Sándor Ferenczi
Discovery and Rediscovery

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This book is the meeting ground of several distinct traditions of scholarship on the life and work of Sándor Ferenczi. Bringing together psychoanalysts from around the world, this work aims to further our understanding of Ferenczi's clinical and theoretical contributions. In the writings of contemporary scholars, Ferenczi emerges as a complex figure—hero, flawed hero, man of excesses, courageous innovator, "enfant terrible," dissident, passionate follower and friend of classical analysis and of Freud. In some lights, he was the prescient innovator of all modern trends, champion of egalitarianism and mutuality, crusader for the recognition of child abuse and trauma. For others, he was the precursor of relational developments in psychoanalysis, sowing the fascinating seeds that have flowered and evolved within the main body of psychoanalytic thought.

Ferenczi's contributions to the early history of the psychoanalytic movement were second only to Freud's. He was a central organizer of the movement, a leading spokesperson and lecturer, and a theoretical and clinical contributor of the first rank. He founded the International Psychoanalytic Association and the Budapest Psychoanalytic Association; was the first Professor of Psychoanalysis at a university (University of Budapest); organized the International Journal of Psycho-Analysis; and conducted what is considered to be the first training analysis (that of Jones in 1913). Freud (1937) himself memorialized Ferenczi as a "master of analysis" (p. 230) who "made all analysts into his pupils" (Freud, 1933, p. 228).
For decades, though, Sándor Ferenczi was dismissed by mainstream psychoanalysts, disregarded because of his radical clinical experiments, because of his revival of interest in the etiological importance of external trauma, and because he was perceived as encouraging dangerous regressions in his patients and attempting to cure them with love. All these criticisms were reinforced with personal aspersions on his character and accusations that he had mentally deteriorated and even gone mad in the final years of his life at the height of his clinical experimentation and in the midst of disputes with Freud.

To encounter Ferenczi’s full range of work today is an experience in which one’s sense of the past and the institutional, theoretical, and clinical history of psychoanalysis is rewritten and reconfigured, and the possibility for future development is similarly widened and reworked. Discovering Ferenczi’s elaborate and far-ranging theories and practices is a little like the experience of physical geographers when they were introduced to the new theory of plate tectonics and continental drift. Land masses and places that seemed disconnected suddenly fit together. The pieces of a puzzle click into place, and a new historical narrative begins to emerge. Ferenczi’s influence has been both deep and widespread. As analyst to Michael Balint, Ernest Jones, Melanie Klein, and John Rickman, he had a powerful impact on the development of psychoanalysis in England. As analyst to Clara Thompson, Géza Róheim, and Sándor Rado, he had an enormous influence on the development of interpersonal and cultural psychoanalysis in the United States.

The current generation of analysts now reencounters Ferenczi’s life and work in the context of the opening and reopening of the historical account of the early figures around Freud. For some, the rediscovery of Ferenczi has been the recognition of an appalling familial and institutional tragedy, riven with oedipal disappointments and struggles and fratricidal battle. To excavate this history of spoiled relationships and struggles over questions of technique and questions of theory is to unearth a buried trauma. The history of the presentation and publication of Ferenczi’s (1933) “Confusion of Tongues” paper on the powerful, traumatizing effect of incest and families’ collusive silence must rank among the saddest and most tragic moments in the history of psychoanalysis. Concerning the repercussions of these events, Balint (1968) judged that “the historic event of the disagreement between Freud and Ferenczi acted as a trauma on the analytical world” (p. 152). Only now, after more than half a century, is this tragedy being uncovered, and this volume is intended as a contribution to the working through of this trauma. We begin this introductory essay by considering Ferenczi’s contributions in the context of his complicated personal and professional relationship to Freud.

THE FREUD-FERENCZI CONTROVERSY

Ferenczi met Freud in 1908 and they quickly established a warm and close friendship. Ferenczi became a leading pioneer psychoanalyst, writing important papers on theory and technique, as well as a leading psychoanalytic organizer and educator. Freud wanted Ferenczi as a son-in-law (to marry his oldest daughter, Mathilde), and in later years Ferenczi claimed that Freud considered him to have been “the most consummate heir of his ideas” (cited in Gay, 1988, p. 581). Although their friendship never was actually severed (see Haynal’s chapter in this volume), it certainly came under great strain in the final years of Ferenczi’s life (he died in 1933). The conflict between Freud and Ferenczi was not only to affect their personal relationship but also to cause a profound upheaval for the entire psychoanalytic community.

Ferenczi, born July 7, 1873, was the eighth of 12 children. His father died when he was a boy of 15. His mother, busy running the store and caring for his 10 siblings (one had died), was experienced by Ferenczi as stern and unloving. He hated her but loved his passive father (Stanton, 1991). A comprehensive biography of Ferenczi has not yet appeared, but with the availability of the Correspondence and the Clinical Diary, a biography is clearly in order.

Ferenczi was described by those who knew him as a childlike and affectionate man. He was needy and dependent on others. With an insatiable desire for the love of those he was involved with, he placed great demands on them for signs of affection. Jones (1959) (who, as we will see, had ambivalent feelings toward Ferenczi) described him as

a boishly loveable person, rich in vitality and zest for living, simple, direct, and honest to the core, scintillating with interesting ideas that were mostly tossed off for the moment, and with a keen perception of other people's thoughts and motives [pp. 199-200].

Roazen (1976), who interviewed many people who knew Ferenczi, writes:

Many consider Ferenczi to have been the warmest, most human, most sensitive of the early psychoanalytic group. Short and expressive, poetical and not egotistical, interested in other people and always eager to help, Ferenczi was charming and imaginative [p. 358].

Ferenczi had an intimate but stormy relationship. Ferenczi desperately wanted Freud’s love and approval, and he wanted Freud to enact the role of good father to him, the devoted son. Although Freud went along with this up to a point, it irritated and annoyed him,
not to read the paper; furthermore a number of Freud's followers attempted to forbid Ferenczi from reading it. Ferenczi, however, was determined. Ferenczi said that as he left the meeting he had extended his hand to Freud "in affectionate adieu. The professor turned his back on me and walked out of the room" (quoted from Fromm, 1959, p. 65). Ferenczi did read the paper to the conference, and it was published in the Internationale Zeitschrift but was not translated or published in the International Journal of Psycho-Analysis. (The English-language publication was suppressed for 16 years by E. Jones.)

Clearly, this was a painful moment of the greatest strain and misunderstanding between Freud and Ferenczi. Yet, even after this low point there was never a final break between the two men; rather, their relationship cooled and grew distant while they continued to stay in touch occasionally. There are hints, however, that as Ferenczi became increasingly independent of Freud and insisted on continuing his clinical experiments, Freud began to see him as a defector. He likened Ferenczi to Jung and Rank and even suggested that Ferenczi (like Jung before him) had death wishes against him (Gay, 1988, p. 582). Yet this judgment must be placed against a last letter from Ferenczi to Freud (29 March 1933), which is reproduced as the frontispiece to this volume, for here we may still see Ferenczi's loving concern for Freud's well being.

Short and sweet: I advise you to use the time of a not yet imminent threatening situation to travel with a few patients and your daughter Anna into a more secure country, perhaps England. . . . With the idea to use England as a place of residence the thought plays a part that there are excellent dentists and surgeons there [quoted with permission of Harvard University Press; translation by Mr. Otto Hoffer].

It is a preserving letter, a warning to Freud to seek safety for himself and his family. (The mention of dentists and surgeons refers to Freud's cancer and prostration.) Given Freud's slow, even reluctant pace in moving on this advice, it seems that the location of death wishes is not solely on Ferenczi's side.

An earlier painful episode occurred when Ferenczi's patient, Clara Thompson, told Freud that Ferenczi had allowed her to kiss him during the course of her analysis. Freud wrote a sharply reprimanding and sarcastic letter to Ferenczi regarding the dangerous consequences of his "activity," the "kissing technique." In the letter, Freud inserted a reproach to Ferenczi for his preanalytic tendency for sexual play with patients. Ferenczi replied directly to Freud that he had learned from old (preanalytic) mistakes and was now capable of establishing "a congenial atmosphere, free from passion" within which to conduct an analysis.
The awareness of his fatal illness, his disagreements with Freud, the
difficulties he experienced on the path of analysis, were each ordeals in
their own right and must have caused him great anguish. But there is a big
difference between personal anguish and madness. Ferenczi presented
classical signs of funicular myelosis as a result of his pernicious anaemia.
There is no doubt about this diagnosis, and any other interpretation is but
a sad story [p. 54].

Masson (1984) contends that the disagreement between Freud and
Ferenczi stemmed from Freud's concern that Ferenczi's ideas on chil-
hood trauma were a theoretical regression to Freud's own preanalytic
conceptions. According to Masson, it was Ferenczi's emphasis on the
importance of real parental abuse in the etiology of psychopathology
that was most objectionable to Freud. Masson argues that Ferenczi could
have experimented with technique as a great deal with no objection from
Freud and that it was only and specifically when he presented conclusions
that challenged Freud's theory that Freud demurred.

Most Freud–Ferenczi scholars disagree with Masson. According to
Haynal (1989) it was not Ferenczi's belief in external trauma that was
most at issue; that is, it was not predominantly a disagreement regarding
etiology, but rather Ferenczi's clinical experiments with technique that
concerned Freud. Haynal believes that it was particularly Ferenczi's
radical technical experiments and his encouragement of deep regression
in analysis with the hope of allowing a "new beginning" for the patient
that Freud considered risky. That is, Freud understood Ferenczi to be
attempting to cure his patients by providing them with the love that is
(Ferenczi) himself so desperately longing for.

Hoffer (1990) has emphasized, in a very balanced way, that the
Freud–Ferenczi controversy needs to be understood as partly theoretic:
(trauama theory), partly technical (Ferenczi's technical experiments an
use of regression), and partly personal (Ferenczi's unresolved transfenc-
ences). The many possible readings of the Freud–Ferenczi controversy
will surely find new forms with the publication of the corresponden
c(particularly the final letters, anticipated to be in the third volume).

THE CLINICAL DIARY AND THE FREUD–FERENCZI CORRESPONDENCE

With the English publication in 1988 of Sándor Ferenczi's Clinical Diar,
psychoanalytic scholars and clinicians gained access to a long-hidden
treasure chest that held the findings of Ferenczi's unique and darin
clinical experiments. Ferenczi's Clinical Diary, written in 1932, was le
de his wife after his death in 1933. She gave it to Michael Balint who...
he left Budapest for England in 1939. Balint had advised Mrs. Ferenczi to postpone the publication of the Diary because he felt that, given the atmosphere within psychoanalysis in the 1930s, the book would be misunderstood and not judged objectively, particularly because of the immediate repercussions of the disagreement between Freud and Ferenczi (see Balint's Draft Introduction reprinted in the Clinical Diary).

It is important for the contemporary reader to keep in mind the tremendous repercussions of the argument between Freud and Ferenczi. According to Balint (1968), this altercation between them “acted as a trauma on the analytical world” (p. 152). Following Freud's reactions to Ferenczi's experiments, analysts became increasingly frightened of experimenting with technique; they were especially wary of exploring the use of countertransference and of using therapeutic regressions. It may also be important to remember not only the atmosphere within the institution of psychoanalysis in the 1930s, but also the wider political atmosphere in Europe. In considering strategic decisions about the public face of psychoanalysis, the mounting horror of Fascism and the political threat to progressives and Jews needs crucially to be factored into any modern judgment about these matters. György Hidas (1992) has pointed out, for example, that after Ferenczi's death, there were layers of political and social repression in both pre- and postwar Hungary. Important transitional figures like Imre Hermann effaced many of Ferenczi's innovations in theory and practice in the climate of political repression that prevailed. Perhaps the different political and social climate in postwar Britain enabled the Balints to make very different choices in regard to their own theoretical development.

By the late 1950s and early 1960s, Balint wanted to publish both the Clinical Diary and the Freud–Ferenczi correspondence. He was forced to postpone their publication, however, because the Freud family was unwilling to publish the correspondence in its entirety, and Balint would not agree to publish an edited selection of the letters. Furthermore, Balint was convinced that the Diary would be incomprehensible without the availability of the correspondence. Therefore, neither was published. In 1969, believing that all obstacles to the Freud–Ferenczi correspondence had been removed, Balint wrote the Draft Introduction to the Diary. Interestingly, even in 1969, when planning to release the Diary, Balint still censored those paragraphs that expressed Ferenczi's opinions of Freud (see Editor's Note to the English version of the Clinical Diary).

When Michael Balint died in 1970, he left the correspondence and the Diary in the hands of his wife, Enid Balint. She had a meeting with Anna Freud expecting to obtain permission to publish both sides of the correspondence, but, to Mrs. Balint's disappointment, Anna Freud was willing to publish only the first three years of the exchange; she refused to publish the latter letters (E. Balint, 1992). Later Enid Balint handed the Diary over to Judith Dupont, Michael's niece and a practicing psychoanalyst, with specific instructions that they not be published until the correspondence was also published. Enid Balint, as her husband had, felt strongly that the Diary did not make sense without the letters.

Only after the death of Anna Freud, who was the last member of the Freud family able to prevent full publication of the correspondence, could publication proceed (see E. Balint, 1989). The Clinical Diary was finally published in French in 1985 and in English in 1988. The Freud–Ferenczi correspondence (well over 1,000 letters) was released in French in 1992 and is currently being translated into English, the delay in the publication of the letters being due to the editing costs involved. The availability of the correspondence together with the Clinical Diary should enable a thoroughgoing reexamination of the Freud–Ferenczi relationship and should open new perspectives on both the contributions of both men as well as on the final controversy between them.

Publication of the Diary may have been withheld with good intentions protective of Ferenczi's reputation, particularly in the wake of the accusations of madness in the Jones biography of Freud. It is one of those bedeviling and unanswerable questions: would the institutional and social climate of the 1940s, 1950s, and 1960s have been receptive to this material? Would the field have been altered, or would only Ferenczi's reputation have been restored? And, even more intriguing and unanswerable, would Ferenczi, had he lived, revised and polished and published any of this writing, which was often described by him as notes on ongoing “research”?

FERENCZI'S CLINICAL THEORY AND CONTRIBUTIONS TO TECHNIQUE

Balint (1968) believed that technique was probably “Ferenczi's favorite topic” (p. 147) and that throughout his career Ferenczi considered the close interconnection between theory and technique. In this chapter we hope to show that Ferenczi's beliefs about technique followed directly from his theory of development, his theory of pathology, and, ultimately, his theory of mind. In demonstrating this level of consistency, we clarify what is at stake in the Freud–Ferenczi conflict by arguing that Freud objected to the entire trend of Ferenczi's development of a psychoanalytic model that was at odds with Freud's in many respects. Ferenczi's final contributions on technique were consistent with the evolution of his thinking over many years of analytic practice and certainly cannot be explained away as being a product of his illness or
mental deterioration or even his need to rebel against his analyst because of unresolved negative transferences. Rather, we will show that Ferenczi's own psychoanalytic views reflect consistent themes developed throughout his analytic career, located as well in his social and cultural history and in his psychoanalytic formulations and culminating in the discoveries documented in the Clinical Diary.

Ferenczi's work was largely concerned with the heart of the analytic situation, the relationship between patient and analyst. His discoveries were precisely in those areas which are receiving the most lively attention among current psychoanalytic theorists and practitioners. In many respects, in his disagreements and debates with Freud, Ferenczi set the agenda for almost all the current controversies on the psychoanalytic scene: emphasis on technique versus metapsychology; experience versus insight; subjectivity versus theory; empathy versus interpretation; a "two-person psychology" versus a "one-person psychology."

Ferenczi maintained that for cure to occur it was essential that the patient not merely remember but actually relive the problematic past in the relationship with the analyst. Ferenczi was the first to consider the role of the analyst's personality in the treatment of patients and particularly in regard to stalemates in treatment. He considered the likelihood that the patient's resistances arose in reaction to the countertransference of the analyst. He bravely, if not always successfully, risked experimenting with analytic technique, at a time when other analysts were busy codifying and constraining technique. He experimented with sharing his countertransference experience with his patients and turning to them for analytic help. These experiments anticipated much of the current focus on the role of the analyst's subjectivity and the value and risks of self-disclosure by the analyst.

As we see it, there has been a major shift in the conceptualization of the psychoanalytic process among analysts from a wide variety of schools. Contemporary analysts are much more likely than previously to emphasize a relational, interpersonal, or intersubjective approach to thinking about the nature of analytic process and analytic change. In a variety of ways, recent contributors have begun to highlight the value of recognizing the analyst's participation in the process, not only as an object or facilitator, or transference screen, or mirror, or container, but as a separate subject, a unique, whole, separate other. Each of these contemporary analysts argues that psychoanalytic technique is not a fixed, standard set of conditions or rules, to be applied by a healthy and objective analyst to a relatively ill and reality-distorting patient. Instead, these contributors advocate that the analytic situation is constituted by the intersubjective exchange, a "dialogue of the unconsciousness"

(Ferenczi, 1915, p. 109) of two separate persons, each of whom is both subject and object to the other.

Much of the tradition of clinical psychiatry and psychoanalysis has featured the clinician who sees himself or herself as healthy and mature, and looks down subtly or blatantly, on the patient as sick and immature. Racker (1968) captured this image and critiqued it best, stating that "the first distortion of truth in 'the myth of the analytic situation' is that analysis is an interaction between a sick person and a healthy one" (p. 122). Ferenczi was fighting just this attitude many decades earlier. In the Clinical Diary he wrote critically of Freud, who had confessed to Ferenczi that "patients are a rabble" (Ferenczi, 1932, p. 93). Ferenczi argued that Freud, narcissistic by his own admission, was determined to be healthy and not admit any weaknesses or abnormalities (p. 62).

Ferenczi, for his part, was convinced that the analyst had to accompany the patient to the depths of mutual exploration, admitting mistakes and analyzing countertransference with the aid of the patient. It is only fitting that Ferenczi, the originator of mutual analysis, was the only one of Freud's disciples to suggest seriously to the master (who was also his own analyst) that he (Ferenczi) would travel to Vienna (in 1926) in order to analyze Freud. How unfortunate, both for Freud personally and for the history of our field, that Freud appreciatively declined Ferenczi's offer (see Jones, 1957, p. 120).

Following Ferenczi, Balint and Balint (1939), in a pioneering paper, extended the idea that countertransference could be useful and not necessarily pathological. They made it clear that analysts had different emotional and personality styles, that these were noticed and recognized by patients, and that this observation needed to be acknowledged. In the late 1940s and 1950s, the usefulness of countertransference became the focus of extensive psychoanalytic study (Winnicott, 1949; Heimann, 1950; Little, 1951; Racker, 1953).

Simultaneously, Thompson (1944) was introducing Ferenczi's ideas in the United States and developing her own observations on countertransference and the impact of the analyst's personality. Following these developments both in Britain and in the United States there gradually came about an acceptance of the importance and usefulness of countertransference. Contemporary psychoanalytic approaches tend to emphasize the affective immediacy of experience; they focus on the reality of the interpersonal relationship in the here-and-now; they value and preserve the clarity of interpersonal interactions so as to avoid mystification of experience; they attend to nonverbal and "primitive" communications between patient and analyst; and they foster respect for the value of the patient's contribution, not only to the analytic process, but to the analyst him- or
herself. Each of these approaches begins to place a greater value than did the classical model on the analyst, not only as an object, but as a separate center of subjectivity, that is, as a separate person. Each of these relational approaches extends Ferenczi's technical experiments in the direction of a mutual, intersubjective, fully present affective engagement between two persons.

As psychoanalysis has moved in an increasingly relational direction, analysts have been viewed less as a phallic, paternalistic, “analytic instrument” who aims to penetrate the depths of the “feminine” unconscious, and more as a “holding,” “facilitating,” “containing,” “relational matrix,” and “good-enough” analyst/mother. It was Ferenczi, along with Rank, who introduced this perspective of “the analyst’s mother-role” (Ferenczi to Freud, 1 September 1924, Grubrich-Simitis, 1986, p. 270) and who bemoaned Freud's sexism and “unilaterally androphile orientation” (Ferenczi, 1932, p. 187). According to Hoffer (1991), “if Sigmund Freud was the father of psychoanalysis, Sándor Ferenczi was the mother” (p. 466) in that Ferenczi represented the relational, experiential, and romantic aspects of psychoanalysis.

Experience and Regression

Ferenczi and Rank (1924) were highly critical of psychoanalytic technique, particularly the way it was being practiced in Berlin under the influence of Abraham and Sachs. They disagreed with the Berlin analysts’ overreliance on intellectual understanding and instead championed the value of the patient’s experience, although they acknowledged that the experience then needed to be interpreted and understood. Even prior to his work with Rank, however, Ferenczi (1912) advocated the experiential and the affective. He wrote that it was only in the transference that one could gain genuine conviction.

It definitely looks as if one could never reach any real convictions at all through logical insight alone; one needs to have lived through an affective experience, to have—so to speak—felt it in one’s body, in order to gain... “conviction” [p. 194].

Ferenczi’s emphasis on the experiential meant that analysis would have to focus on the details, the particular, and not on the general or the overly abstract.

It is therefore wrong, following the patient’s inclination for generalization, to coordinate one’s observations about him too soon under any general

thesis... Real psychoanalysis [was for Ferenczi] an uninterrupted sequence of concrete facts [Ferenczi, 1919, p. 185].

Again, Ferenczi (1925b) asserted that knowledge of reality “is not intellectual but only to be obtained experientially as conviction” (p. 229).

Ferenczi’s belief in the importance of the immediate experience led him inevitably to some of his experiments with active technique. Ferenczi and Rank (1924) had attempted to correct Freud’s position that repeating was always to be seen as a resistance to be converted into remembering. They argued that repeating itself could be useful. Ferenczi believed that action and interaction in an analysis were not necessarily defensive or expressive of resistance, but rather that action might be essential to the reliving of experience prior to the transformation from repetition to recollection. Thus, Ferenczi experimented with encouraging patients to write and bring in poetry and rhymes, to draw paintings, to sing and even perform for him in the session. Decades before this became fashionable, he recognized the value of both play and enactment in psychoanalysis.

The term “enactment” has only recently emerged as a technical one in psychoanalysis (McLaughlin, 1991; Jacobs, 1986; Schafer, 1992); however, Ferenczi’s (1931) description of how he “entered into a game” (p. 129) with a patient and his subsequent description of his technical handling of this situation make clear his recognition and endorsement of what has come to be known as enactment. Indeed, Ferenczi (1929) reported that Anna Freud had said to him “You really treat your patients as I treat the children whom I analyze” (p. 122).

Anna Freud’s comment that Ferenczi treated his adult patients the way she treated children highlights a very controversial aspect of Ferenczi’s theory and technique, namely, his belief in the therapeutic value of regression. Regression, for Ferenczi, entailed a particular kind of experiential reliving of the past in the present. Whereas Freud had contrasted remembering with repeating and had thus sharply distinguished between insight (memory or recollection) and experience (repetition or regression), Ferenczi saw repetition, and particularly regression or experiential reliving, as one mode of remembering or perhaps an early stage of remembering. A patient’s regression was thus, for Ferenczi, a benefit for the analysis rather than a liability. Regression became a way to reach the child in the adult, the method of “child analysis in the analysis of adults” (Ferenczi, 1931, p. 126).

Freud’s attitude toward regressions in patients was colored by his early experiences with female patients who enacted sexual scenarios with him. First, of course, was Breuer’s experience with Anna O and her hysterical miscarriage. Then Freud reported his own experience with one patient who under hypnosis threw herself at him passionately until Freud called
in his maid to remove her. Freud equated a patient's regression in analysis with attempts to enact a childhood wish for, or a scenario leading to, explicit sexual acting out or other forms of direct gratification. He recognized the dangers in this regression and sexual enactment for both the patient and the analyst, as well as for the future of psychoanalysis. However, his fear of these gross enactments if regression were encouraged by the analyst led him to be suspicious and critical of any form of activity between analyst and patient other than the purely verbal in the adult mode. It might be noted, in fairness to Freud, that his repeated experience with colleagues' either having sexual affairs with patients or falling in love with patients gave him good reason to be suspicious of any activity between patient and analyst other than talking.

In Ferenczi's case, if there ever was any sexual contact with his patients, as was hinted at by Freud in his letter to Ferenczi of December 13, 1931 (Jones, 1957, p. 163), it was prior to his own analysis, and even this possibility has not been definitely established. Furthermore, with regard to his falling in love with his patient Elma Palos, it should be noted that, to his credit, Ferenczi recognized that he was no longer capable of analyzing Elma and he appropriately referred her to Freud for consultations (see Stanton, 1991, for a summary of this episode).

Ferenczi paid increasing attention to the way in which the transference-countertransference reenacted a patient's early life experience, not just as a fantasy in the patient's mind, but as an actual interaction relived between patient and analyst. He thus came to view the analyst's remoteness, distance, and lack of involvement as one reenactment of the original trauma. Ferenczi found that in childhood many of his patients had been traumatized by the remoteness of their parents following the original trauma. Ferenczi decided that to continue analyzing in such a cold or removed way was to retraumatize the patient, and he therefore shifted to attempts to gratify the patient or dose out frustration and gratification so as to create a tolerable level of tension. His hope was that the patient would regress to the moment of the traumatic situation and that the analyst would not retraumatize the patient, but rather that this retreat would be a route to healing.

Ferenczi saw himself as, above all, a clinician. He was dedicated to the healing of his patients and placed the therapeutic value of psychoanalysis above its research potential. He wrote that, in contrast to Freud, he was less concerned with "finding something new, than with improving my technique in order to obtain better results," which included "basic character changes" in his patients (Ferenczi to Freud, 6 November 1921, Grubrich-Simitis, 1986, p. 260). Unlike Freud, who since World War I ended, had been working predominantly with students in training analyses, Ferenczi worked continually with very disturbed patients. In today's terms, his patients were, as a group, "borderline"; Ferenczi (1931) considered himself "a specialist in peculiarly difficult cases" (p. 128).

Owing to the demands of this work he became frustrated with the standard technique, which he believed was overly distant and intellectual. Believing that any technical rule could be abandoned in the interest of the individual patient's therapeutic needs, he experimented with a variety of procedures in an attempt to improve the method. Following his initial use of catharsis and the standard impersonal and passive technique, he began to experiment with "active therapy." In this phase he attempted, through suggestions and prohibitions, to increase tension in the patient. He believed, following Freud, that if the tension was not discharged, then it would be available to analysis. This active and prohibitive phase was followed by one of experimentation with "relaxation," in which he gratified patient's demands and attempted to lower the tension level. The relaxation technique appears to have been a compensation or a corrective for the earlier, active technique. This relaxation technique was followed, in turn, by a recognition that analysis required "elasticity" in combining and finding the correct balance of frustration and gratification, tension and relaxation. As part of his experiments in relaxation and indulgence, he began to admit mistakes to patients and to confess certain isolated countertransference feelings such as anger or boredom. It was out of the final phases of the relaxation method that Ferenczi began his experiments with mutual analysis. It was these experiments with the "subleties of technique" (Ferenczi to Freud, 14 August 1916, Grubrich-Simitis, 1986, p. 260) that Ferenczi considered to be his "scientific work of purification" (Ferenczi to Freud, 15 September 1931, Gay, 1988, p. 378).

Many of Ferenczi's technical contributions remain controversial. His idea that the analyst needs to address the child in the patient is certainly compatible with contemporary sensibilities. Nevertheless, at certain moments he may have gone too far in the direction of suggesting that early traumas can be made up for in the here-and-now by the analyst as good-enough mother indulging the regressed patient. Ferenczi would often write as if he believed that the analyst had to be the good-enough parent, adopting the patient and providing what would later be referred to as a "corrective emotional experience." This aspect of Ferenczi's work remains controversial. There are analysts, notably Balint and Winnicott, who followed Ferenczi in championing the value of therapeutic regression. They believed that the analyst could contact the regressed child in the patient directly and, through the proper management of the regression, allow the patient to reach a "new beginning." Other analysts view reliance on therapeutic regression as misleading in the sense that it avoids focusing on the patient's conflicts and infantilizes the patient, thus preventing more fundamental personality change. In fairness to Ferenczi, it
should be emphasized that he continually examined these possible draw-
backs and was very attentive to the patient's and the analyst's conflicts
regarding all aspects of the therapeutic relationship. Whatever the final
verdict on the usefulness of therapeutic regression, it is clear that Ferenczi
was the first to experiment with these procedures and to think critically
about their implications, thus opening up a fruitful area of investigation
for generations of later workers. In following Ferenczi's experiments with
technique, especially his movement from the active technique of frustra-
tion through his trials with indulgence and relaxation, and finally with
mutual analysis, we can see his continual, persistent, determined, and
highly self-critical effort to experiment, try out, revise, and ultimately
abandon a particular technique in order to find the correct approach to
help his patients.

It is unfortunate that the theoretical and clinical issues opened up by
the examination of regression became entangled with the sensitive issue
of physical contact with patients. It was because these issues were linked
that Freud had such a strong negative reaction to Ferenczi's experiments.
There is no reason, however, to think that therapeutic regression cannot
be studied without overstepping the ethical boundaries of contact with
patients. Recent writings on the value of therapeutic regression, inspired
by Ferenczi's early work, follow these more conservative lines (see
Stewart, 1992, and this volume). Other psychoanalysts have begun to
examine and consider whether there are types of touch that might be of
value therapeutically (Shapiro, 1992).

Regressions & Transference, Countertransference

Along with his reemphasis on the role of trauma in the etiology of
psychopathology, it is in his understanding and technical management of
transference and countertransference that Ferenczi's contributions may
be most radical. Examining the Ferenczian text, we are struck by the
consistency, throughout his work, on the fundamental importance of
transference. In 1909, he introduced the term "introjection" and ex-
plained that the transference was a particular case of the more general
mechanism of introjection. That is, for Ferenczi (1909), transference
and, more broadly, introjection are "evidenced in all situations of life"
(p. 36). People, particularly neurotics, could be said to have a "passion
for transference" (p. 41). "When two people meet . . . the unconscious
always makes an effort towards transference" (p. 65). This was an
important contribution, accepted by Freud, in that Ferenczi expanded
the idea of transference from a narrow clinical phenomenon to a more
general human occurrence.

Anticipating what later became the hallmark of Kleinian technique
Ferenczi (1925b) advised that, following the influence of Rank and
ultimately of Groddeck, analysts should take "every dream, every
gesture, every overreaction, every agitation or improvement in the
condition of the patient as above all an expression of transference and
resistance" (p. 225). Ferenczi and Rank (1924) were responsible for the
technique procedure in which the analyst interprets all the patient's
material in terms of the here-and-now transference.

What is most remarkable, however, is that in his Clinical Diaries
Ferenczi (1932) critiqued his own contributions with such profound
insight that his findings are as relevant today as they were then. Consid-
ere following critique as a commentary on the technical recommen-
dations of Gill (1982) or any of the contemporary Kleinians for exam-
iple:

The interpretation of every detail as expressing a personal affect toward
the analyst, which Rank and I perhaps exaggerated, is likely to produce
a kind of paranoid atmosphere, which an objective observer could de-
scribe as a narcissistic, specifically erotomaniacal delusion of the analyst
(Ferenczi, 1932, p. 93).

Ferenczi's contributions go much further, however, than simply
recognizing the ubity of transference. From early on, Ferenczi also
highlighted the analyst as a "real" person. He saw the real impact of the
analyst as the "bridge to the transference from original objects." In
addition, he pointed out that the patient was aware of and reacted to
"even the nuances of the analyst's behavior" (Ferenczi, 1909, p. 41).
Ferenczi's final observations stemming from his technical experiment
refine and extend these early observations, but the theme is consistent
throughout his writings. Later he was to say that patients develop a
"refined sensitivity" to the analyst (Ferenczi, 1933, p. 158) and that
"every patient without exception notices the smallest peculiarities in the
analyst's behavior" (Ferenczi, 1928, p. 93).

Ferenczi clarified that the transference did not arise spontaneously
from within the patient, but rather was influenced by and created in
response to the analyst, that is, that transference was induced. He began
to speak of transferences as "artificially provoked" (Ferenczi, 1932, p
93). He wrote: "Occasionally one gets the impression that a part of what
we call the transference situation is actually not a spontaneous manifes-
tation of feelings in the patient, but is created by the analyst the
produced situation" (p. 95). This was the beginning of the recognition of
transference as cocreated between patient and analyst intersubjectively.

One of Ferenczi's most important contributions was to recognize th
inevitability of the analyst’s repeating the trauma with the patient, with
the analyst now in the role of the abuser. Ferenczi realized that the
analyst had to come to accept seeing him- or herself as actually repeating
the traumatic event. This realization anticipated the discovery 40 and 50
years later of the inevitability of the analyst's actualizing the transfer-
ence. Ferenczi not only noticed and acknowledged his own participation
but also experimented with using countertransference interpretations and
countertransference disclosure.

Ferenczi, perhaps because of his experiments with indulgence and
frustration of patients, began to understand that he could not be just
the good parent. He began to realize that inevitably he was drawn into
repeating with the patient the very trauma that had been inflicted on
the patient to begin with. Ferenczi began to recognize the inevitability
of his being a participant with the patient. We want to emphasize that
this is far from a return to Freud's older seduction theory, nor is it a
regression to a treatment model based on catharsis; rather, this is a
new theory of treatment that arose out of Ferenczi's clinical
experience. Consider the following profound observations in the
Clinical Diary regarding patients whom we would today refer to as “soul
murdered” (Shengold, 1989):

I have finally come to realize that it is an unavoidable task of the analyst:
although he may behave as he will, he may take kindness and relaxation as
far as he possibly can, the time will come when he will have to repeat with
his own hands the act of murder previously perpetrated against the patient
[Ferenczi, 1932, p. 52].

Ferenczi is here recognizing and proposing a model of the analytic
process that is far beyond the simplistic notion that the analyst needs to
be a better parent to the patient. Here, Ferenczi acknowledges that it is
inevitable that the analyst will “repeat with his own hands,” will actively
participate in recreating the trauma. The sense in which the analyst has
to be a better parent is that, unlike the original traumatizing parent, the
analyst can recognize his or her own participation and can discuss it
directly with the patient. It is in this recognition of the analyst as a
participant, pulled into the patient's transference and then observing and
interpreting from the countertransference response, that Ferenczi antici-
patates contemporary approaches. This recognition anticipates and leads
the way for such ideas as participant-observation, projective identifica-
tion, and the usefulness of countertransference.

Ferenczi goes even further. Not only has he anticipated our contem-
porary views, but we may even have to catch up with his insights. Not
only does he recognize that the analyst is pulled in as a participant in the

reexperience of the trauma, that the analyst himself must become the
patient's abuser, but Ferenczi also realizes that the patient observes this
participation by the analyst and reacts to it. The patient not only
misperceives the analyst as being the abuser, in a “transference
distortion,” but also gets the analyst actually to play that role; in contemporary
terms, the transference is “actualized” (Sandler, 1976).

Ferenczi, however, is not content with the idea that countertransfer-
ence is only a response to the patient's pathology; he emphasizes the
analyst's own character traits and how these inevitably play a part in the
establishment of transference and countertransference. Furthermore,
the patient can observe these countertransference responses and charac-
ter traits of the analyst and reacts to them. Thus, Ferenczi was the
first to point out the ways in which the patient becomes the “interpreter”
of the analyst's countertransference experience (Hoffman, 1983; Aron.

Ferenczi was also the first to argue that the transference is not only
primarily a distortion. The analyst's job is not to judge whether a
particular thought is realistic or distorted, but rather to attend to
“psychic reality.” Here, Ferenczi anticipated current views on attending
to the patient's psychic reality (Schwaber, 1983), as well as contemporary
psychoanalytic epistemologies such as “social-constructivism” (Hoff-
man, 1991) and “relational-perspectivism” (Aron, 1992a, b). Ferencz
(1931) wrote:

It is advantageous to consider for a time every one, even the most
improbable, of the communications as in some way possible, even to
accept an obvious delusion. . . . thus by leaving aside the “reality”
question, one can feel one's way more completely into the patient's mental
life. (Here something should be said about the disadvantages of con-
trasting “reality” and “unreality.” The latter must in any case be taken
equally seriously as a psychic reality; hence above all one must become
fully absorbed in all that the patient says and feels) [p. 235].

Among Ferenczi's important clinical contributions was his critique of
the idea of analyzability and his refusal to blame the patient for a failure
in treatment. While forthrightly acknowledging his own limitations, he
persisted in experimenting with technique in the hope that a new
approach might ultimately be of benefit to even the most hopeless cases.
In the end, Ferenczi, "the specialist in peculiarly difficult cases,"
concluded that he had a "kind of fanatical belief in the efficacy of
depth-psychology" (Ferenczi, 1931, p. 128). He attributed occasional
failures not to the patient's unconquerable resistances or impenetrable
narcissism, nor to "incurability" or "unanalyzability" but rather to hi
own lack of skill (p. 128). In emphasizing the need for tact and empathy, Ferenczi recognized that resistance not only was determined by internal defenses of the patient but was provoked by the analyst. Rather than interpret the patient’s resistance, which could amount to blaming the patient, Ferenczi advocated that analysts listen differently, modify their technique, and respond more naturally and lovingly. With these recommendations, Ferenczi anticipated some of Kohut’s (1977) central technical contributions. Similarly, Green (1972) credited Ferenczi with having “in pathetic, contradictory, and often clumsy efforts, adumbrated future trends in his [Ferenczi’s] later work” (p. 32). Green wrote this with specific reference to the debate about analyzability; he concluded, “I personally do not think that all patients are analyzable, but I prefer to think that the patient about whom I have doubts is not analyzable by me” (p. 35).

Always advocating that analysts need extensive training analyses themselves, Ferenczi (1919) advised that the analyst needed to achieve a mastery of the countertransference, a precondition for which was the analyst’s own analysis. Ferenczi, however, never deceived himself into believing that even an extensive training analysis would protect the analyst from countertransference problems without ongoing supervision or monitoring of the countertransference. He described the need for the analyst to alternate between “the free play of association and phantasy” and “logical” and “critical scrutiny” (p. 189). This oscillation between experience and self-criticism in the analyst, described by Ferenczi as early as 1919, is strikingly similar to the famous description of the fate of the patient’s ego in psychoanalytic therapy described by Sterba in 1934.

Ferenczi emphasized the importance of the analyst’s clinical tact, capacity for empathy, and skill in the control of the countertransference. Since these clinical capabilities were based on the analyst’s own analysis, Ferenczi (1928) put forth what he considered to be the “second fundamental rule” of analysis (pp. 88–89). He repeatedly formulated the need for a training analysis that would penetrate to the “deepest depths” (Ferenczi, 1929, p. 124) no matter how long it might take (Ferenczi, 1931, p. 141) and that would analyze the analyst right down to “rock bottom” (Ferenczi, 1933, p. 158). Only analysts’ own analyses would provide them with the knowledge of their own “personal equation[s]” (Ferenczi, 1928, p. 88), their unique and personal characteristics that affect the analytic situation. As Ferenczi increasingly recognized the inevitability of the analyst’s participation in the analysis and therefore of the importance of countertransference, he also increasingly recognized the importance of the training analysis.

Mutual Analysis

While Ferenczi championed the necessity of a thorough training analysis, he believed that no amount of training analysis would be enough. The intensity of Ferenczi’s feelings about training clearly stemmed from the brevity of his own training analysis and his continual wish for further analysis. He suggested that ultimately patients would necessarily have to help their analysts to further their own analysis. In the Clinical Diary especially Ferenczi (1932) elaborated his thoughts about the patient as therapist to the analyst (an idea also promoted by Searles, 1975).

In fact, we analysts must admit to ourselves that we are much indebted to our patients for their sharply critical view of us, especially when we promote its development, which helps us to gain considerable insight regarding some peculiarities or weak points in our own character. I do not know of a single case of training analysis, my own included, that was so complete that it would have rendered corrections of this kind completely unnecessary in the analyst’s subsequent life and work [p. 26].

Ferenczi’s attempt at mutual analysis was designed to enlist the patient’s efforts in analyzing the analyst so that the analyst would be cured enough to analyze the patient in turn. This effort led Ferenczi to risk revealing himself to patients in a personally sincere, honest, and nondefensive manner. He did not do this lightly or without much personal suffering and struggle. Ferenczi’s diary makes clear that he proceeded thoughtfully, and, although he temperamentally was impulsive and extreme in his responses, he carefully deliberated about each move in the analytic experiments, and he continually subjected his approach to self-criticism and reevaluation.

Ferenczi explored the advantages as well as the difficulties of mutual analysis in great detail. He considered many objections to the procedure, including that it might foster narcissistic and paranoid features in the patient or detract from a focus on the patient’s difficulties. He was, at the same time, acutely aware of some of the benefits of mutual analysis, including that the patient is in a position to notice a great deal about the analyst that may be affecting the treatment and that therefore the patient is the analyst’s best supervisor. The patient’s supervisory function, however, is tied to his or her pointing out the difficulties in the countertransference; therefore supervisory functions are inextricably connected to analytic functions. Not only does the analyst gain from the patient as supervisor and analyst to the analyst, but the patient gains as well, because helping the analyst analytically raises the patient’s self-esteem.
Clearly, these adventures in technical experimentation did not lead to a shortening of analysis. If anything, it seems evident that the complexities involved led to much longer analyses. Ferenczi himself was concerned with how long analyses became. His thoughts on this matter should be understood in the context of his own very brief “analysis” with Freud and in Freud’s refusal to take him back into analysis. Ferenczi (1932) wrote that an analysis might take six to eight years and that this length of time would be impossible for practical training purposes and would have to be supplemented with periodic reanalysis (p. 115).

The issue of how long psychoanalytic treatment might take is interesting in the light of the history of the technical and theoretical debates that took place following the publication of the collaboration between Ferenczi and Rank (1924). Ferenczi and Rank stated explicitly in the text that one of their aims in suggesting active techniques and the setting of a time limit was to speed up the analytic process. Their critique was aimed at the Berlin school and, in particular, Abraham. Following the publication of the joint effort, however, Rank began to move quickly in his own direction, and by 1926 he and Freud came to a parting of the ways. Ferenczi at first defended Rank from attacks by Abraham and others within the inner circle; however, after 1924 Ferenczi himself began to dissociate himself from Rank. During the time of their collaboration and shortly thereafter, Ferenczi agreed with Rank on the usefulness of experimenting with time limits, on the theoretical importance of the birth trauma, and especially with Rank’s emphasis on the importance of the child’s relationship to the mother. One of Freud’s concerns regarding the conauthored work was that they were heading in the direction of shortening the duration and reducing the depth of treatment. Indeed, Rank ended up (in his works after 1924) focusing on shortening treatment, whereas Ferenczi continued to deepen his psychoanalytic work and remained determined to analyze to rock bottom.

It is often asserted that Ferenczi eventually abandoned his experiments with mutual analysis. Our reading of the Clinical Diary suggests that Ferenczi was ambivalent about his experiments but continued to value mutual analysis until the end of the diary. As Dupont (this volume) points out, he was aware of difficulties with the method. He wrote, “Mutual analysis: only a last resort!” (3 June 1932, p. 115). Dupont, however, while acknowledging that mutual analysis has left us the countertransference interpretation, considers that the technique was “abandoned” by Ferenczi. Gabbard (1992) describes mutual analysis as an “unfortunate practice” that Ferenczi “abandoned after a few months” (p. 41). Nonetheless, in the very last entry of the diary on October 2, 1932, Ferenczi concludes:

An attempt to continue analyzing unilaterally. Emotionality disappeared; analysis insipid. Relationship—distant. Once mutuality has been attempted, one-sided analysis then is no longer possible—not productive. Now the question: must every case be mutual?—and to what extent? [p. 213].

This hardly sounds to us like the writings of someone who has “abandoned” the technique. Rather, it seems that Ferenczi was struggling with the parameters of its usefulness and may well have considered seriously the possibility that every case had to be analyzed with some degree of mutuality. While making the important discovery that (when permitted or encouraged) patients can make valuable contributions to the analysis of their analysts, Ferenczi may have confused the liberating possibilities of mutuality with the disastrous consequences of symmetry. This critique is developed at greater length elsewhere by Aron (1992b).

Criticism of Ferenczi’s Technique

For so many decades Ferenczi has been criticized and maligned that today, as his contributions are being rediscovered and his writings reexamined, there is a tendency to glamorize and idealize his work. It is important to remember when evaluating Ferenczi, however, that he was his own most persistent and determined critic. Consider the following Diary entry:

In my case infantile aggressiveness and a refusal of love toward my mother became displaced onto the patients. But as with my mother, I managed with a tremendous effort to develop a compulsive, purely intellectual superkindness, which even enabled me to shed real tears (tears that I myself believed to be genuine). (Could it be that my entire relaxation therapy and the superkindness that I demand from myself toward patients are really only an exaggerated display of compassionate feelings that basically are totally lacking?) Instead of feeling with the heart, I feel with my head. Head and thought replace heart and libido [Ferenczi, 1932, p. 86].

Who among Ferenczi’s critics would take him to task more critically than he?

It does seem that Ferenczi became overly identified with his traumatized patients and that in his state of identification he sought to provide them with the love and reparative experience that he wished for himself. Ferenczi described his mother as “haraah” and as unable to supply him with the nurturance he needed (Ferenczi to Freud, 13 October 1912, Grubich-Simitis, 1986). That Ferenczi had felt deprived of love as a child
and longed for love and approval from those around him was particularly evident in his relationship with Freud, whose displeasure he could barely imagine incurring. There are entries in the Clinical Diary indicating that Ferenczi himself may have been the victim of sexual abuse (see, for example, Ferenczi, 1932, p. 61); in his brief “analysis” with Freud Ferenczi could hardly have been expected to resolve the concomitant problems. With Ferenczi blurring the boundaries between his own traumatization and that of his patients, it is not surprising that he would develop a technique of mutual analysis in which the very functions of patient and analyst would become blurred. In the reversal of roles in which Ferenczi became the patient and the patient became the analyst, Ferenczi may have masochistically submitted to the patient’s sadistic reenactment of his or her own childhood abuse (see Frankel, this volume, and Mitchell, in press). It has been repeatedly pointed out (most recently by Gabbard, 1992) that Ferenczi’s extraordinary efforts to repair his patients through love were not only an effort to provide the love that he himself wished for, but an attempt, through reaction formation, to disguise his hatred for not having received enough love.

It is clear that Ferenczi had a number of characterological difficulties that led him to his technical experiments. He was known for his extreme enthusiasm, particularly his therapeutic enthusiasm, the furor sanandi, that swept him away in one passion after another. He was often described as childlike in his wild enthusiasms and his capacity to let himself go. Clearly this trait led him temporarily to go to extremes; neglect the balanced view one would expect from a more mature thinker. Nevertheless, Ferenczi’s enthusiasm served him well; in pushing things to their extremes he discovered the underlying assumptions and limitations of any idea. Highly critical of each phase of his experiments, he looked back at each step and examined where he had gone wrong—but only after he threw himself passionately and fully into his work would he step out of it and regain his self-critical distance.

It is not surprising that an analyst of Ferenczi’s character, with his tendency to move back and forth between extreme enthusiasms, would be one of the first analysts to take an affirmative approach to acting out (an approach later developed by others; see Limentani, 1966). Ferenczi viewed acting out as being useful prior to converting the activity into memory. It was natural that Ferenczi should have seen acting out as useful and creative because his temperament was to “act out,” to let himself go before returning to a more cautious and balanced position. For example, by first advocating the active technique, Ferenczi took it to its extreme. Only later, after some years of experimentation, did he recognize the technique’s limitations, and consequently he set out to modify his approach. If, from the beginning, Ferenczi had been overly cautious, trying to maintain throughout his work a balanced and self-critical approach, then he would not likely have made the discoveries that he made.

It is a major testament to Ferenczi’s continued self-analysis and personal growth that toward the end of his life he began to express himself with increasing independence. Ferenczi’s ability to express his own independent views culminated in his decision to turn down the presidency of the International Psychoanalytical Association. He wrote to Freud:

After long and tortured hesitation I have decided to decline the presidential candidacy. . . . I have reached a definitely critical and self-critical juncture in the course of efforts to structure my analyses more profoundly and effectively and to a certain extent this seems to make it necessary not only to supplement but also correct our practical and in part our theoretical views. I have the feeling that such an intellectual standpoint in no way suits the dignity of the presidency, whose main task is to preserve and strengthen what has been established and my inner sense tells me that it would not even be honest to occupy this position [Ferenczi to Freud, 21 August 1932, Molnar, 1992, p. 129].

Ferenczi (1932) came to believe that this independence cost him his life. “In my case the blood-crisis arose when I realized that not only can I not rely on the protection of a higher-power but on the contrary I shall be trampled under foot by this indifferent power as soon as I go my way and not his” (p. 212).

Ferenczi’s need for love and approval contributed to all phases of his experimentation with technique. His active technique emphasizing frustration may have been his way of defending against his wish to gratify, while his relaxation technique directly expressed his wish to indulge his patients. But, here again, what at first may seem like a characterological drawback or limitation also needs to be seen as the very quality that allowed him to make his discoveries. It was probably because of his own needs for love and acceptance that he could identify this need in his patients and experiment with how to utilize it in the service of the treatment. Freud, with less of a need for love from his patients, but perhaps with a greater need to be seen as the authority, may not have recognized the extent of compliance by his patients for the purpose of obtaining his love. The need for love from his patients may have enabled Ferenczi to persist with very difficult and disturbed patients long before psychoanalysis had a theoretical basis to support this mode of treatment.

Ferenczi, the deprived and needy child, may have gone too far at times. In his playfulness and his immature enthusiasms, he may have at
moments appeared extreme and immoderate, but generally, upon some reflection and distance, enriched by the experiments themselves, he regained his balance. It was not his temperament to be a theoretician like Freud; he would not wait to figure out innovations in theory in order to modify his technique. He attempted to contribute to psychoanalysis in just the reverse fashion. He experimented with technique in the hope that the technical investigations would lead to theoretical revision. We believe that Ferenczi’s spirit of empirical experimentation must remain alive. Psychoanalysis is no closer now than it was in Ferenczi’s day to a definitive or final technique. We need to acknowledge, as Ferenczi (1931) did more than 60 years ago, that “analytical technique has never been, nor is it now, something finally settled” (p. 235). From this discussion of Ferenczi’s theory of technique, we can trace the elaboration of ideas and themes in his theory of psychopathology and of development as well as in his model of mind.

PSYCHOPATHOLOGY

The relationship between Freud and Ferenczi cooled toward the end of the 1920s and the beginning of the 1930s as Ferenczi increasingly stressed the importance of early environmental trauma on the development of psychopathology: As early as 1908, however, just a few years after Freud’s abandonment of the seduction theory, and in his first published psychoanalytic paper, Ferenczi (1908) wrote the following passage that may be seen as foreshadowing his final contributions: “[I]t is not rare for them [children] to fall victim to masked sexual acts on the part of grown-up relatives, and not only—as might have been supposed—in the slums, but also among classes of society where the greatest possible care is lavished on children” (pp. 26–27). Compare that earlier passage with the following from his final major contribution: “Even children of very respectable, sincerely puritanical families, fall victim to real violence or rape much more often than one had dared to suppose” (Ferenczi, 1933, p. 161). Ferenczi (1929) wrote that he had increasingly become convinced of the role of external trauma: “Having given due consideration to fantasy as a pathogenic factor, I have of late been forced more and more to deal with the pathogenic trauma itself” (p. 120).

What we see by comparing the quotes is that from his first to his last psychoanalytic paper, Ferenczi was acutely aware of the importance of trauma, particularly sexual trauma. His interest in childhood sexual abuse, which he simply and correctly termed “rape,” probably began in his extensive prepsychoanalytic psychiatric and social work with prostitutes and perverts and also may be traced back to his own childhood sexual molestation.

As we noted earlier, Freud believed that Ferenczi had simply returned to his (Freud’s) earlier seduction theory, in which pathogenesis was ascribed to external trauma. This, however, was not Ferenczi’s point. Ferenczi’s rediscovery of the importance of “seduction” was actually a major advance over Freud’s original theory. Freud had shifted from the seduction theory to the oedipal theory, thereby moving from an emphasis on external etiology (trauma) to an emphasis on internal etiology (fantasy). Freud became convinced that the memories of his hysterical patients were lies or distortions created by the press of instinctual drive.

Ferenczi introduced a critical third possibility. These hysterical patients were neither lying nor remembering accurate historical occurrences; rather, they were remembering events that were symbolically or metaphorically true. The patients’ “lies” may not correspond with historical reality, but they do “correspond to traumatic psychological reality” (Dupont, 1988, p. 253). This idea was developed in great detail by Levenson (1972), who asked, regarding Freud’s analysis of Dora, “Why did he [Freud] not decide that the seduction fantasies reflect a covert seduction on the part of the conspiring adult?” (p. 97). Of course, Ferenczi did believe and take literally many of the reports of childhood sexual abuse that he encountered, and he emphasized the therapeutic need to recover the memories of the abuse and to facilitate therapeutic regression to the time before the trauma. He wrote that patients are right in demanding “real conviction, whenever possible a memory of the reality of the reconstruction” (Ferenczi, 1932, p. 129). Even when the abuse was not actual, however, Ferenczi emphasized the psychological “truth” of the patient’s report. Furthermore, the traumatic event did not have to be some dramatic occurrence, but may, rather, have consisted of ongoing experiences in which caretakers were cruel or unempathic.

There are two essential aspects of the traumatic situation. The first is that the child has been subjected to some overwhelming experience. The second is that this event is denied or disavowed by the parents, so that the child is not supported emotionally and reality is denied. In this description of trauma, Ferenczi anticipated such ideas as “cumulative trauma” (Khan, 1973) and “strain trauma” (Kris, 1956). Furthermore, in emphasizing the denial of the trauma by the parents, Ferenczi anticipated current formulations of the importance of “mystification” in the family. Clearly, in retrospect, this was not simply a reassertion of Freud’s seduction theory but a highly sophisticated elaboration of the trauma theory that is quite compatible with our most contemporary theories.
The False Self, the Teratoma, and the Wise Baby

Ferenczi anticipated the current revival of interest in dissociative phenomena, particularly among patients who were sexually abused as children. He discussed amnesia as a “psychotic splitting off of a part of the personality ... under the influence of shock” (Ferenczi, 1929, p. 121). He describes certain patients in whom (he believes possibly as a result of profound infantile trauma)

the greater part of the personality becomes as it were, a teratoma, the task of adaptation to reality being shouldered by the fragment of personality which has been spared. Such persons have actually remained almost entirely at the child-level, and for them the usual methods of analytical therapy are not enough. What such neurotics need is really to be adopted and to partake for the first time in their lives of the advantages of a normal nursery [p. 124].

Ferenczi (1931) elsewhere describes how these patients, who were traumatized as children, went on to develop splits in their personalities in which one part of the self adopts the role of parent to the rest of the personality. There is “a splitting of the self into a suffering, brutally destroyed part and a part which, as it were, knows everything but feels nothing” (p. 135). Ferenczi, using the image of the “wise baby,” is enunciating the genesis, due to trauma, of the narcissistic split in the self in which one part, identified with the person’s head and with intellect, takes on the self-observing function in an effort to adapt and protect the rest of the self.

In the continuing development of his thesis of the wise baby, Ferenczi adds that these children develop precociously, both emotionally and intellectually, and adapt to the dangers of trauma by identifying completely with the one around them. Ferenczi’s (1932) notion of “identification with the aggressor” (p. 190) as a basic defense in relation to trauma was a central idea in his 1933 paper as well as in the Clinical Diary. Later this became a fundamental concept in psychoanalytic theory. Ferenczi anticipated not only Anna Freud’s description of identification with the aggressor as a basic defense mechanism, but, more generally, the entire thesis anticipated Winnicott’s descriptions of the development of the false self as a protector self designed to cope with parental impingement through compliance.

Ferenczi (1933) noted that if the traumatic shocks continue throughout childhood, the splits in the personality continue to the point where we need to speak not only of splitting but of “fragmentation” and “atomization” (p. 165). Here, Ferenczi anticipated the later work of Klein and Bion, as well as much of the current research on childhood sexual trauma and multiple personality disorder.

Development

Ferenczi (1913a) introduced the idea of lines of development, a theme later taken up and elaborated by Anna Freud. He explicitly developed the concept of arrests in development and, as we have seen, he made extensive use of the notion of regression along developmental lines. Thus, it is clear that Ferenczi’s theory of pathology reflects and emerged out of developmental considerations. Ferenczi used Freud’s description of the developmental line of psychosexual development as a model to begin an exploration of ego development. An important example is Ferenczi’s attempts to trace the development of symbolic representation and language from their origins in bodily experience.

Although they are not an explicit theoretical focus, Ferenczi was, in fact, drawing on some interesting ideas about language, symbolic representation, and developmental level. The whole idea of finding the child in the adult patient and speaking to that child in a spontaneous fashion invokes a number of interesting speculations. Ferenczi seemed to see different developmental levels as potentially manifest within the adult personality and manifest as complex self-states, each with distinct modalities of expression and representation. His ideas about spontaneity in analytic discourse assume a complex model of levels of symbolic representation. Psycholinguists working on children’s language describe the style of mothers’ speech to children as a distinct speech register—“motherese.” Ferenczi’s insight seems to be that the analyst needs to find the right register to meet the developmental level and experience of the patient and that both may shift at moments within the analytic setting.

Another example of Ferenczi’s theorizing about ego development was his interest in the development of thought from omnipotence to attenuation to reality. We have previously discussed how Ferenczi anticipated Winnicott’s notion of the false self, and that, building on Freud, Ferenczi (1913a) explicitly described those “transitional states in which both principles of mental functioning coexist (phantasy, art, sexual life)” (p. 214), thus anticipating in outline what Winnicott was later to refer to as transitional phenomena.

Ferenczi (1909) described “introjection” to explain the accretion of identity and mental structure, as well as to explain the psychology of transference. Ferenczi used the term to refer “to all of the processes whereby the ego forms a relationship with the object, thereby including that object within the ego” (Sandler and Perlow, 1987). Later, Freud adopted the term to refer to all the processes involved in setting up the parents in the child’s mind; he also referred to these processes as “identification” (see Laplanche and Pontalis, 1973, pp. 229–231). The concept of introjection was an early precursor to object relational
considerations regarding the establishment of an internal world and internal objects. Ferenczi made the interesting observation that introjection is a powerful aspect of neurotic functioning and contrasted it with the paranoid aspects of projection and psychotic foreclosures. It is an idea that may have been the spur for the development of concepts of projective and introjective identification in Kleinian and object relational thought. As we have seen in examining Ferenczi's contributions to technique, he was interested in changing "character," and so in his theory of development he was particularly interested in the development of character structure. He used his notion of introjection to help explain the development of character structure.

The concept of introjection was introduced in an effort to trace the subtleties of ego development. Ferenczi's examination of developmental processes shifted analytic attention not only from fantasy to reality, from drive-generated conflict to external trauma, but also from the oedipal to the preoedipal. We observe his interest in the effect of the preoedipal on the oedipal in his notion of "sphincter morality." Ferenczi (1925a) introduced the idea that the child's early imitations and identifications with parents are pre-oedipal precursors to later, higher level (oedipal) psychic structures, such as the superego. In Ferenczi's (1913) early interest and attention to the development of the sense of reality, he anticipated the development of ego psychology and adaptation to reality. Later, in regard to trauma, he wrote:

The question arises whether the primal trauma is not always to be sought in the primal relationship with the mother, and whether the traumatism of a somewhat later epoch, already complicated by the appearance of the father, could have had such an effect without the existence of such a pre-primal-trauma [ururtraumatischen] mother-child scar [Ferenczi, 1932, p. 83].

Ferenczi shifted the theory of psychoanalysis from one that focused on the unfolding of libidinal drives, with objects as the most accidental factor, to a relational theory in which the character of the parents and the actual interpersonal functioning of the family system were most central for the development of the child's character structure. Ferenczi became increasingly interested in the quality of the child-parent matrix and in the quality of parenting. He became increasingly interested in the interpersonal realities of the family functioning, including both gross abuse and more subtle or chronic abuses, denials, and "confusions." It was these interpersonal factors that he thought were important for development, psychopathology, and treatment.

Ferenczi (1927) pointed out that although we are generally aware of the necessity for the child to adapt to the family, we too often neglect the necessity for the family to adapt to the child. In exploring the education of children, he began with the need for the parents to adapt to their individual child, but he asserted that the first step in this process is that parents gain an understanding of themselves. "Lack of understanding of their own childhood proves to be the greatest hindrance to parents grasping the essential questions of education" (p. 62). It is easy to see that Ferenczi had in mind here not just the parent-child relationship but the patient-analyst one as well. Ferenczi insisted on the second fundamental rule of analysis, the training analysis, so that analysts would have access to their own childhood experiences. He saw that it was not the patient who had to adapt to the analytic setting, but, rather, the analyst, who with empathy, had to adapt to the unique individual patient; and that this accommodation could be accomplished only through the analyst's self-awareness.

THEORY OF MIND

In his 1950 review of changing aims and techniques in psychoanalysis, Balint argued that because of Freud's "physiological or biological bias," he had unnecessarily limited his theory by formulating the basic concepts and aims of psychoanalysis in terms of the individual mind. Balint (1950) quoted Rickman, who wrote, "The whole region of psychology may be divided into areas of research according to the number of persons concerned. Thus we may speak of One-Body Psychology, Two-Body Psychology, Three-Body Psychology, Four-Body Psychology and Multi-Body Psychology" (p. 123). Balint made use of Rickman's terms to make the point that the clinical psychoanalytic situation is a two-body experience, and that it cannot be adequately conceptualized in terms of classical theory. A two-body, or object relations, theory was needed to describe events that occurred between people (see Aron, 1990). It is interesting historically to recognize that Balint was Ferenczi's leading disciple and analysand and that Rickman was also an analysand of Ferenczi's. It is our contention that it was Ferenczi who made the first and most important shift in psychoanalytic theory from an exclusively one-person model toward conceiving of mind, development, pathology, and treatment in terms of a two-person, or relational, psychology.

It became increasingly clear to Ferenczi in his last years that nothing could be studied in his patients outside of the context of his relationship to them. He recognized himself to be a participant with them in the cocreation of all clinical phenomena. Transference arose in the context of countertransference; resistance arose in response to the analyst's empathic failures; dreams and acting out were seen not as expressions of the intrapsychic workings of the patient's mind in a vacuum, but primarily as attempts at communication (Ferenczi, 1913b). Similarly, character
arose through the introjection of important objects. Development and pathology occurred in relation to the child-parent-family matrix, and even the child-parent matrix needed to be studied with an emphasis on the communications and miscommunications ("confusions of tongues") between parent and child. In Ferenczi's model, mind itself is relational and must be studied in the context of the interpersonal field of which it is a part. In no way, however, did Ferenczi abandon Freud's discoveries. It is not that he dismissed the importance of the Oedipus complex or of infantile sexuality, of impulses or defenses, or of the contributions of the structural theory; rather, Ferenczi transformed his version of psychoanalysis into a fully two-person psychology. For Ferenczi, the intrapsychic was not replaced by the interpersonal but, rather, was interpersonal (For a discussion of the intrapsychic as interpersonal in a different context, see Ghent, in press). Ferenczi did not offer a systematically comprehensive theoretical revision, nor did he ever complete his technical experiments and endorse a final technical approach. Having just begun to separate himself intellectually from Freud, Ferenczi did not live to complete his work, and yet, having "made all analysts into his pupils," Ferenczi was indeed the "mother" of a relational, two-person, intersubjective psychoanalysis.

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