. Sullivan's (1953) later concept of selective inattention and

Ferenczi's widely scattered, and important, ideas on masochism have not, to my knowledge, been comprehensively gathered, integrated, and organized in print. That task is beyond the scope of the present article. Elsewhere (Frankel, 1998), I have documented and integrated what I see as the gist of these ideas. For further exploration of Ferenczi's ideas specifically about provocation of the aggressor, see Ferenczi, 1930-1932, pp. 225, 244, 249; 1931, p. 133; 1932, pp. 7, 95-96, 120, 167, 171, 172, 177, 179, 180; Ferenczi, 1933, p. 163.

Bowlby's (1980, ch. 4) discussion of the pathological consequences of the divergence of the episodic (i.e., imagistic) and semantic (i.e., narrative) memory systems suggest that the discrepancy between one's personal experience and one's beliefs about oneself and the world can be seen as a measure of psychopathology (also see Davies, 2000).

Along these lines, Ferenczi (1933) also talked about how a victim of abuse can become “a mechanical, obedient automaton” (p. 163), losing a sense of inner authenticity and selfhood. The other side of this coin is that one may come reflexively to place oneself in the mind of everyone around him, scanning, checking out everyone as a possible threat, feeling that a repetition of one's trauma is just around each corner, and becoming what is expected in order to protect oneself—a traumatic perceptual style of continuous, vigilant study of other people to decipher whether they contain the feeling, the motive, the intention that one has learned is dangerous. This pressured, biased scanning of others
paradoxically results in both tremendous sensitivity and great blindness to others' motives. All this happens automatically, unconsciously, instantaneously. The skills to read others—superintelligence, hypersensitivities, even (according to Ferenczi, 1930-1932, p. 262; 1932, pp. 81, 89, 139, 203, 214) clairvoyance—have been unlocked in the moment of trauma and remain part of the personality (Ferenczi, 1930-1932, p. 272; 1932, pp. 89, 203; 1933, p. 165).

I would like to add to Ferenczi's ideas about the long-term consequences of identification with the aggressor. For instance, I have observed that sometimes there may develop, alongside this hypervigilance, a rigid resistance to being influenced by others. This resistance may occur in reaction to one's sense of one's own vulnerability to identifying with others and one's consequent difficulty discriminating who is good and who is bad. But whether or not

15 Winnicott (1960), with his concept of false-self organization, addresses similar issues. His focus is on compliance with others and a consequent feeling of falseness and detachment; these serve to protect the potential for authenticity. Ferenczi spotlights an anxious, moment-to-moment hyperattention and reactivity to other people whose purpose began as, and remains, influencing other people in the service of one's own security. Yet it seems to me that both Ferenczi's and Winnicott's concepts include elements that are central in the other's concept. Moreover, both developed the idea of the “caretaker self” (Winnicott, 1960, p. 142; Ferenczi, 1932, named it “Orpha,” p. 95—also see Smith, 1999). Brandchaft (cited in Barish and Vida, 1998) has more recently discussed “pathological accommodation” at the cost of authentic self-experience in children whose parents do not meet their needs.

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space for the child's own spontaneous, self-generated experience. The mothers, once victims, have now become perpetrators. Ferenczi's (1932) work with Elizabeth Severn is a clinical demonstration of this transformation, as she was both victim in her own past and subsequently a tyrant to Ferenczi.

I think that identification with the aggressor can also contribute to other personality disturbances. For instance, hyperattention to others' feelings may lead to hysterical maneuvering: Here, one's constant anxiety about other people's intentions is dealt with by efforts to control others by manipulating their emotions, on the basis of one's well-trained ability to sense their vulnerabilities. These maneuvers can look like seduction, vulnerability, intimidation, loss of control, or even psychosis. Essentially, trying to manage the emotional agenda rather than being vulnerable to it, the person takes the active role in interactions with other people, yet the others continue to be experienced as more powerful, the real agents in the situation. Thus, this hysterical form of taking charge may provide a sense of agency that feels fraudulent or tenuous.

Identification with the aggressor can also result, I believe, in obsessive and compulsive developments. In such a case, one has more

or less permanently given up ownership of one's mind. Someone becomes an employee in his own mind. He feels no authority to settle an inner conflict on his own or to make an independent decision. The result is rumination and doubting, which he feels he has no standing to resolve, or repetitive, compulsive acts, which feel divorced from his own wishes, as if they were being directed by an outside power.

For example, one boy suffering from ruminations and compulsions came to his session reporting that his father had told him what to talk about. His therapist asked him if that was, indeed, what he wanted to talk about. The question surprised the boy; he felt that it encouraged disobedience, as if he was not supposed to say what he wanted but only what he was instructed to talk about. As the therapist and the child explored this, it turned out that the boy felt as if his father were sitting on his shoulder, peering into his head so that he could not have any thoughts his father would not approve of, with no privacy even in his own mind. Simply considering and playing with the new possibility that his mind was his own property and that he could decide what to think about or not, and what to say or not, felt exhilarating to this boy. This insight marked the beginning of a dramatic reduction of his obsessions and compulsions. An adult woman patient presented with a similar experience: She reported feeling that her mind was decorated by her mother.

Identification with the Aggressor as a Widespread Phenomenon, and a New Look at Trauma

Identification with the aggressor is a very widespread phenomenon whose operation, at least in some measure, is not restricted to people who have suffered severe trauma. I believe that its widespread occurrence forces us toward the view that some degree or element of trauma has played an important role in the lives of many people in whose histories trauma does not appear prominent.
In what ways is identification with the aggressor a widespread phenomenon? First, identification with the aggressor, on a mild scale, is used as a universal tactic by people in a weak or helpless position as a way of coping with others who are seen as stronger and therefore as a threat. Milgram's (1963) experiments—in which someone posing as an authoritative “experimenter” was often successful in getting subjects (who had not been selected on the basis of a history of trauma) to administer what they thought were painful electric shocks to someone else, even when doing so was very upsetting to the subjects—demonstrated how widespread the tendency to comply with authority is, even when compliance strongly offends our own values.

I go further to propose that identification with the aggressor can be seen as influential in the lives of many, perhaps even most, patients who come to us for psychotherapy. The following brief clinical examples suggest how identification with the aggressor has become prominent in the interpersonal functioning of a wide range of people whose histories include only mild, more “normal traumas,” and none of whom have been physically or sexually abused in a gross way.

- Tom, a sensitive man whose mother was often depressed during his childhood and whose self-involved father left the family at an early age and rejected Tom for not being a “tough guy,” developed a strong sensitivity to what people wanted or expected from him. Tom tended to comply with others' expectations of him and to dismiss his own feelings and perceptions and buy into the views that they held. For instance, Tom's work supervisor once became gruff and sharply grilled Tom when Tom gave the supervisor some forms that required the supervisor's signature. Despite Tom's knowing that he was doing the right thing, he felt that he had done something stupid—just the way the supervisor was treating him. Only later, while he was talking about the incident in his therapy session, did it dawn on Tom that the supervisor was covering his own embarrassment and ignorance about these forms by acting gruff and accusatory. Tom's therapy was regularly marked by realizations like this—how he had bought into someone else's view of him and ignored his own perceptions and intelligence. In fact, Tom had developed a talent for dismissing his own thoughts and feelings with little feeling of inner resistance if there was a likelihood that they might lead him to contradict someone else. One result was that he often felt gullible and “dumb.” Analysis helped Tom begin to credit and really feel his contrary feelings.

- Ann, a middle-aged woman, was raised by a father who seemed to take pride in making arbitrary decisions about his children and letting himself be influenced by no one, and by a mother who was self-effacing and self-preoccupied and whose preference for Ann over her three brothers was hidden and disavowed. As an adult, Ann often works to marginalize herself, to be unobtrusive, and to try to disappear—as if she is continuing to collude with her father's rendering
her impotent and her mother's requirement that she hide her claims to attention and specialness. At other times, when Ann's resentment about allowing herself to be pushed aside grows, she can become anxiously assertive with others, something she began to do, tentatively, in adolescence.

But it is not just Ann's behavior, it is also her inner experience that still seems to identify with her parents' expectations that she remain effaced. She often inwardly doubts even those perceptions which, to hear her speak, she sounds sure of. For instance, Ann spoke once about her cousin, who is an attorney. He occasionally gives little lectures about the law or otherwise acts in a pedantic way. Though she portrayed him in just these terms herself—and forcefully!—it was not until the therapist made an off-hand comment appearing to validate her characterization that Ann suddenly really believed what she had said about her cousin. It was striking to both Ann and her therapist that Ann really had not believed her own clearly articulated perceptions until the therapist echoed them.

Jack is a young man whose parents divorced during his childhood. For many years afterward, Jack's mother was preoccupied with her own pain around this divorce. Jack subsequently developed a tendency to overempathize with people even when he did not like or agree with them, just as he had felt compelled to do with his mother during her years of pain (see Ferenczi's, 1933, discussion of the “terrorism of suffering,” p. 166). Even as an adult, Jack feels trapped in this role and unable to act differently and sometimes becomes very angry at and critical of himself for his compulsive empathizing.

Other examples come up regularly during the course of every analytic workday in the treatment of people who have not been severely traumatized. For instance, a young woman had parents who always seemed very invested in her attractiveness and excited by her sexiness. During a very stressful period of her life, she would sometimes act in a blatantly sexy way when out with them in social situations. In another example, a young man got a phone call from a stranger about an advertisement he had placed to sell his car; as the caller became rude and demanding, this man acted and felt increasingly apologetic about not being able to accommodate the caller's obnoxious demands.

I see these examples as typical manifestations of identification with the aggressor in people who have not been severely traumatized. In each case, the person performs, and often feels, the role that others expect her or him to play. These examples show how some degree of identification with the aggressor—generally seen as a response to trauma—can become an important personality feature in people who have not been grossly abused or traumatized (none of the persons in these examples have been). It is my impression that such people constitute a large presence, if not a majority, in many analysts' practices. A likely implication is that there are events in many people's development that often function, in some respects, as traumas but are not fully recognized as such. I believe there are two such events: emotional abandonment or isolation, and being subject to a greater power.
Ferenczi's discussions of emotional abandonment suggest that he thought of it as the worst trauma, a conclusion that draws support from subsequent work that proposes that our most basic need is attachment (e.g., Fairbairn, 1941, 1943; Spitz, 1946; Sullivan, 1953; Bowlby, 1969, 1980). Experience suggests that regularly occurring threats of emotional abandonment from caregivers, even if they are subtle threats, can evoke persistent identification with the aggressor.

Frequent (if often implicit) threats of emotional abandonment are likely to occur in the lives of children whose parents are depressed, as in most of the brief examples I have cited (see Ferenczi, 1933, p. 166). These children may feel that they must identify with their parents' (and, later, other people's) conscious or disavowed disparaging self-image, or with the parent's internal “bad” object, as a way to keep a feeling of connection with a parent who is emotionally unavailable. Identification with the aggressor is also especially notable in children whose parents invest them with the parents' own grandiose aspirations or expectations (Ferenczi, 1933; Miller, 1981). In such cases, the urgency of the parent's identification with the child may convey a perpetual danger of emotional abandonment if the child does not identify with the parent's image of her. In both cases—whether the

16 Ferenczi (1932) seemed to hold this view when he wrote that “fear of being abandoned by the mother, that is, the threat that libido will be withdrawn ... feels just as deadly as an aggressive threat to life” (p. 18). Also see Ferenczi, 1929; 1931, p. 138; 1932, pp. 18, 164; Frankel, 1998.

17 See Meares's (1993) discussion of this issue in the development of false self experience: “The child will do anything to maintain the bond [with the parents], even to the extent of sacrificing his or her reality.... The child searches for an indication of what the mother wants. He or she learns to emit certain behaviors in order to keep some link with the mother” (p. 115).

parent requires the child to be “bad” or especially “good”—it becomes these children's mission to fulfill these expectations.

Another unarticulated but implicit thread in Ferenczi's work is that even the simple fact of someone's power over us, benign as it may currently be, is traumatic (Frankel, 1998, p. 46; Vida, 1998, p. 7): There is always the potential for his power to turn dangerous—in the face of this threat, we will be helpless—although the danger can range from mild disapproval to dire consequences. In this light, the trauma of actual or potential emotional abandonment can be understood as a subset of the broader trauma of being subject to a greater power: Our inherently social nature gives power over us to people to whom we are attached.

But is it true that “the asymmetrical exercise of power [is] intrinsically traumatic” (Vida, 1998, p. 7)? I think the bulk of this paper argues that it is. One might object that most of us are not fearful most of the time despite often being on the short end of various power differentials. But being subject to a threat does not necessarily result in the experience of fear: Both Freud (1926) and Sullivan (1953) assigned unconscious
anxiety toward caregivers a crucial role in their personality theories. Their doing this suggests, first, that they appreciated the great extent to which the influence even of loved ones is based on others' negative potentialities; and, second, that, whereas fear shapes the personality, people organize their experience in ways that seek, often successfully, to avoid the awareness of fear. I think it is reasonable to suggest that all children, owing to the inevitability of loss and disappointment and by virtue of being children whose lives are under the control of parents and other adults whom they need, get a taste of trauma that colors their experience in a permanent (even if essentially benign) way.\[19\]

It seems likely that identification and compliance are designed to combat whatever particular type of event was traumatic. In cases of active abuse, the effort would be to prevent the other person from becoming a physical danger of the type experienced in the past. In the cases I have described, where emotional abandonment or isolation was the actual or threatened trauma, identification was designed to prevent the other person from disappearing emotionally. In all cases, it is directed toward undoing a sense of powerlessness.

I think that identification with the aggressor, on a smaller scale, operates invisibly but pervasively in the everyday lives of most people. Its ubiquity is likely largely due to the fact that emotional abandonment and relative powerlessness are experiences that no one entirely escapes.\[20\] Where can we discover identification with the aggressor in ordinary daily life? I think it can be found in the virtually universal tendency to “accept” the projective identifications of others. In addition, Fromm (e.g., \[1941\]) explored the prevalent longing to “escape from freedom,” to willingly give up one's autonomy and identify with a perceived strong figure; and Hoffman (\[1998\]) has talked about the universal temptation to take refuge in something larger than ourselves in order to avoid the dreadful aloneness (and its consequence, the need to take responsibility for our own choices) that is our existential condition.\[21\] We efface our own particularity all the time in our social interactions with symbolically powerful figures in whose presence we become awed, meek, dumbstruck, or gullible: doctors, bosses, celebrities, experts, people who wear uniforms or suits. We become compliant patients, docile (even if resentful) employees, eager consumers, walking corporate advertisements, passive citizens.

Identification with the aggressor plays a part when we become frozen by someone's angry tone, perhaps even when we are silenced by a seductive smile. The thread that runs through all these situations is that we automatically put our own thoughts, feelings, perceptions, and judgments aside, and do—and, more important, think and feel—as we are expected to. Given how widespread at least some degree of identification with the aggressor may be, I suggest further that identification with the aggressor generally

\[18\] Sullivan linked anxiety to the fear of disapproval by significant others.

\[19\] Ferenczi believed (1930-1932) that “small traumata easy to overcome” (p. 263) are necessary for normal personality growth.
constitutes part of the unconscious aspect of the communication that goes on continuously between people as they interact.

Identification with the aggressor has clear evolutionary value, both in its extreme and in its everyday forms. Faced with extraordinary

20 We might speculate, therefore, that there is a pervasive tendency to identify with the aggressor in a society such as ours, in which people often feel disconnected from other people.

21 Also see Levenson's (1983) equation of authenticity with taking responsibility for one's choices.

A heightened interpersonal sensitivity, even to the point of feeling permeable to someone else's feelings, may also often be an outcome of having learned to identify with aggressors; different degrees of this quality may be adaptive and important at various moments in interpersonal relationships and also in many professions, including ours.22 Ferenczi (1932) observed that such “identification with outside tensions and pains” can lead to generosity and compassion (p. 104).

Another question arises about the suggestion that identification with the aggressor is a widespread phenomenon: is there a difference between identification with the aggressor in response to gross trauma and identification with the aggressor in response to milder, more ubiquitous traumatic events? I suggest, as a provisional answer to this question, that the degree of trauma affects both the pervasiveness and the rigidity of identification. What I mean by pervasiveness is that, in grossly traumatized people, identification with the aggressor occurs much more of the time, in response to many more situations; by rigidity, I mean that someone has far less ability to “stand in the spaces,” to use Bromberg's (1998) term. That person is stuck to her identification and is unlikely to be able to hold a second perspective simultaneously.

Perhaps the explanatory common denominator of these two distinguishing characteristics is what personality researchers have called “situation-specific traits” (Epstein, 1979). This term refers to the integration of two competing viewpoints about the primary

22 See, for instance, Ferenczi's (1931) descriptions of the analyst “entering into the game” (p. 129) of the patient's regressed states, Kohut's (1977) description of the analyst's “empathic method of observation” (p. 303), and Bromberg's (1998) idea of
“knowing one's patient inside out” (p. 127)—that as part of his role, “the analyst must somehow ‘lose’ his mind in order to know the patient's” (Bromberg, 1998, p. 138).

Determinant of behavior: personality traits versus situation. In this integrative position—which Epstein's research has demonstrated to have higher predictive value than either the trait or situationist hypotheses—there is understood to be consistency in an individual's behavior over time but only within a given situation; and behavior may vary greatly across situations. For instance, one may be consistently anxious in an academic situation while consistently relaxed socially; someone else may manifest the reverse pattern. A twist in this research is that certain people have been shown to vary more across situations, while others seem more consistent (Frankel, 1980). Here I raise the question whether people who have been more grossly traumatized, compared with less traumatized people, tend to be more consistent across situations in a particular way. Many more situations evoke traumatic associations for them, as compared with less traumatized people. The likely result is that for more traumatized people 1) there will be less variability and less differentiation of behavior across situations, meaning that identification with the aggressor (as well as other traumatic responses) is more likely to be one's response regardless of the situation—to be what I am calling a pervasive response; and 2) there will be fewer alternative or competing perceptions of a situation, resulting in the lack of simultaneous, alternate, nontrauma-related perceptions at any moment, and thus a lack of perspective and distance when the traumatic identification occurs. This is what I am calling a rigid response.

A last question is: what about people who always seem firm in their course, are impervious to influence, and are seldom submissive or compliant? Do they ever identify with aggressors? My impression is that their resistance to identifying with aggressors in the moment often derives from (in addition, probably, to constitutional factors) an enduring identification with someone or something—a person, an ideal, a mission, a group, a culture. It seems likely that our general level of resistance to identifying with others in the moment may depend on how strong and unconflicted an identification we have with such an internalized object; the extent to which we feel we must cling to this identification; and how rigid and inflexible is the object with whom we identify. We are likely to be especially resistant to identifying with others in specific ways that run against the grain of these deeper identifications. Additionally, some people tend to be reflexively oppositional or defiant. Such oppositional can be a defense against a tendency to identify and comply, a compulsive disavowal of one's need for or fear of the other.23 Yet however strong-willed one is, there will always be moments when someone or something is perceived as threatening; such moments are likely to revive the tendency to identify with the aggressor.

Identification with the Aggressor in the Analytic Relationship
Ferenczi (1933) said that identification with the aggressor happens in the analytic relationship. Patients often see analysts as aggressors and identify with them, and analysts—often unavoidably and without intending to—do indeed act as aggressors. I agree. But the analytic relationship, like any relationship, is a two-way street, and identification with the aggressor also can and does occur in the opposite direction. To judge from his very self-revealing clinical reports in his Clinical Diary, it is clear that Ferenczi (1932) knew first-hand that analysts also see patients as aggressors and that they respond, as patients do, by identifying. He did not spell this phenomenon out, however, nor did he go into much detail about the specifics of patients identifying with analysts as aggressors.

**Patients' Identification with Therapists as Aggressors**

Patients have an exceedingly refined sensitivity for the wishes, tendencies, whims, sympathies and antipathies of their analyst, even if the analyst is completely unaware of this sensitivity. Instead of contradicting the analyst or accusing him of errors and blindness, the patients identify themselves with him; ... normally they do not allow themselves to criticize us, such a criticism does not even become conscious in them [Ferenczi, 1933, pp. 157-158].

23 This interpretation was hinted at by Ferenczi (1933) when he said, “The misused child changes into a mechanical, obedient automaton or becomes defiant, but is unable to account for the reasons of his defiance” (p. 163).

Patients identifying with their analysts, seen as aggressors, are eager to forgive, take the blame for, minimize, not notice, overlook, and explain away their analysts' sins. They may talk about what they are not really interested in, or may put themselves through more pain or exposure in sessions than they really want, in compliance with their analysts' perceived expectations.

While Ferenczi's formulations focus on patients' responding to their analysts in self-effacing, masochistic ways, this is not the only possibility. Racker (1968) has suggested that we analysts often have more than a healthy dose of masochism in our personalities—after all, we have chosen a profession where we invite others to express themselves to us without inhibition while we must behave with responsibility and restraint (M. Bergmann, personal communication). The result is that, often enough, patients are likely to gratify their analysts' need to be punished (Racker, 1968). This possibility, while not made explicit in Ferenczi's formulations, is prominent in his clinical descriptions in his Clinical Diary (Ferenczi, 1932). There, notably in his work with his now-famous patient Elizabeth Severn, he described in detail how her escalating domination of him matched his own transferential projections onto her. She reminded him of his cold, controlling mother, whom he hated; and his submissive behavior to her, under the rationale of indulging her for therapeutic purposes, inflated her own dominating, sadistic behavior toward him (see Frankel, 1993a). It is not just our more disturbed patients (like Severn) who will respond this way to our personal masochism. Many better integrated patients
will also dwell on our own small failures, which then may leave us feeling a little guilty for failing the patients. Even at such moments, however, unconsciously we remain aggressors: The patients are molding themselves to our requirements.

Why are analysts seen as aggressors? There are many reasons, but all, I believe, have one common denominator: the inherent power differential in the analytic relationship. Our patients come to us because of their needs and vulnerabilities, and the help they hope to get largely depends on us. This arrangement gives us the power in the relationship and does in fact make our patients dependent on us. Their dependence not only constitutes an asymmetrical power balance; it also, more specifically, sets up a threat of potential emotional abandonment. As I have discussed, I believe that these conditions are, to some extent, inherently traumatic.

What are the specific forms of power we have, or are seen to have, that make us aggressors to our patients? First, from Balint (1968), Ferenczi’s student, patient, and friend, we get the idea that our simple “otherness” gives us the potential to upset; therefore we must be managed. Everyone's first and biggest trauma, Balint said, is our being wrenched from a state of merger with mother. Separateness and differentness then always remain threats. The analyst's simple differences of perception from the patient's—his being a “separate, sharply contoured object” (p. 167), especially in the analytic relationship, where wishes for merger are reactivated—is often quite disruptive for patients. The opposite may also be true for certain patients: wishes or feelings of merger that arise in therapy will be experienced as threats from the analyst, who is then seen as dangerous.

The analyst is inherently, generically “other” to the patient, but she may also emphasize her particular otherness in various ways. She will simply, unavoidably and without malicious intent express her individuality; and her personal attitudes, quirks, and traits will no doubt sometimes be “wrong” for the patient, not what the patient wants the analyst to be. Owing to her own needs and personal limitations, she will at times frustrate or deprive the patient.

There will also be moments when the analyst will fail to give the patient what the patient feels he wants or needs from her due to her own (conscious or unconscious) anxiety or anger toward the patient; and this, of course, also makes her an aggressor. Sometimes not fulfilling the patient's desires toward the analyst seems justified to the analyst; yet unconscious personal factors are often involved in decisions about therapeutic procedure. Not opposing the patient when he appears to the analyst to be doing something self-destructive can also be a form of analytic aggression, and the patient may experience it as such.

Another factor that makes an analyst into an aggressor is a patient's transference, negative or otherwise: The analyst comes to represent the powerful parents of early childhood. Our actual knowledge and expertise only enhance this perceived power. Another's power, even if benevolent, is a threat, since the benevolence is at the discretion of the powerful person. Benevolence may be temporary; power will remain. The patient takes this into
account in his negotiations with his analyst. Even someone whose love you feel you need and who loves you may therefore partly be an aggressor if there is an element of worry about her love being available (which seems unavoidable on occasion), that is, if emotional abandonment is felt as a possibility. Identification with the aggressor therefore can occur in the context of loving relationships and positive transferences.

A “good” therapist can also evoke identification with the aggressor for another reason: Klein (1957) alerts us to how a therapist's sanity (or what appears to the patient as sanity) can evoke envy in a patient and how a “good” therapist can therefore become a source of hatred and the focus of a subsequent fear of retaliation.24

But identification with the aggressor is based not only on biased perception and transference. Aspects of analytic practice, however conducted, may implicitly set up the analyst as an aggressor. For example, having the patient use the couch places the patient in a blind and submissive position (Bott-Spillius, personal communication). An analyst's theory may also implicitly operate as a directive to the patient; for example, Mitchell's (1993) discussion of Winnicott's analysis of Margaret Little suggests that Little's regression may have been a compliance with Winnicott's theoretical beliefs. And, with patients who have difficulty talking about their private experience or who are more comfortable telling others what they want to hear, a therapist's wish for the patient's disclosure of authentic personal experience—another basic element of psychotherapy—may feel to the patient like an assault.

To elaborate on a point made earlier, even the essential terms of the analytic relationship constitute an inherent power differential and thus make the analyst an aggressor. The patient is there because he feels he needs help and often also love, and he pays for it. There is often some shame attached to these facts. The patient's need and vulnerability put him in a one-down position. In contrast, the analyst has power not only by virtue of being the less needy party and because the patient's prospect of getting help depends on him, but also for other reasons. Analysts are representatives of the authority and prestige of a powerful social institution (see Hoffman's, 1998, discussion of how the analyst's authority is an inherent and therapeutically important element of the treatment relationship and Phillips's, 1996, exploration of patients' need to endow analysts with unrealistic expertise). The treatment is (and is conducted on) the analyst's turf.

24 Searles's (1975) point that patients must be able to feel that they can help their analysts also suggests that an analyst who appears too “healthy”—who does not need help—may evoke a sense of futility in the patient.
Through his relationship with Freud (the entirety of which, Dupont, 1988, has suggested, can be understood as an analytic relationship), Ferenczi was very much aware of the patient's experience of being the weaker partner in the analytic relationship.

A patient of mine wondered why his wife often got angry at him but he never got angry at her. I suggested that she got angry when she squelched herself but that he had no cause to get angry—he was in charge with her and always got what he wanted. He gazed contentedly out the window for a moment and agreed, “It's good to be king.”

The analyst is king of the analytic relationship. Certainly this imbalance is partly due to the transference and the societally sanctioned power differential, but also to the analyst's actual experience and expertise in this odd form of relationship. The analyst knows the game and is an experienced player. The analyst's prerogatives are underlined by the license he occasionally exercises to fiddle with the parameters of this relationship in the name of clinical judgment and by his role as enforcer of the rules: “It's your clock and your door,” a patient of mine once complained. All these factors predispose the patient to see the analyst as powerful.

Ferenczi believed the power differential in the analytic relationship was also based on attitudes and procedures that, while not inherent in the analytic situation, had become built into the practice of psychoanalysis; and he thought analysis had developed in this way because of Freud's personality. Ferenczi (1932) ultimately came to see the whole analyst-patient format as a “distancing by inferiority” of the patient (p. 65). Ferenczi believed that the analyst's “professional hypocrisy” (Ferenczi, 1933, p. 158), the posture of attention and interest behind which might be hidden “fatigue, tedium … boredom” (Ferenczi, 1932, p. 1), or even hatred (Ferenczi, 1932, p. 99) for the patient, had the effect of getting patients to blame themselves and to doubt their own perceptions—that it was essentially a power move, the bullying prerogative of the analyst to retreat behind the asymmetry of the analytic relationship. Similarly, Balint (1968) later criticized Kleinian analysts for presenting themselves as “confident, knowledgeable, and perhaps even overwhelming” (p. 107); he observed that this posture evokes in the patient, “prompted by his overwhelming need to be understood … identification [that] may be somewhat uncritical” (p. 106), as well as introjection and idealization. These latter two, he said, “are the most frequently used defence mechanisms in any partnership in which an oppressed, weak partner has to cope with an overwhelmingly powerful one” (p. 107).

We can use Racker's (1968) insights to explain further why analysts may seek to be the king of the analytic relationship. As mentioned, Racker (also, M. Bergmann, personal communication) saw analysts as often tending to be rather masochistic in their personal orientation, having chosen a profession in which they sit as targets of other people's strong emotions while they must contain their own feelings. A patient of mine, a sexual masochist, saw this clearly as she tried to seduce me sexually—even reaching out to try to touch me as she lay on the couch—and watched as I sat chastely behind her, stewing in my own boundaries. Just as masochists are likely to feel resentment and to rebel subtly even while they submit, it seems likely to me that many analysts may be tempted to use the analytic situation to over-compensate for their uncomfortable wish to submit by
dominating in an arena—the analytic situation—where they can. And indeed, I was “king” with my masochistic patient: the object of her desire, in charge of the door, the clock, the treatment—handcuffed to my throne behind the couch!

Before I turn to an exploration of analysts' identification with patients, let me return to Ferenczi and his experiments in technique, specifically his later ones. These constitute a surprisingly contemporary evaluation of whether, and how, analytic technique can address the dangers of patients' identification with their therapists.

As noted, Ferenczi condemned the standard analytic technique of his time as providing cover for analysts' sadism by exploiting rather than analyzing and deconstructing the inherent power dynamics of the situation—essentially, he saw standard technique as traumatizing to the patient. Near the end of his life, Ferenczi tried to protect against the dangers of this technique, first with his “relaxation technique” (Ferenczi, 1930, 1931), focusing on kindness, indulgence, and nurture—with this technique, Ferenczi laid the groundwork for later object relations and self-psychological therapies where the analyst sees himself as a loving mother to the patient—and in his later technique of “mutual analysis” (Ferenczi, 1932), where the emphasis was on the analyst's honesty (also see Ferenczi, 1933). With mutual analysis, he laid the groundwork for future interpersonal and relational therapies that focus on authenticity and openness.

Are these more contemporary therapeutic models immune from the dangers of identification with the aggressor? Ferenczi himself saw the weakness of his relaxation technique, in which the therapist strives to be indulgent. Despite his efforts to be kind and nurturant, he continued to observe his patients identifying with him. He concluded that patients, especially those who had been abused as children, were very sensitive to the conscious and unconscious feelings of their analysts, and that acting in a kindly fashion did not fool patients if the analyst was unconsciously hostile. In fact, he thought efforts to act kindly as a technique, when not truly felt, were recreations of the childhood traumatic situation of his patients in which parental hostility and abuse were covered over by hypocritical “goodness”—a development that was even more damaging than simple abuse because the parents' hypocrisy left the children utterly alone with their experience. As noted earlier, Ferenczi believed this experience of total emotional abandonment to be most damaging.

Ferenczi's solution, which was not entirely a rejection of his relaxation technique approach, was that honesty is most important. In his technique of mutual analysis, the analyst free-associated for the patient to insure that even the analyst's unconscious resistances and negative countertransferences were discoverable by the patient. He concluded that this new, open approach did indeed free up stuck analyses, although it took a great toll on the analyst. Looking at Ferenczi's mutual analyses from a contemporary perspective, we can see that even this technique holds hiding places for an analyst's unconscious resistances, notably his unconscious sadism and masochism (see Frankel, 1993a). Even in a more symmetrical and mutually open relationship, I think the analyst holds most of the cards.
No technique can eliminate a therapist's unconscious defensive use of the therapeutic relationship. Ferenczi's discovery of patients' tendency to identify with their therapists as aggressors should alert all therapists to the inevitable ways that they exert authority with their patients and to the effects of this on their patients.

Now, a perplexing question: why, almost 70 years after Ferenczi's observations on the subject (and more than 50 years after some of Ferenczi's writings on the topic emerged from suppression) do most analysts continue to overlook the extent to which they not only are perceived as but also act as aggressors to their patients? First, analysts often do not want to be seen as hurtful by their patients, and they certainly do not want to feel they actually are hurtful to them; so they may be motivated not to see their own hurtfulness. And, as Ferenczi (1933) recognized, patients will often work hard to help them avoid seeing it:

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I came to realize that even these apparently willing patients felt hatred and rage [toward me], and I began to encourage them not to spare me in any way. This encouragement, too, failed to achieve much, for most of my patients energetically refused to accept such an interpretive demand although it was well supported by analytic material [p. 157].

Why do patients do this? Ferenczi continued.

Instead of contradicting the analyst or accusing him of errors and blindness, the patients identify themselves with him; only in rare moments of an hysteroid excitement, i.e. in an almost unconscious state, can they pluck up enough courage to make a protest; normally they do not allow themselves to criticise us, such a criticism does not even become conscious in them [pp. 157-158].

So the reason that analysts still do not appreciate the extent to which they are sometimes seen as, and indeed are, aggressors may be the synergy between their wish to feel benevolent, patients' helping them feel this way by identifying with them, and the fact that analysts' wish to be benevolent results in more subtle, thus less noticeable and more disavowable, forms of aggression.

**Therapists' Identification with Patients as Aggressors**

Identification (including identification with the aggressor) happens in the other direction, too. Therapists must allow themselves to identify with patients in order to know them on as deep and personal a level as possible. This identification also tells our patients that we share their humanity, including the aspects of themselves they feel ashamed of and seek to disavow, and that we connect with and appreciate them as fellow human beings. It is the opposite of emotionally abandoning them.

Our identification with our patients may happen automatically. DiMascio's research showed that when patients and therapists feel in tune, their heart rates (which are measures of tension) are likely to fluctuate together (DiMascio and Suter, 1954) and that the greater the patient's subjective experience of tension, the higher the therapist's

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heart rate is likely to be (DiMascio, Boyd, and Greenblatt, 1957). One young patient of mine, a 14-year-old girl, had a sudden hysterical attack of racing thoughts and stuttering earlier in the day. She was still stuttering when I saw her. As we talked, she said to me, “You don't need to talk like I'm talking.” Without realizing it, I had begun to stumble on my words, too.

Identification risks feeling traumatic to a certain extent: We give up our own perspective and put ourselves under someone else's influence, sometimes to find ourselves in a place that is not comfortable for us. We must attend and be responsive to our patients even when we do not want to, whatever is on the table. We adopt a somewhat passive and receptive position within an interpersonal force field whose purpose is to allow the other person to work out unresolved traumas and bad relationships through the relationship with the analyst; as we listen to our patients, we are drawn in. We identify with our patients as aggressors when they represent a threat to us, but simply being in a position where we are vulnerable to identifying with them can make them aggressors. Because identification is our stock in trade, the risks that come with identification are a vocational hazard. Small but accumulating traumas such as these lead all of us, even those with freer or more dominating personalities, to feel oppressed occasionally by our patients. “Uneasy lies the head that wears a crown” (Shakespeare, Henry IV, Part 2, III, i, 31).

Additionally, the patient's power to induce identifications and dissociations in the therapist makes the patient a threat. Patients may sense this and may sometimes try to make themselves aggressors to us, at least unconsciously.

Another reason we fear our patients is that we feel they have the power to fulfill, or not, our deep, often unconscious, personal wishes. Some of these wishes are similar to those which cause our patients to identify with us: we feel we need them to help us feel secure, useful, competent, fulfilled, recognized (see Bacal and Thomson, 1996). We may want their personal gifts to rub off on us. We may hope they will heal us or that helping them work through their difficulties will help

25 Similar to Ferenczi's (1919) discussion of free association as providing not only the freedom to say anything but also the requirement to say everything, the analyst's role calls for the unusual freedom to explore and also the difficult requirement to attend.

us with our own. We may want to merge with them or have them care for us. These wishes make our patients powerful, and this power makes them potential aggressors. Our patients can frustrate or abandon us.

Finally, every therapist will inevitably experience certain personal anxieties and bad-parent transferences toward the patient. The therapist's repertoire of responses to the patient, therefore, is always likely to include identification due to fear. Our anxiety-driven identifications with our patients can interfere with our free and creative functioning as therapists in many ways: they may block us from articulating a
disagreeable observation, from even thinking of a potentially disturbing interpretation; constrict us within unhelpful roles with our patients; lead us to overaccommodate patients' demands, to accept their unreasonable accusations against us, or to refuse (as a defense against our identification) to allow ourselves to empathize with them.

But I also think that our patients must partly become aggressors for us if we are to help them. It is through our authentic personal involvement with our patients that their traumas and negative relationships are evoked, understood by us in an intimate way, expressed fully in the interpersonal field, and worked through.

**Mutual Identification with the Aggressor: Collusions**

Patients and therapists seeing each other as aggressors leads naturally to anxiety-driven, unconscious collusions (Frankel, 1993a): pacts in which each of us quietly agrees that neither of us will show his own real fear and vulnerability nor will we notice or expose the other's. These tenuous agreements are built on top of interlocking identifications with the aggressor. Each person feels threatened by the other. Both agree to bury the seemingly unresolvable and dangerous conflict that lurks; instead they substitute a relationship that feels good (or at least safer) but that ultimately stifles growth. Such collusions are ubiquitous. The process of therapy can be seen as a mutual working through of these collusions that opens the way toward an ideal of mutual recognition (Benjamin, 1988), self- and mutual acceptance, and intimacy (Frankel, 1993a). Since identification with the aggressor is what structures these collusions, it therefore is a building block (alongside more expansive, creative, playful potentials) of the unconscious therapeutic relationship.

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These mutual, interlocking identifications with the aggressor constitute our unconscious negotiations as each of us, sensing our own vulnerability to our partner, tries to gain a sense of security by exerting some degree of indirect control over our “adversary.” One young woman with a history of having been sexually abused, was responsive and pleasing and smiled often in sessions, and we had a warm relationship. Exploration of her smiling as it became more noticeable led her to confess that she smiled at people to get them to smile back—to neutralize them—so she would feel safe. I, of course, also smiled at her in moments of anxiety. Mutual, subtle sexual seductiveness can work just as well.

A more detailed illustration: My patient Joe (the man I mentioned earlier whose father tortured him) and I developed a collusion based partly on our unresolved relationships with our respective fathers. His father terrified him, and he was never sure what his father was really feeling; I was disappointed in my own father's passivity. Our deal, never verbalized while it was being negotiated, was that I was a “good,” gentle, concerned, and dependable father to him, while he was a strong, courageous, daring father to me. We each carefully sidestepped being each other's aggressor: By my “goodness,” I avoided being his unpredictable, violent father; and by keeping up his aura of strength, he avoided disappointing me as my father had done. For my part, I did not even really accept that he was a frightened person much of the time, despite his talking about his fearfulness, both
because I needed him to be someone I could look up to as strong and because he was unable to show fear and always broadcast strength; he was just right for the role.

On his side of the collusion, he was quite aware of my moments of anger, anxiety, undependability, or emotional distance, but seldom commented on these directly when they were happening. Joe's well-developed identification-with-the-aggressor skills—his vigilant scanning (never obvious) for my reactions, moods, and emotions—never let him fully put to rest the idea that I might be dangerous to him. Yet he seemed to try to cling to an only-good version of me. He may have felt that commenting directly on his observations of my “failings” would open the floodgates, that all my goodness would disappear and that I would become genuinely unpredictable and dangerous. And I was reluctant to challenge his idealization of me because I was happy to be seen as so good and steady by this man whom I admired.

Later, as Joe became able to back down and not feel that he had to defend his strength and superiority in every situation, it began to appear that my needing him to be strong, as subtly as this may have been communicated to him, may have made it harder for him to let me and others see his vulnerable and ordinary sides.

Joe and I both were afraid to find our own worst father sitting across the room from us, so the unconscious deal was for both of us to become the antidote, the “good” father that our partner wanted us to be. These mutual identifications with the aggressor constituted, to use Ferenczi’s (1915) phrase, our “dialogues of the unconscious” (p. 109). They comforted us, yet they stood in the way of confronting the traumas that were at the heart of our unconscious relationship.

The concept of identification with the aggressor helps illuminate the complicated field within which we work and within which we must work out with each patient a way for both of us to be most fully present with each other.

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