

FERENCZI'S RELAXATION PRINCIPLE AND THE ISSUE OF THERAPEUTIC RESPONSIVENESS

Arnold Wm. Rachman

FERENCZI'S CLINICAL GENIUS

Helene Deutsch once said to Robert Sterba that “Ferenczi could cure even a horse.” When Wilhelm Reich exhibited a series of “pathological character traits” several members of the Viennese Psychoanalytic Society recommended that Reich “should have more analysis with Sandor Ferenczi... whose reputation as a brilliant therapist was acknowledged by all of us” (Sterba, 1982, p. 88). When Clara Thompson asked Henry Stack Sullivan who she could seek out for analysis having reached an impasse in her first therapy, he did not hesitate to recommend Ferenczi (Rachman, 1998a). It should also be remembered that when Ernest Jones turned to Freud for an analysis, Freud recommended Ferenczi.

Ferenczi was not only a favorite of other analysts but his special clinical capacities were sought out by patients. Mrs. F. H. was a seriously disturbed individual who had many therapy experiences over a twenty-year period that did not improve her emotional difficulties. However, in analysis with Ferenczi, by her own report, she showed the most marked improvements (Mrs. F. H., 1952, 1954). And, of course, Ferenczi’s Clinical Diary discussed a host of difficult cases, the most famous of which was Elizabeth Severn (R. N.) (Ferenczi, 1932). Ferenczi’s capacity to help Severn, a seriously traumatized individual, was legendary. I have cited these examples of Ferenczi’s famous clinical ability to underscore my general thesis: The changes in analytic method that Ferenczi pioneered were a result of his clinical genius, his capacity for intellectual daring, and a willingness to examine his own functioning—all fueled by a deep desire to help even the most difficult cases. He was named “the analyst of difficult cases” for several reasons: (1) Analysts of his era (including Freud) sent him those cases with whom they were unsuccessful (Roazen, 1975). (2) Ferenczi accepted for analysis many individuals who would have been rejected by other members of Freud’s inner circle and maintained them in treatment as long as they were willing to come (Ferenczi, 1928). (3) Patients sought out Ferenczi, sent by other analysts (Rachman, 1998a), when they wanted an alternative to the orthodoxy of the traditional Freudian method (Mrs. F. H., 1952, 1954). (4) Ferenczi did not reject a patient because he/she was too disturbed; he did not apply the concept “unanalyzable” to such a case (Ferenczi, 1928, 1932). (5) Ferenczi never lost hope in an analysand’s capacity to change. He believed that it was the analyst’s job to fit the method to the analysand, not to fit the individual to the method (Rachman, 1997a). If the method or technique did not help the analysand, it was the clinical mandate for the analyst to experiment and find an appropriate way to aid the curative process (Ferenczi, 1928).

Before we examine the evolution in the changes in the analytic method that Ferenczi set in motion, I wish to emphasize another basic point. It is not generally acknowledged that Freud was the precursor for Ferenczi’s clinical experiments in the analytic method. Instead, Freud has been defined as the standbarer of orthodoxy. Before Ferenczi began his experimentations in clinical technique, Freud showed much flexibility with his patients. For example, he fed the Rat Man (Boyer and Giovaccini, 1967, p. 323), introduced parameters in the treatment of the Wolf Man (Freud, 1918), and at the Fifth IPA Conference in Budapest, in 1918, he re-examined the role of interpretation, exhorting analysts to become therapeutically active in the treatment of phobic and obsessive/compulsive disorders.

Ferenczi’s clinical experimentation was originally suggested by Freud (Rachman, 1997a). Freud also suggested modifications in the analytic method (Freud, 1919 [1918]), no doubt stimulated by his student’s daring and success. What is more, I believe Freud chose Ferenczi to be his “favourite son” because he realized that he needed a clinically astute and innovative analyst to be his “clinical alter-ego,” realizing

his genius was theory building (Rachman, 1989). Between Freud and Ferenczi we have the theoretical and clinical geniuses of psychoanalysis.

FERENCZI'S RELAXATION PRINCIPLE (NACHGIEBIGKEIT)

If there is one capacity that distinguishes Ferenczi's clinical method from others' and most contributed to his success as "the analyst of difficult cases" it can be said that it is his introduction of therapeutic responsiveness through relaxation measures. Relaxation refers to a fundamental change in the emotional ambiance of the psychoanalytic situation and in the conduct of an analytic session. The analytic situation is governed by "the rule of empathy", which Ferenczi had introduced in his 1928 paper, "The Elasticity of Psychoanalytic Technique" (Ferenczi, 1928). Rather than encourage an ambiance of frustration, abstinence, or neutrality, the analyst is empathic, responsive, and interpersonally engaged. An emotional encounter is encouraged in the here-and-now of the analytic session, where a living relationship unfolds to meet the needs of the analysand. Relaxation in attitude is also encouraged by relaxation in technique.

Before discussion of the relaxation principle is presented, some words about the translation of the concept of Nachgiebigkeit, which Ferenczi used to denote his new principle. The original translation of this term, I believe, bears reexamination at this time. In the Eric Mosbacher translation of volume 3 of Ferenczi's Collected Works (Ferenczi, 1955) the English translation of Nachgiebigkeit was "indulgence" (Ferenczi, 1930, p. 115). This translation has stood unchallenged since 1950. Indulgence, however, seems unsatisfactory as a concept to describe the complexity of Ferenczi's technique. Indulgence has a negative connotation, as if the analyst were "giving in", indulging the analysand through manipulation. Ferenczi used the term Nachgiebigkeit to indicate flexibility. He was not talking about giving in to the neurotic wishes of the analysand, but maintaining an empathic atmosphere by introducing clinical measures that were intended to heal the trauma.

In consultation with German-speaking colleagues both in the United States and Europe, a new translation is proposed. Rather than indulgence, a translation of either "flexibility" or "suppleness" should be considered. Nachgiebigkeit as it was used in Ferenczi's time (Menaker, 1994) and as it is used now (Lariviere, 1994) suggests a willingness in giving to, not giving in. For example, Esther Menaker, who studied at the Vienna Psychoanalytic Institute from 1930 to 1934, during the time Ferenczi wrote about Nachgiebigkeit said: "Indulgence is wrong. Nachgiebigkeit has a positive connotation; it means giving to another person. It refers to a willingness to give to the other person. It implies a generosity, a suppleness" (Menaker, 1994). Peter Hoffer, the English translator of the Freud/Ferenczi correspondence, said he would translate Nachgiebigkeit as pliability, a willingness to concede (Hoffer, 1994).

Attempting to integrate these opinions, the author feels Nachgiebigkeit was Ferenczi's later formulation of "the elasticity concept" first introduced in his earlier paper (Ferenczi, 1928). Ferenczi used the German term Die Elastizität der psychoanalytischen Technik to introduce the idea that the psychoanalytic method needed to evolve in the direction of becoming elastic, flexible, or responsive to the needs of the analysand. This concept of "elasticity" (the English translation of the Elastizität) was actually suggested to Ferenczi by an analysand:

A patient of mine spoke of the elasticity of analytic technique, a phrase which I fully accept. The analyst, like an elastic band, must yield to the patient's pull, but without ceasing to pull in his own direction, so long as one position or the other has not been conclusively demonstrated to be untenable. (Ferenczi, 1928, p. 25)

Ferenczi clearly treated Nachgiebigkeit as synonymous with "relaxation" not indulgence. After introducing the concept of Nachgiebigkeit (Ferenczi, 1930, p. 114), Ferenczi discusses it as extension of his relaxation principle:

But when I suggested to the same patient that she should give up the noticeably stiff posture of all her muscles and allow herself more freedom and mobility, I was really not justified in speaking of a heightening of tension.... I was making use of a totally different method which, in contrast to the heightening of tension, may safely be called relaxation. We must admit, therefore, that psychoanalysis employs two opposite

methods: it produces heightening of tension by the frustration it imposes and relaxation by the freedom it allows. (Ferenczi, 1930, p. 115)

Therefore, Ferenczi is referring to an example of relaxation, a permission, so to speak, to relax in addition to interpretation, but definitely not a giving in. He encouraged the person to reduce tension. Indulgence is inappropriate here, since Ferenczi is not indulging a wish or need. He is helping the analysand to do something she is having trouble doing herself. Ferenczi further elaborates on the connection between Nachgiebigkeit and elasticity/relaxation as follows:

I am speaking of cases in which I myself, with the one sided technique of frustration, had failed to get any further but, on making a fresh attempt and allowing more relaxation, I had not nearly so long-drawn-out a struggle with interminable personal resistances, and it became possible for physician and patient to join forces in a less disrupted analysis of the repressed material, or, as I might say, to tackle the “objective resistances”. On analyzing the patient’s former obstinacy and comparing it with the readiness to give way, which resulted from the method of relaxation, we found that the rigid and cool aloofness on the analyst’s part was experienced by the patient as a continuation of his infantile struggle with grownups’ authority, and made him repeat the same reaction in character and in symptoms as formed the basis of the real neurosis.... Now I do not deny that every neurotic must inevitably suffer during analysis; theoretically it is self-evident that the patient must learn to endure the suffering which originally led to repression.

The only question is whether sometimes we do not make him suffer more than is absolutely necessary. I decided on the phrase “economy of suffering” to express what I have realized and am trying to convey, namely, that the principles of frustration and indulgence [Nachgiebigkeit, in original German] should govern our technique. (Ferenczi, 1930, pp. 117- 118).

I believe the spirit of Nachgiebigkeit is the capacity of the analyst to be flexible without giving up his own point of view of what is transpiring in the encounter. The analyst does not impose this view, but leaves a space for the analysand’s feelings, thoughts, and differences of opinion. This psychological space for the other is the democratic form of psychoanalysis that Ferenczi pioneered. Resorting to a transference or resistance interpretation can be seen as a countertransference reaction. That is to say, the analyst is involved in a power struggle. Countertransferentially, he must win, rather than to allow the analysand to have a difference of opinion. What is more, the relaxation principle may also signal the possibility of finding new ways to function with an analysand: relaxation measures (optimal responsiveness) so as to reduce the issues of power, control, status, and intrusion in the analytic relationship.

FERENCZI’S CLINICAL FLEXIBILITY

Ferenczi’s relaxation principle raises the issue of need fulfillment and its effect on the analytic process. The analyst relaxes his/her function as interpreter. When relaxation measures are used, transferential issues have a decidedly realistic flavor. These issues were of concern to Ferenczi, but he felt the principle of further elasticizing the psychoanalytic situation was a necessary evolutionary step in analytic method if treatment of real trauma were to be attempted. In the following quote, Ferenczi carefully weighs the balance of employing relaxation measures in a thoughtful manner:

What motive will patients have to turn away from analysis to the hard reality of life if they can enjoy with the analyst the irresponsible freedom of childhood in a measure which is assuredly denied them in actuality? My answer is that even in analysis by the method of relaxation, as in child-analysis, conditions are such that performance does not outrun discretion. (Ferenczi, 1930, p. 123)

Ferenczi introduced the concept of teratoma to explain the traumatized individual’s capacity to cope with childhood abuse. The individual developed a dual ego in order to cope with the trauma. There is what Ferenczi called “a double malformation, something like the so-called teratoma which harbors in a hidden part of its body fragments of a twinbeing which has never developed” (Ferenczi, 1930, p. 123). Winnicott’s true and false self (1960) and the dual ego concept recently proposed by Wolf and Kutash (1991) follow in this

line. It was Ferenczi's notion that through the practice of relaxation and the tender mother transference the split in the individual's functioning would be healed. Relaxation measures would reach the underdeveloped portion of the ego, the yearning for nurturance, kindness, free expression, and acceptance. There would be no danger of too much relaxation, since the tender mother transference would be healing the teratoma.

The introduction of relaxation measures, it must be emphasized, was intended to aid the analysis. It was never Ferenczi's intention to create a method that either abandons or is counter to an analysis of the basic trauma. Eventually, when the individual had sufficient experience with an empathic analyst who provided what Ferenczi termed "tendermothering"

—that is, would relax the formal traditional conditions of the analysis so as to respond to unfulfilled needs—the analysis of the needs would be conducted. The relaxation principle was never intended to replace the use of interpretation and the development of insight but to enhance its eventual use. Ferenczi, however, began to accept that there were cases where relaxation measures would be central to the therapy and may have to be extended over the course of the analysis. His famous "Grand Experiment" with R. N. (Elizabeth Severn), which he chronicled in his Clinical Diary (Ferenczi, 1932, pp. 8-46) and to which Michael Balint was an eyewitness (Balint, 1968, pp. 112-113), was a case in which Ferenczi's relaxation principle was put to the test.

THE CASE OF R. N. (ELIZABETH SEVERN), "THE GRAND EXPERIMENT": FERENCZI'S HEROIC ATTEMPTS AT THERAPEUTIC RESPONSIVENESS AND OPTIMAL FLEXIBILITY

It has taken psychoanalysis over sixty years to realize the special meaning of Ferenczi's pioneering introduction of mutuality in the psychoanalytic situation (Wolstein, 1997). During Ferenczi's humanistic analytic phase (Rachman, 1997a), when he pushed his relaxation therapy to its outer limits by developing relaxation measures to respond to the needs of analysands who suffered severe childhood traumas, Ferenczi conducted an analysis with R.

N. (Elizabeth Severn) that was to change the course of psychoanalysis. From 1924 until 1932, Ferenczi treated Severn, a severely traumatized and disturbed woman, who had come to Budapest to see Ferenczi as the analyst of last resort. His treatment of her is chronicled in Ferenczi's Clinical Diary (1932), in Severn's unpublished letter to her daughter, Margaret (Fortune, 1993), in Ferenczi's letters to Groddeck (Ferenczi and Groddeck, 1982), and by an eyewitness, Michael Balint (Balint, 1968). The Case of R. N. is now receiving the special attention it deserves as one of the historically significant cases of psychoanalysis that initiated changes in theory and method (Fortune, 1993; Masson, 1984; Rachman, 1997a; Stanton, 1991; Wolstein, 1989, 1990, 1997).

Severn was a self-taught American therapist who combined the power of positive thinking, will, dream interpretation, visualization, and telepathy into being a "mental therapist" and healer. Initially, she referred to herself as Dr. or Ph. D., although she was not officially granted a doctorate and had no formal professional training (Fortune, 1993, p. 104)

f.4). Although she was apparently able to heal others, she suffered from chronic debilitating psychological and physical symptoms. The "wounded healer" seems a very apt term for her functioning.

Ferenczi (1932) described the profound traumas of R. N. in three phases or "shocks" and the resultant regressive effect they had on her personality development:

1. "The first shock occurred at the age of one and a half years (a promise by an adult... to give her (something good, instead of which, drugged and sexually abused)... " (p. 8). As a result of this first experience of abuse R. N. developed what Ferenczi later called a severe "confusion of tongues" (Ferenczi, 1933), characterized by a profound sense of "disillusionment and helplessness"; a loss of will, vulnerability to suggestibility; development of an altered state of consciousness, a sense of profound detachment; a death wish (p. 8).
2. The second "shock" or abusive period occurred at five years old: "genitals artificially dilated, insistent suggestion to be compliant with men; stimulating intoxicants administered". This second period of abuse and trauma reinforced her death wish, a sense of helplessness and despair. But Ferenczi introduced a very interesting notion when he said that "in place of death... insanity intervene[d]."

Ferenczi emphasized R. N.'s capacity to strive toward self-preservation. So, in the first periods of trauma, R. N. developed what Ferenczi termed a "double life," "where she appeared to be a "normal school girl" (p. 8). But the so-called normality (the false self) occurred through repression of the experience and feelings of the trauma. As a result of the second series of trauma, R. N.'s self is further fragmented into three splits: (1) "the unconscious child who is in essence in a 'deep sleep, ' or . . . 'deep trance,' ""the guardian angel, " which is only available under extreme stress and "produce[s] wish- fulfilling fantasies; it anesthetizes the consciousness... when situations become unbearable"; and a "soulless part of the personality, " where R. N. perceived events as if happening to another person, watching from the outside (p. 9).

3. At eleven and a half years old, R. N. had still another series of traumas, which disrupted the fragile equilibrium that she had developed. Her father, in an unbelievable final sadistic move, "cursed the child, and thus had used his influence to the end to make the child indelibly aware of her own filthiness, uselessness, and contemptibility." R. N. alternated between "complete insanity, catatonic stupor... terror, hallucinations, and confusion" (p. 10).

Michael Balint described Ferenczi's heroic attempts at therapeutic responsiveness with Elizabeth Severn:

I was privileged to witness, fairly closely, an experiment of this kind on a really grand scale—perhaps the first of its kind in analytic history. It was carried out by Ferenczi who, in his last years of analytic work, agreed with one of his patients to fulfill this role as far as it was in his power. For example, the patient got as much time from him as she asked for, several sessions per day and, if necessary, also during the night. As breaks were considered undesirable, she was seen during the week-end and was allowed to accompany her analyst on his holidays. The details are only a modest sample of what really happened. The experiment went on for some years. The results were still inconclusive when Ferenczi, owing to his illness, had to give up analytical work a few weeks only before he died. The patient, a talented but profoundly disturbed woman, improved considerably by that time but could not be considered as cured. (Balint, 1968, pp. 112-113)

The Grand Experiment also pioneered the issue of mutuality in the psychoanalytic situation (Rachman, 1997a, 1998a).

EISSLER'S CONCEPT OF PARAMETER

Ferenczi's pioneering and daring clinical experiments in the 1930s expanded the analytic method so that difficult cases where regression predominated could be treated. However, he was severely criticized and eventually suppressed and censored (Rachman, 1997a). Nevertheless, Ferenczi opened up a vista of new responsiveness that could not be ignored. The issue of changes in classical technique was again tackled by Eissler when he introduced the notion of parameters (Eissler, 1953).

Eissler's definition of a parameter is "the deviation, both quantitative and qualitative, from the basic model technique... which requires interpretation as the exclusive tool" (p. 110). A point is reached when it becomes evident that interpretation does not suffice as a therapeutic tool, and [the] pathogenic material is warded off despite the analysis of all those resistances which become clinically visible. (Eissler, 1953, p.109)

Four general principles were formulated by Eissler that must be fulfilled if a parameter is to be employed in psychoanalysis:

1. A parameter must be introduced only when it is proved that the basic model technique does not suffice;
2. The parameter must never transgress the unavoidable minimum;
3. A parameter is to be used only when it finally leads to its self-elimination; that is to say, the final phase of the treatment must always proceed with a parameter
4. of zero; The effect of the parameter on the transference relationship must never be such that it cannot be abolished by interpretation. (Eissler, 1953, pp. 110, 111)

Eissler cautioned that the use of parameters could encourage a resistance, which would be eliminated but not analyzed, as well as cover up the analyst's inability to properly employ "the interpretation-technique".

Eissler's concept of parameters was intended to apply Ferenczi's concept of relaxation measures to specific diagnostic categories and to ensure that the traditional approach was separated from Ferenczi's dissident method. But what is also important is that Eissler confirmed that Ferenczi's introduction of relaxation measures was a necessary condition for the successful treatment of nonneurotic conditions, or the so-called difficult cases.

STONE'S WIDENING SCOPE OF PSYCHOANALYSIS

In a still further discussion of the concept of parameters, Stone widened the scope for the use of parameters in psychoanalysis (Stone, 1954). Although he generally accepted the guidelines Eissler had laid down, he was more willing to accept that Ferenczi's original conceptualization was based upon the reality of clinical work with seriously disturbed individuals. Stone therefore did not accept that any parameter introduced must terminate before the end of the analysis. He reasoned:

There are very sick personalities who, to the very end of analytic experience, may require occasional and subtle or minimal emotional or technical concessions from the analyst, in the same sense that they will carry with them into their outside lives, vestiges of ego defects or modifications, which, while not completely undone, are—let us say—vastly improved. (Stone, 1954, p. 576) Stone realized that there were very special considerations in the treatment of borderline conditions. Clearly, Ferenczi's case of R. N. falls into this category. Echoing Ferenczi's original ideas, he said:

The decisive factor is the ability to stand the emotional strains of the powerful tormenter and tormenting transference and potential countertransference situations which such cases are liable to present over long periods, without giving up hope, or sometimes, alternatively, the severe "acting out" which borderline patients may exhibit as the other alternative to intercurrent clinical psychosis. (Stone, 1954, p. 587)

As if Ferenczi were talking, Stone talked about the personal equation of the analyst: Another consideration in our field is the analyst himself. In no other field, save surgery, is the personal equation so important... a therapist must be able to love a psychotic or a delinquent and be at least warmly interested in the "borderline" patient... for optimum results... their "transferences" require new objects, the old ones having been destroyed or permanently repudiated. (Stone, 1954, pp. 592-593)

Stone's contemporary theory has a kinship with British object relations clinicians such as Balint, Kahn, Little, and Winnicott; with self psychology clinicians such as Bacal, Basch, Kohut, Lachmann, Lichtenberg, and Stolorow; with interpersonal psychoanalysts such as Fromm, Thompson, and Wolstein; and with representatives of American psychotherapy and psychoanalysis such as Coleman-Nelson, Rogers, and Searles.

SELF PSYCHOLOGY AND OPTIMAL RESPONSIVENESS

One of Kohut's significant contributions suggests that structure building can occur not only through interpretation aimed at insight development (self psychology's continued homage to traditional psychoanalysis) but through reparative self object experiences that occur in interpersonal ruptures in the psychoanalytic situation. It is significant that in "How Does Psychoanalysis Cure", after practicing self psychology for thirty or more years, Kohut discussed therapeutic action as curative.

Integrating object relations and self psychology concepts, Bacal has attempted to provide a contemporary rationale for what Ferenczi originally introduced as the relaxation principle (Bacal, 1981, 1985, 1988, 1995). It is suggested that certain analysands may need what Kohut terms "preliminary enactments" before the interpretative analytic phase can begin. Very much in the classical tradition of Eissler's "parameters," "preliminary enactments" in Kohut's terms are thought to be a stage that must be transgressed so that the fundamental analytic work can be accomplished. Bacal, in the spirit of Ferenczi, Balint, Searles, and Stone, says:

I suggest that it should not be thought of as a stage to be overcome so that the real analytic work can

begin. Rather, it should be regarded as central to analytic work with these patients at the level of the development of their experience of empathy. (Bacal, 1985, p. 222 [italics added])

What is more, Bacal would do away with the concept of parameter altogether, and I'm in complete agreement on this. Parameter was a positive attempt by Eissler to legitimize noninterpretative interventions for classical analysts, particularly for clinical work at the level of the oedipal zone. But it never answered the need to operationalize non interpretative clinical work at the level of the "basic fault" (Balint, 1968) or included the realization that Stone (1961) was willing to entertain that a so-called "parameter" might be needed in order to conduct the analysis, not as an impediment to the final or "real" analysis.

Bacal realizes that psychoanalysis needs to continue to address the issue of therapeutic responsiveness and feels that an object relations-informed self psychology can provide the theoretical and clinical ideas for his endeavor. Bacal frames the issue around the concept of regression (Bacal, 1981), as Balint did in his generation when he attempted to understand why Freud and Ferenczi came to the edge of their personal and professional relationship in the third decade of psychoanalysis and how that conflict provided a trauma for the analytic community (Balint, 1968; Rachman, 1997a, b, c). Balint felt Freud did not understand or accept Ferenczi's extensive clinical work with difficult cases (narcissistic, severe neurotic, borderline, and psychotic conditions). Because of Freud's discomfort with the issue of working therapeutically with regression, it has been neglected in classical technique. What is more, regression was seen, as was countertransference, as a negative event to be avoided or "analyzed out," so that the "real analysis" could proceed. Balint viewed regression as a natural experience in the psychoanalytic situation, where an empathic, nonintrusive, accepting, unhurried ambiance is created, so that the analysand can reexperience "primary love" (Balint, 1937, 1968).

Bacal has made an important distinction between "optimal gratification," Ferenczi's heroic attempt with Elizabeth Severn (Ferenczi, 1932), "optimal frustration" (Kohut's formulation of classical theory), and "optimal responsiveness":

Optimal frustration and optimal gratification can usefully be replaced by the concept of optimal responsiveness. Optimal responsiveness is an analytic concept that is distinct from the concept of the "parameter" and the "corrective emotional experience," which are devices that are essentially nonanalytic, but deliberately planned and actively initiated by the therapist. The optimal responsiveness of the analyst is determined by the position of the patient on the developmental line of his self-selfobject relations, and on his position on the developmental line of internalization of, and capacity for, empathy. Interpretation and the relationship are component aspects of optimal responsiveness in psychoanalytic treatment (Bacal, 1985, p. 225).

A CLINICAL EXAMPLE OF "OPTIMAL FLEXIBILITY": OEDIPUS FROM BROOKLYN (OFB), A CONTEMPORARY FERENCIAN ANALYSIS

My belief is that the Ferenczian model of psychoanalysis and psychotherapy contains unique dimensions, even though it can be placed in a continuum of in the relational selfpsychology perspective (Rachman, 1996, 1997d). This uniqueness concerns the active and flexible participation of the analyst, at both the level of verbal and nonverbal interaction; an emphasis on mutuality between analyst and analysand; an ongoing focus on countertransference analysis; and judicious self-disclosure by the analyst.

THE CHALLENGE TO BE FLEXIBLE

I have used Ferenczi's clinical daring and flexibility as a model for my own analytic work, although my use of clinical flexibility predates my discovery of Ferenczi (Rachman, 1970, 1971, 1972, 1975a, b, 1977). The analysis of OFB can be seen as a Ferenczian analysis of a very difficult case exemplified by the need to be optimally elastic or flexible. It was clear from the first moments of contact, continuing throughout the analysis, that the challenge would be to find those responses that would be therapeutic for OFB because the traditional ways were not sufficiently therapeutic.

There was a variety of interactions that indicated the need for flexibility:

- a) OFB readily gave indications that he was intensely sensitive to the interpersonal encounter and any intervention made by me. He readily expressed discontent with any intervention that displeased him.
- b) He needed to “control” the content, pace, and style of the session.
- c) He made it very clear he did not wish to be controlled by the analysis or me.
- d) He easily became angry when interaction irritated him.
- e) He had very definite ideas about all topics, including his analysis. For example, there was an important interchange toward the end of the first year of the relationship that challenged me to respond in a very specific therapeutic way. I pointed out that OFB was “changing” because he noticed a significant positive development in his functioning. OFB’s tendency was to function as a victim, emphasizing the damage that his mother had done to him and how impossible it was for him to have a successful life because of her traumatizing effect on him. Immediately, upon hearing me say “he was changing,” OFB flew into a rage and began belittling me. It was clear that this was a crisis in our relationship. He threatened to walk out of the session. I asked him what had enraged him (I genuinely didn’t realize that I had said or done anything that was out of sorts or threatening).

OFB was able to say he didn’t like what I said to him. He heard me saying: “/ wanted to change him.” So an intensely negative maternal transference was immediately evoked. Rather than developing an interpretative process geared to pointing out the transference implications of this rage, I empathized with his basic anxiety that would repeat his mother’s intrusive, controlling, and, manipulative behavior. I felt interpretations would be experienced, at this point, as the analyst’s attempt to control, dominate, and submit him to my version of what had happened. I felt my mandate was to understand his version of what had happened and change my behavior, so as to reduce the possibility of retraumatization. Consequently, I searched for another way to say change. I finally developed the intervention, “I feel you are talking about how things are different “He readily accepted the concept of different rather than change.

(a) A basic countertransference dilemma had to be analyzed and worked through in order to maintain an empathic stance. I worked through my need to control the analysis through my power and status as the psychoanalyst. This allowed the analysand, OFB, to be “in control” of his own analysis. This resolution of the countertransference allowed for a mutuality, where we could create the analytic process and method together. This mutuality and optimal flexibility would best serve the analysand’s needs.

THE BASIC FAULT OF OFB

This case has been discussed over the years as an example of the application of the relaxation principle (Rachman, 1981, 1990a, 1991, 1994b). The analysand began the analysis when he was 25 years old, because of severe depression; inability to leave the house; lying in bed, smoking, listening to the radio, and masturbating; paranoid fantasies characterized by his feeling that people could know he was homosexual by looking at him and they were talking about him in the street; “sadistic fantasies, “ for example, rounding up black children, throwing them into garbage trucks, and crushing them; identification with serial killers and violent psychopaths, for example, “Son of Sam” (David Berkowitz) and Hitler; an inability to form meaningful and close relationships with men and women; no career goals or direction in life; severe interpersonal crises with his family, especially his mother, for example, intense hatred for his mother, whom he called his “ex-mother. “This was a highly intellectually gifted individual who graduated summa cum laude, Phi Beta Kappa, from one of the most prestigious colleges in the United States. Upon graduation, he quickly became dysfunctional and returned to his family apartment in Brooklyn, N. Y., where he spent several years living in quiet desperation. During this intensive period in his life, he became preoccupied with reading the Oedipal Trilogy by Sophocles in the original ancient Creek. He was able to teach himself ancient Greek and read the trilogy as a way of symbolically identifying with Oedipus as he struggled to travel from the ancient world of family drama to his own family trauma in Brooklyn. From that moment on, he became “Oedipus From Brooklyn,” OFB.

During the course of the analysis he revealed a history of trauma both emotional and sexual. His intrusive, manipulative, controlling mother was narcissistically propelled to dominate his early and late childhood with her wishes for him to relate to her and put aside his own desires, thoughts, feelings, and behavior. He

referred to a “building block” trauma in early childhood as symbolic of this negative experience. He was busy playing with blocks, building an edifice with his back to his mother. She demanded that he turn around and pay attention to her. Each time he built something, she would knock it down. This was repeated several times until OFB withdrew into a corner of the room, confused, disturbed, and immobilized. He was about 2-3 years old at the time. OFB was haunted all his life with feelings of passivity, confusion, rage, and self-loathing.

The father was described as a distant schizoid individual who rarely interacted or developed a meaningful encounter with OFB. He was seen as a “cloud”; the mother as a “giant mole.”

His younger brother was “devoured” by the mother, merged with her. Unlike Oedipus, he never challenged her, talked back to her, or refused her. As an adult he was riddled with psychosomatic complaints, became a homosexual, and became a severely anxious and hypersensitive individual.

OPTIMAL FLEXIBILITY TO THE LEVEL OF THE BASIC FAULT

During the period of OFB’s analysis there was a host of therapeutic measures initiated by the analyst as well as the analysand. As has been mentioned, the analysand informed me, early in the analysis, that active measures in an elasticized ambiance in the psychoanalytic situation were necessary. By demonstrating my willingness to elasticize the analytic interaction, early in the therapeutic process, I encouraged OFB to be a mutual partner. Given OFB’s fundamental emotional issue of murderous rage, feeling how his mother manipulated, seduced, and controlled him, encouraging this individual to be a partner in his analysis was a fundamental noninterpretative measure geared to reach OFB’s functioning at the level of the basic fault.

JUDICIOUS SELF-DISCLOSURE BY THE ANALYST

Judicious self-disclosure (JSD) grows out of Ferenczi’s confusion of tongues theory and the need to create authenticity in the psychoanalytic situation. This prevents retraumatization of the childhood experience by a parent disavowing his or her contribution to any interpersonal difficulty (Rachman, 1977, 1982, 1990a, b, 1993, 1997d, 1998a; Rachman and Ceccoli, 1995). “Blaming the child,” a form of emotional abuse and empathic failure, was a primary mode of interaction for OFB’s mother. In fact, his mother’s unauthentic interaction was so severe that OFB retreated into a false self, which eventually separated him from authentic interaction with all others. The development of the false self was so effective that everyone in his life was unaware how emotionally removed he was from them.

A classic example of the mother/child interaction that fostered a “confusion of tongues” involved her massive denial of any disturbance in their relationship. Both as a child and adult, OFB tried to confront his mother regarding her disturbing behavior. In one such instance, his mother hovered over him as he ate his dinner, telling him when to eat “his meat, his vegetables, the mashed potatoes. “He became enraged with her and stabbed her hand with his fork. She blamed the incident on his being “out of sorts because of his physiology.”

The need for authenticity in the psychoanalytic situation with OFB was considered a priority because of this traumatic maternal history. One day, OFB began a session reporting his positive reaction to a television program on Hitler’s extermination of the Jews. He took great delight in extolling Hitler’s extermination plan: “Hitler had the right idea in killing off the Jews.” He went on and on about how the Jews had negative traits, and were not worthwhile enough to be part of the “great people that the Germans were.” The growing sense of anger I was experiencing was written all over my face. I also believed his hypersensitivity to interpersonal situations would inform him of the growing emotional and interpersonal detachment that was beginning to overtake me. Therefore, I said the following to him: “I know you’re not going to like this, but I feel I have to say this to you. I am angry with you for your positive talk about Hitler’s extermination of the Jews. If you continue to talk in this way, I will not be able to be empathic. I wish you would discontinue talking this way. “OFB was furious with my disclosure and said: “I can talk about anything I want to talk about. It is not your job to tell me what or how to talk. How dare you do this to me. This is not therapy.” His response directed me to analyze my intervention. I told him he was correct in espousing his right to say anything he wanted, in any way he wanted to express himself. We continued on with my attempt to mend the empathic failure by accepting the possibility of the parallel between his

mother's domination and my "squelching his speech." I did, however, point out that my behavior, both by self-disclosing and the postdisclosure exploration, was intended to institute a more authentic experience than the one he had with his mother.

By the end of the session, OFB was no longer angry. He did admit that talking about Hitler in a positive way was in part a way to see how I would react. Was he trying to see if I would practice massive denial in the face of an assault, as his mother had done in "the stabbing with the fork" incident? In judiciously self-disclosing I attempted to deal in the here- and-now with a re-creation of a childhood trauma by creating a "new beginning" (Balint, 1932) to experience a mutual parental interaction.

CONCLUSION

These vignettes from the analysis of OFB demonstrated the clinical use of the relaxation principle guided by the concept of optimal flexibility. OFB was encouraged to end any interaction when he wished, when he felt overwhelmed, to decline participation in any interaction for which he felt he would lose control. In addition, any experience would be analyzed afterward to ascertain his psychic experience. These considerations addressed, psychodynamically, the trauma at the level of the basic fault, his fear and rage toward his mother for her seductive, manipulative, domineering, and controlling behavior, which encouraged the development and maintenance of his false self.

The clinical practice of Ferenczi's relaxation principle is informed by the analyst's focus on a series of attitudes and behaviors. The analyst needs to continually attune to the analysand's subjective experience, so that there is an interaction before, during, and after the introduction of any use of optimal flexibility. Ferenczi's concept of mutuality guides the practice of the relaxation principle, as the analyst realizes that an atmosphere of heightened emotionality and interpersonal intimacy can trigger a potential loss of control for the analysand. Therefore, the analyst grants the analysand selfregulation in his/her participation.

Optimal flexibility is a function of the analyst, allowing the psychoanalytic situation to be stretched, elasticized in the direction of the analysand's needs, based on his/her capacity to metabolize the emotional and interpersonal demands of the experience.

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Arnold Wm. Rachman, Ph. D., Clinical Professor of Psychology, Derner Institute, Adelphi University; Clinical Associate Professor of Psychiatry, New York University Medical Center; Training and Supervising Analyst, Postgraduate Center for Mental Health, NYC; Founder, The Sandor Ferenczi Institute, NYC. Address correspondence to Arnold Wm. Rachman, Ph. D., 10 Park Avenue, New York, NY 10016. 63 0002-9548/98/0300-0063\$15.00/1 © 1998 Association for the Advancement of Psychoanalysis