

THE FEUD BETWEEN FREUD AND FERENCZI OVER LOVE

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Love, Tennessee Williams remarked, is another four letter word. It is one of the most misunderstood words in life and in psychoanalysis, in health and disease, for a long time an unmentionable taboo among psychoanalysts. Thus the *Vocabulaire* of Laplanche and Pontalis (1973) contains only the entry “Libido,” as does the original *Glossary of Psychoanalytic Terms and Concepts* published by the American Psychoanalytic Association (Moore & Fine, 1967). That lack was corrected in the enlarged 1990 edition of the *Glossary* but, surprisingly, it refers to no words on love by Freud; quite expectedly, it is silent about the contribution of another unsung analyst that devoted his attention to the subject of love, Theodor Reik (1944, 1957).

Does this mean that Freud knew nothing and said nothing about love? Not in the least; but Freud dealt with love in ways both ambivalent and reductive, reducing love to libido, happiness to pleasure and will to wish, and at times seemed to neglect it altogether, bequeathing this repression of love on his followers. However, the repressed will return, and it returned most tellingly in the work of Ferenczi.

For love was very much on the mind of the most gifted and most maligned of Freud’s students, Sandor Ferenczi, whose revival has recently become a tidal wave. It is thus timely to add to the effort of vindicating both love and Ferenczi. Not that the facts about love and Ferenczi have been buried in dusty archives: following the contributions of Ferenczi follower Izette de Forrest (1954) and the executor of Ferenczi’s literary estate, Michael Balint (1965), the torch has been carried by Hungarian-descent members of the International Psychoanalytic Association Judith Dupont and André Haynal, and many others. A high water mark was the posthumous publication of Ferenczi’s *Clinical Diary* (1932). Before we look in greater detail at Ferenczi it should be of interest to see what happened to Freud and love.

FREUD’S REPRESSION OF LOVE

Before he created psychoanalysis as a monadic theory of neurosis based on the libido theory, Freud was a dyadic practitioner of hypnotic suggestion, a method “for [treating] purely functional nervous disorders, for ailments of psychical origin and for toxic as well as other addictions” (Freud, 1891, p. 106). He perfected his art after visiting Bernheim and Liébeault in Nancy in 1889. Defining hypnotic suggestion as based on “the insertion of the relationship between the subject and the person who puts him to sleep,” (Freud, 1889, p. 98; emphasis added), Freud went to explain how by these means one could “‘inhibit, modify, paralyze, or stimulate’ [Freud quoting Forel] ... feelings, instincts, memory, volitional activity ... [and acquire] an undreamt of influence on another person’s psychical life ... only rarely without resistance on the part of the hypnotized subject” (Freud, 1889, pp. 98-99). Freud focused on the correspondence between the unreasonable elements in the disorder that had to be overcome versus the reasonable ideas and attitudes in the doctor, seeing “the true therapeutic value of hypnosis lies in the suggestions made during it” (p. 111). Since the patient was the victim of unreasonable self-suggestion, it is the reasonable countersuggestions of the therapist that would overcome the patient’s unreasonable ideas.

Therefore, it was essential to gain the trust and collaboration of the patient and not “neglect to enlighten the patient under hypnosis on the nature of his ailment, to give him reasons for the cessation of his trouble, and so on; for what we have before us it not, as a rule, a psychical automaton, but a being endowed with the power of criticism and capacity for judgment, on whom we may simply be in a position to make more

impression now than when he is in a waking state” (pp. 111-112). Freud was thus aware that he was dealing with reciprocal processes between doctor and patient and that the success of the treatment “depends almost more on the characteristics of the subject than on the nature of his illness, ... the dexterity of the hypnotist and the conditions under which he is able to treat his patients” (Freud, 1889, p. 100). This was Freud’s early and profound insight into the methodological foundation of the therapies of the word: that they all depend on the element personal influence, emanating from the doctor’s respect and sympathy for the patient.

The insights regarding the curative aspects of the doctor-patient relationship gained in the hypnotic-suggestive treatment of psychological ailments were deepened with the founding of psychoanalysis as the treatment of choice for the great psychoneuroses: hysteria, obsessions, and phobias, as formulated in Freud’s *Studies on Hysteria* (1895): The psychotherapeutic procedure [later called: “psychical analysis,” note on p. 100 and p. 273] is laborious and time-consuming for the physician. It presupposes great interest in psychological happenings, but personal concern for the patient as well. I cannot imagine bringing myself to delve into the psychical mechanism of hysteria in anyone who struck me as low-minded and repellent, and who, on closer acquaintance, would not be capable of arousing human sympathy; ... The demands made on the patient are not less: ... the complete consent and complete attention are needed, but above all, their confidence ... taken voluntarily and never at the doctor’s request ... [I]t is almost inevitable that their personal relation to him will force itself, for a time at least, unduly into the foreground. It seems, indeed, as though an influence of this kind on the part of the doctor is a *sine qua non* to the solution of the problem [Freud, 1895, pp. 265-266]. Freud invokes the concept of sympathy, in German, a much broader term than in English (as in Scheler’s seminal work, *Wesen und Formen der Sympathie*, the nature and forms of sympathy, from Greek prefix *syn* = together, and *pathos* = suffering, passion), to underscore the reciprocal affinity and understanding based on mutuality of interests and aims, compatibility of temperament and disposition, hence, a bond of good will (contrary to antipathy), hence the capacity of entering into sharing the feelings, interests and experiences of another person. The Latin translation of sympathy, compassion (*con* = together, *passion*=suffering), adds the element of pity, a fellowship of suffering, for another person’s suffering.

Freud expounds on sympathy once again when he offers suggestions for “overcoming [the patient’s] continual resistance”:

In the first place, we must reflect that a psychical resistance ... can only be resolved slowly and by degrees, and we must wait patiently. ... By explaining things to him, by giving him information about the marvelous world of psychical processes into which we ourselves only gained insight by such analyses, we make him himself into a collaborator, induce him to regard himself with objective interest of an investigator and thus push back the resistance, resting as it does on an affective basis. But lastly -and this remains the strongest lever- we must endeavour, after we have discovered the motives for his defence, to deprive them of their value or even to replace them by more powerful ones. This no doubt is where it ceases to be possible to state psychotherapeutic activity in formulas. One works to the best on one’s power, as an elucidator (where ignorance has given rise to fear), as a teacher, as the representative of a freer or superior view of the world, as a father confessor who gives absolution, as it were, by continuance of his sympathy and respect after the confession has been made. One tries to give the patient human assistance, so far as this is allowed by the capacity of one’s own personality and by the amount of sympathy that one can feel for the particular case. ... there is an affective factor, the personal influence of the physician, which we seldom can do without, ... no different from what it is elsewhere in medicine [Freud, 1895, pp. 282-283; emphasis added].

It is sympathy as the affective factor, of mutual comprehension and affection, that brings matters close to the other English four-letter word ‘like,’ and its cognate ‘alike,’ which makes English superior to German. For whereas in German “*lieben*” is used to describe positive feelings of all kinds, in English we have differentiated between liking and loving: to like is to be attracted and pleased with, to regard with favor, to enjoy something or somebody who we feel is like us, while to love implies a deeper and stronger and more passionate attachment. The other aspect of liking is its connection to conscious processes of imitation and unconscious ones of identification, which, as Freud would later define as the earliest form of love (Freud, 1920).

In 1906, about a decade after the *Studies on Hysteria*, Freud sends Jung the same message regarding the psychoanalytic relationship, the foundation of the method:

“essentially, one might say,” writes Freud in his fourth letter to Jung, “the cure [“Heilung” in the original, which means both treatment and cure, Z. L.] is effected by love ... and transference” (Freud/Jung Letters, pp. 2-13). But whereas in high theory transference might be defined as a “fixation of the libido prevailing in the unconscious” (F/J Letters, p. 12), it certainly was not to be understood as satisfying the patient’s real sexual demands. Rather, it pointed to love writ large (Lothane, [1982, 1986b], [1987a], 1987b, [1987c], 1989a, [1997a], 1997b), to that fire within, the ardent and passionate emotions, that make life worth living. For these also animated the first psychoanalysts, in their quest of truth and their labors of love, on behalf of their patients and pupils, and themselves (Lothane, 1996a, p. 216).

Freud’s reference to transference calls for a commentary. It should come as no surprise that it is in the *Studies on Hysteria*, and not in the *Dora Case*, as suggested by Moore and Fine (1990) and countless other authors, that Freud first discusses transference as the antagonist of the psychoanalytic method: “transference to the physician takes place through a false connection” (Freud, 1895, p. 302; emphasis Freud’s), i.e., emphasizing the ideational illogicality of displacement while being subjected to trauma of the “illogicality” of the love passions displayed by his women patients. In that letter to Jung, alongside love, Freud extols the emotional power of transference, which in 1926 he would reaffirm as a synonym for love and declare it as the precondition for the analysts’ ability to influence the analysand (Lothane, in press).

Ten years after the *Studies on Hysteria* Freud would replace love with libido, as set forth in the canonical *Three Essays on the Theory of Sexuality* (1905d), making the libido of the sexual instincts, or his drive theory, into a basic science of psychoanalysis, not unlike physiology as the basic science of medicine in health and disease. Henceforth libido, as the sum total of sexual feelings, emotions and desires in all their protean manifestations, also became the mother of all the other nonsexual feelings, emotions, and desires, the latter subsumed under the rubric of the “‘affectionate current’ of sexual love” (Freud, 1905d, p. 200). For while the task of puberty is to assure the convergence of the affectionate current and the sensual current, for Freud the former will forever be defined as “what remains over of the infantile efflorescence of sexuality” (Freud, 1905d, p. 207). In this way such phenomena of nonsexual love as the Greek concepts of *agape* (nonsexual love) and *philia* (love as liking), or elements thereof in friendship, attachment and care, would be viewed as derivatives of the sexual drive. As a result, the very parsimoniousness of the theory became an obstacle in acknowledging the other forms of love and sympathy as phenomena in their own right.

Whereas being sexual is a perennial fact of being human, and while the theory of sexuality remains a powerful heuristic tool in explicating aspects of neurosis, psychosis, and preference in matters of sexual expression, Freud’s desire to speak of sexuality in the language of scientific theory rather than in the diction of poetry and everyday life drove him to a misleading depersonalization of sexual life by a rhetorical strategy of renaming (Lothane, 1989b), when in the opening section of the *Three Essays*: he “[introduces] two technical terms: the person from sexual attraction proceeds as the sexual object and the act towards which the instinct tends the sexual aim,” to show by “scientifically sifted observation ... [the] numerous deviations occur[ing] in respect of both of these ... [in] relation [to] what is assumed to be normal” (Freud, 1905d, p. 135-136). Incidentally, calling an act an aim is perhaps a lesser evil than speaking of persons as objects. For whereas people can be used as sexual objects, love objects (Freud 1910, 1912), or become, in a person’s thoughts and feelings, objects of imagination and desire, the locution “object relations theory,” to mean interpersonal love relations, is a dated and dispensable misnomer that should be scrapped: objects have no relations, people do. Moreover, sexuality may be treated as monadic in a quasi-physiological theory, but in real life it’s definitely dyadic in nature (Lothane, 1992a).

This feat of renaming becomes understandable when we keep in mind that since psychoanalysis was born of medicine, it was natural for Freud to define the person by means of two competing paradigms, the monadic and the dyadic, the self-contained organism and the interacting person. The tension between these two models runs like a crimson thread through the writings of Freud (and the psychoanalytic literature):

Freud’s psychoanalytic method ... was from the start applied to dyads -the analysand and analyst engaged

in the psychoanalytic process. By contrast, his theory of disordered behavior was formulated largely in terms that were applicable to monads. Thus, there has persisted in Freud a perennial tension between the theory of disorder and the theory of treatment. Sullivan, on the other hand, even though he was influenced by Freud, developed a transactional and dyadic theory of disordered behavior as a disorder of interpersonal relations [Lothane, 1984a, p. 170].

But this depersonalization more apparent than real. And when ego-psychology would come of age, non-libidinal facts and dynamics such as identification, self-interest, self-esteem, would be given their belated recognition, with a return to the early personalist conception of relations, not a finding but a refinding. As I have argued again recently (Lothane, 1997b), the interpersonal model was Freud's original paradigm. It was also Ferenczi's.

FERENCZI ON RELATING AND LOVING.

Ferenczi, who joined Freud after Jung but, unlike Jung, never swerved from Freud's libido theory, differed from Freud from the very first on a number of significant issues: he emphasized emotions vs. ideas, external trauma vs. internal drives, and dyadic concepts vs. monadic models of symptom formation. As a corollary to the latter, he pursued love more than libido, and combined love therapy with therapy of trauma. Another difference was rooted in Ferenczi's character and temperament: he was a gentler and kinder man, tended toward emotionality verging on sentimentality, did not strive to have power over others. As a result, while Freud first listened to his patients and later lectured them, Ferenczi was the more receptive analyst who tended to revere the child and the child-in-the adult as a repository of important truths at a time when Freud only bowed to the authority of adult reason and logic.

As early as 1912 Ferenczi formulated the dyadic nature of psychological symptoms, not only as transitory "neuroses en miniature" due to transference enactments of strong ideas, emotions, and resistances, but also reflecting the structure of the great neuroses themselves. In this connection he stressed the importance of having "lived through an affective experience, to have -so to speak- felt it in one's own body in order to gain that degree of certain insight which deserves the name of 'conviction'" (Ferenczi, 1912, p. 194) regarding the correctness of the analyst's interpretations, for such experiences are "representations, in symptom-form, of unconscious feeling and thought-excitations which the analysis has stirred up from their inactivity" (p. 195). Thus, according to Ferenczi, the patient's symptoms were seen as the adaptive responses to the therapist's traumatic impact on the patient. While Freud of 1912 still extolled neutrality and impartiality, which others transformed into the sterile metaphor of the analyst as a blank screen, in his later years Freud (1926), as mentioned before, would speak of the bonds of emotional transference, no longer a bane but a boon for psychoanalysis, a guarantor of conviction of in the analyst's interpretations: transference would be renamed influence, a return to love writ large (Lothane, 1987b, taken up in his great sociological essays (Freud 1921, 1927, 1930)).

In his early writing on introjection and transference, Ferenczi (1909) is still beholden to Freud in regarding "an unconscious sexual element" as determining both the readiness in the patient and the ability of the therapist to influence the patient by means of hypnosis and suggestion and as explaining the currents of sympathy and antipathy operating in the patient-therapist dyad. But another element is discernible here as well: "the repressed thoughts" are not only "of sexuality" but also of "violence and apprehension that relate to the nearest relatives, especially the parents. It is thus manifest that the child with its desire for love and the dread that goes with this, lives on literally in every human being," a precursor of "all later loving, hating, and fearing" (Ferenczi, 1909, p. 63). We see how early on Ferenczi is more open than Freud to the interpersonal and traumatogenic role of the aggression that Freud first acknowledged, then denied under the sway of the libido theory, to rediscover it after the Great War (Freud, 1920). Furthermore, in connection with hypnosis as a model of love and power relations, Ferenczi is also sensitive to gender characteristics of the parents in determining the form of love and power relations:

there are two ways and means at our disposal in hypnotising, or giving suggestions to others, i.e., in compelling them to (relatively) helpless obedience and blind belief: dread and love. ... The hypnotist with an imposing exterior, who works by frightening and startling, has certainly a great similarity to the picture

impressed on the child of the stern, all-powerful father, to believe in, to imitate whom is the highest ambition of every child. And the great stroking hand, the pleasant monotonous words that talk one to sleep: are they not a reimpression of the scenes that may have been enacted many hundred times at the child's bed by the tender mother, singing lullabies and telling fairy-tales? (Ferenczi, 1909, pp. 69-70; emphasis in the original).

The above passage prefigures a great deal of the parting of the ways between master and student, both theoretically and practically. Freud would remain committed to the monadic model of disorder and view it as determined by inner conflict; Ferenczi would further develop the dyadic-traumatic model of disorder, assigning a pathogenic-traumatogenic role to the family, notably parents and other adults, in the genesis of the child's neurosis, this trend culminating in his now famous paper of 1933 whose original title was "the passions of adults and their influence on the sexual and character development of children," a writing that led to a further deepening of the rift between Freud and Ferenczi. In that paper Ferenczi set forth the importance of "traumatic factors in the pathogenesis of neurosis," especially in typical cases of sexual abuse of children, when adults mistake the play of children for the desires of a sexually mature person or even allow themselves ... to be carried away. The real rape of girls who have hardly grown out of the age of infants, similar sexual acts of mature women with boys, and also enforced homosexual acts, are more frequent occurrences that has hitherto been assumed. ... These children feel physically and morally helpless, ... [not] able to protest, even if only in thought, for the overpowering force of the adult makes them dumb and can rob them of their senses. ... [C]ompletely oblivious of themselves they identify themselves with the aggressor, ... the introjection of the guilt feelings of the adult ... makes hitherto harmless play appear as a punishable offence (Ferenczi, 1933, p. 162; emphasis in the original).

Such traumatizing assaults will result in precocious sexual maturity, or later in life may lead to splitting or fragmentation of personality and various forms of disorder.

The other important concern of Ferenczi in that paper was with the failure of the analyst to respond appropriately to the analysand's emotional needs, nowadays, following Kohut, discussed under the rubric of empathic failures, an instance of which Ferenczi labeled as the analysts professional hypocrisy, when in spite of a superficial friendliness, in reality it may happen that we can only with difficulty tolerate certain external or internal features of the patient, or perhaps we feel unpleasantly disturbed in some professional or personal affair by the analytic session. Here, too, I cannot see any other way than to make the source of the disturbance in us fully conscious and discuss it with the patient, admitting it perhaps not only as a possibility but as a fact. It is remarkable that such renunciation of the "professional hypocrisy" -a hypocrisy hitherto regarded as unavoidable- instead of hurting the patient, led to a marked easing off in his condition. ... [the] frank discussion freed, so to speak, the tongue-tied patient; the admission of the analyst's error produced confidence in the patient. ... The discovery and the solution of this purely technical problem revealed some previously hidden and scarcely noticed material. ... It is this confidence that establishes the contrast between the present and the unbearable traumatogenic past, the contrast which is absolutely necessary for the patient in order to enable him to reexperience the past no longer as hallucinatory reproduction but as an objective memory (Ferenczi, 1933, pp. 159-160; emphasis in the original).

This makes perfect sense today, but Freud could not help criticizing Ferenczi's "technical errors in [his] conclusions" (from a letter quoted in Jones, 1957, p. 173). Over Freud's objections, the paper was read after all at the 1932 international congress of psychoanalysis in Wiesbaden and first published in German; but its publication in English was delayed until 1949.

Freud's objections to Ferenczi's straying from the classical technique of "analysis and [being] drawn into a boundless course of experimentation" (p. 153) were aimed at Ferenczi's active methods of neocatharsis, especially those accompanied by expressions of physical tenderness. Earlier in 1931 Freud showed his "brutal fatherly side" admonishing Ferenczi in these terms:

I see that the difference between us come to a head in technical detail which is well worth discussing . You have not made a secret of the fact that you kiss your patients and let them kiss you; I had also heard that from a patient of my own. ... Now picture what will be the result of publishing your technique. A number of independent thinkers ... will say to themselves: why stop at a kiss? ... and soon we shall have accepted in the technique of analysis the whole repertoire of demiviergerie and petting parties, ... and God the Father

Ferenczi gazing at the lively scene he has created will perhaps say to himself: may be after all I should have halted in my technique of motherly affection before the kiss. ... In this warning I do not think I have said anything you do not know yourself. But since you like playing a tender mother role with others, then perhaps you may do so with yourself (quoted in Jones, 1957, pp. 163-164).

Ferenczi countered Freud's sarcasm with his habitual gentleness in a letter of 27 December 1931:

Your fear ... is unfounded. "Sins of youth, mistakes, once they have been overcome and analytically worked through, can even make one wiser and more prudent than people who have never experienced such storms. My highly ascetic "active therapy" was sure a preemptive device against such tendencies, which is why it assumed, by its exaggeration, a compulsive character. As soon as I realized this, I relaxed the rigidity of the restrictions and frustrations to which I had condemned myself (and others). Now I believe that I am capable of creating a congenial atmosphere, free from passion, which is best suited to draw forth what has previously been concealed. After overcoming the pain caused by the tone of your correspondence, I cannot but express the hope that our personal understanding as friends and scientists has not been disrupted by this development -or, rather, it will soon be restored (quoted in Ferenczi, 1932, p. 4).

Freud was not placated; but Jones, who, due to his ill will toward Ferenczi, suppressed the above letter, would go to Freud one better and claim that in Ferenczi's pernicious anemia exacerbated his "latent psychotic trends" and his "delusions about Freud's supposed hostility. Toward the end came violent paranoid and even homicidal outbursts" (Jones, 1957, pp. 176, 178), calumnies later dispelled by Balint. Freud stubbornly clung to this criticism in Ferenczi's obituary:

The need to cure and to help had become paramount in him. He had probably set himself aims which, with our therapeutic means, are altogether out of reach today. From unexhausted springs of emotion the conviction was borne in him that one could effect far more with one's patients if one gave them enough of the love which they had longed for as children. He wanted to discover how this could be carried out within the framework of the psycho-analytic situation; and so long as he had not succeeded in this, he kept apart, no longer certain, perhaps, of agreement with his friends. Whatever it may have been that the road he had started along would have led him, he could not pursue it to the end. Signs were slowly revealed in him of a grave organic destructive process which probably overshadowed his life for many years already (Freud, 1933b, p. 229).

This was a far cry from the encomiums Freud had bestowed on Ferenczi only ten years earlier, on the occasion of his friend's fiftieth birthday, for "his originality, his wealth of ideas and his command over a well-directed scientific imagination ... with which he has enlarged important section of psycho-analytic theory and has promoted the discovery of fundamental situations of mental life" (Freud, 1923, p. 269). Was Ferenczi transformed into a raving paranoiac during the last decade of his life, or did he, while experimenting with something he later modified, discover truths that Freud could not fathom? While we can agree with Freud that physical intimacy does not belong in the psychoanalytic situation because the analysand should properly find his outlets and gratifications elsewhere, I submit that Freud misunderstood the true intention of Ferenczi's innovations of technique described in the afore quoted passages, overplayed the issue of physical contact at a time when Ferenczi had already abandoned it himself, to displace and conceal his real objections, i.e., to the conception of the child's disorder as caused by the traumatogenic conduct of the parent, and to the idea that therapeutic crises are caused by the analyst's rigidly maintained infallibility and emotional coldness, let alone countertransference. Whether it was Breuer's patient Anna O., or Freud's patient Dora, or his daughter Anna (whose analysis as a patient may have been a means of keeping her tied to the father), the cause of neurosis and the cure of neurosis, including the transference neurosis, was always regarded by Freud as self-contained within the monad; and like the proverbial Caesar's wife, parent and analyst must be above suspicion.

Some further elaborations on the afore mentioned dilemmas concerning reality and countertransference, and the differences between Freud and Ferenczi, can be found in the posthumously published Clinical Diary (Ferenczi, 1932). Freud wrote little about countertransference and less about his own. Reflecting on Dora's defection, the most Freud would acknowledge was: "I ought to have listened to [Dora's] warning [to leave the analysis] myself ... but I was deaf to this first note of warning, thinking I had ample time before me, since

no further stages of transference developed ... in this way the transference took me unawares and ... Dora took revenge on me as she wanted to take revenge on [Herr K.] and deserted me as she believed herself to be deceived and deserted by him” (Freud, 1905e). There is no acknowledgment that Dora may have felt that Freud was not on her side, that Freud had sacrificed her interests to other vested interests of the adults in her environment, or that he had an emotional reaction to her.

Compare this with Ferenczi’s struggles with his emotions as he attempts to define the elusive concept of mutual analysis, or the shifting roles in the analysand-analyst dyad, mimicking the child-parent dyad in the entry titled “advantages and disadvantages of intense sympathy.” Flooded by feelings of tenderness, aggression and guilt toward his patient R. N., Ferenczi is feels the urge to disclose and analyze his own feelings to the patient temporarily acting as “analyst”:

I submerged myself deeply in the reproduction of infantile experiences; the most evocative image was the vague appearance of female figures ... this is the source of my hatred for females: I want to dissect them for it, that is to say, kill them. This is why my mother’s accusation “You are my murderer” cut deep to the heart and led to (1) a compulsive desire to help anyone who is suffering, especially women; and (2) a flight from situations in which I would have to be aggressive. ... The advantage of sympathy is an ability to penetrate deeply into the feelings of others ... but sooner or later it comes to pass that the patient is not helped by simple empathy. ... Is this sensitivity a purely personal characteristic of mine, or is it a general fact of human nature? ... As yet I have never heard of similar obstacles in analysis from any other analyst. (Except for my own pupils, who have inherited from me my obsession with looking for the fault in myself.) ... Just as Freud’s strength lies in firmness of education, so mine lies in the depth of the relaxation technique. My patients are gradually persuading me to catch up on this part of the analysis as well. ... With sufficient freedom in sympathy as well as in the unavoidable severity, I hope I will even be able to reduce the duration of the analysis substantially (Ferenczi, 1932, pp. 60-62).

Clearly, Ferenczi is a pioneer exploring a difficult emotional terrain, candid about his own neurosis with the double benefit for himself and the patient, and very much aware of the pitfall of too much or too little emotion. Against his detractors past and present, he strives for the right balance of firmness and softness, rigidity and relaxation, for the sake of an effective therapy for the patient. His remark about the limitations of simple empathy is of interest in connection with the popularization of empathy by Heinz Kohut and his followers. Borrowing the concept empathy from the esthetic and psychological theories of Theodor Lipps (Lothane, 1994), Freud first applied “processes of empathy and comparison” to the understanding of jokes (Freud, 1905c, p. 186). In Webster’s Dictionary (1971) empathy, listed as a synonym for sympathy and compassion, is defined as a gift for vicarious feeling (the way Kohut defined it) that has the least emotional content, being reserved for nonhuman objects in the realm of art and literary criticism. But if, as I argued (Lothane, 1987a), empathy and sympathy are but synonyms for the wider concept love, or, as persuasively proved by Balint (1965), that love and psychoanalytic technique are inseparable, then Ferenczi’s was also a clarion call for a return to love in psychoanalysis, a prerequisite for healing trauma:

In this connection the question arises whether the primal trauma is not always to be sought in the primal relationship with the mother, and whether the traumata 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 mother child scar. Being loved, being the center of if the universe, is the natural emotional state of the baby, therefore it is not a mania but an actual fact. The first disappointments in love (weaning, regulation of the excretory functions, the first punishments through a harsh tone of voice, threats, even spankings), must have, in every case, a traumatic effect, that is, one that produces psychic paralysis from the first moment. The resulting disintegration makes possible ... that a splitting occurs at this stage ... [and] the hallucination: nothing has happened, I am still loved the same as before (hallucinatory omnipotence). All subsequent disappointments. later on in one’s love life, may well regress to this wish-fulfillment (Ferenczi, 1932, p. 83).

For Ferenczi the supreme goal in therapy was overcoming soul-deadening trauma of “suffering people [that need] a quantity and a quality of love of an extraordinary kind, the most complete and perfect genital-moral-intellectual happiness”; but the unattainability of such an ideal situation, the therapist was enjoined to show “tremendous patience and self-sacrifice, ... hundreds of instances of enormous forbearance, sympathy, the renunciation of every

authoritarian impulse, even acceptance of lessons or help from the patient,” to enable the latter “renounce that colossal wish-fulfillment and make do with what offers itself ... [and] bring the dead ego-fragments back to life, that is, to cure it and remember it” (Ferenczi, 1932, p. 68), or, more properly, to remember and to cure.

In that context Ferenczi also gives a brief but trenchant discussion of remembering and dreaming that merits a brief digression. He speaks of dreaming and that analytic process in a way suggesting Isakower’s concept of the analyzing instrument (Lothane, 1981, 1994): instead of conscious elucidation of the dream -to take the patient into the dream itself during the analytical session ... for this a certain state of drowsiness and relaxation is necessary; ... one requests them to penetrate deeper into the feeling, seeing, and experiencing of each detail ... This kind of submergence into a dream leads, in most cases, to a cathartic exacerbation of the symptoms, which then provides us with an opportunity to get close to reality ... [by means of] symptom-fantasy, submergence into dreams and catharsis (Ferenczi, 1932, p. 67).

At the same time, Ferenczi expresses doubts concerning the attainability of absolute recall: “by no means, however, can I claim to have succeeded, even in a single case, in making it possible for the patient to remember the traumatic processes themselves ... it is as though the trauma were surrounded by a retroactively amnesic sphere, as in the case of trauma after cerebral concussions. ... Thus the healing of this part cannot be a *restitutio ad integrum* by merely a reconciliation to a deficiency” (Ferenczi, 1932, pp. 67-68). This wisdom should serve as a timely caveat to people preoccupied with true and false memory syndromes. In the final analysis, technique is the included factor, love and compassion are the including factor, the therapeutic frame within which all else takes place: “Only sympathy heals. (Healing),” declares Ferenczi, “Understanding is necessary in order to employ sympathy in the right place (analysis), in the right way . Without sympathy: there is no healing. (At most insight into the genesis of the illness.)” And he asks the crucial questions: “Can one love everyone? Are there no set limits to it?” (p. 200).

Ferenczi’s deep understanding of the role of love in psychoanalysis was first duly recognized and propounded by another recently resurrected pioneer, the Scottish psychiatrist Ian Dishart Suttie, who died in 1935, a few months after the publication that year of his prescient *The Origins of Love and Hate* in which he says the following about love and therapy: the physician ... shows by his understanding and insight that he too has suffered [the patient’s] experiences, so that there is a “fellowship of suffering” established. Ferenczi’s “Active-therapy” represents a protest against the more extreme ideals of “passive” technique, and Barbara Low [a British psychoanalyst] apparently refers to these errors in speaking of the analyst’s dangerous attempt to “maintain the fiction of immunity from emotions.” A onesided, unresponsive, love-relationship must evoke anxiety and cannot be curative. I suggest that the patient is entangled into this dependency by the analyst’s insight and sympathetic interest, which seem to promise real (parental) love; and that the physician subsequent reserve and aloofness forces the love-needing patient into an abject surrender, pleading, protesting and self-revealing. This is utilized for the exhaustive examination of ancient grievances, anxieties and rages connected with frustrated social needs of childhood. I further suggest that the “overcoming of resistances” is therapeutically effective not because of the wishes so released for future gratification, but because of the removal of the threats and sanctions which had inhibited them and which continue to produce anxiety and resentment; that is to say recovery is essentially a social reconciliation . This appears to me the use of anxiety.

I fully accept Ferenczi’s dictum “The physician’s love heals the patient,” the nature of the love being understood as a feeling-interest responsiveness -not a goal-inhibited sexuality. The cure would then appear to be the restoration of that social confidence which is the basis of interest and the removal of privation anxiety which is the main disturber of the sex appetite. If tenderness or love were goal-inhibited sexuality as Freud holds, then it should itself be anxiety-ridden and could not therefore from a therapeutic agent (Suttie, 1935, pp. 212-213; emphasis in the original).

Suttie’s trenchant analysis goes to the heart of the phenomena in question without being side-tracked into a metapsychology of origins: it suffices for him to posit love and tenderness as independent of sexuality. Moreover, such love, or primary love (in Balint’s phrase), is the necessary leaven (in de Forrest’s metaphor), is the true mover of the therapeutic process that makes exploration of underlying frustration and conflict, and their eventual overcoming, possible. It is also noteworthy that some of the early women in psychoanalysis, such as Barbara Low or Sabina Spielrein (Lothane, 1996), were better able than most men to appreciate the role of love. Which brings

me to another difference between Freud and Ferenczi: the elasticity of gender identification in the analyst.

One of the ideas that made Jung famous, his bisexual theory of anima and animus, or the female side of man and the male side of woman, has probably been brought home to him by none other than Schreber (Lothane, 1993). Freud was not similarly affected and remained a staunch defender of patricentric masculinity and patriarchal prerogative, as expressed in the aforementioned sarcasm regarding Ferenczi's playing mother. Ferenczi, on the other hand, realized the need for the analyst to be able to identify with and play both roles, maternal and paternal, to have both sensitivities, female and male, tender and aggressive, heterosexual and homosexual, especially when treating psychoses and perversions:

Conscious, intense antipathy ... toward homosexuality, may be a significant obstacle in the treatment of manifest cases. It may well turn out that the resistance against "psychoses" and perversions, which is so widespread (Freud), is due to inadequate analysis of such propensities. Such patients, perhaps, remind us of the cruelest experiences of primordial times, of moments when men had to fight for their psychic sanity and libidinal destiny. An analyst who has developed an aggressive disposition may play the role of the strong father admirably. Another, who participates in all the patient's emotions, is admirably fitted to be a surrogate mother. A real analyst should have the capacity to play all these roles equally well (Ferenczi, 1932, p. 91).

Ferenczi further saw the difference between himself and Freud in their different attitudes to the Oedipus complex and father-son relations:

The anxiety-provoking idea, perhaps very strong in the unconscious, that the father must die when the son grows up, explains [Freud's] fear of allowing any one of his sons to become independent. At the same time, it also shows us that Freud as the son really wanted to kill his father. Instead of admitting this, he founded the theory of the parricidal Oedipus, but obviously applied only to others, not to himself. Hence his fear of allowing himself to be analyzed. ... The mutually castration-directed aggressivity, which in the unconscious is probably crassly aggressive, is overlaid by the need -which should be called homosexual- for a harmonious father-son relationship. In any case he could, for example tolerate my being a son only until the moment when I contradicted him for the first time in Palermo (Ferenczi, 1932, p. 185).

One of the ways in which Ferenczi dared to contradict Freud in Palermo was to refuse to serve as amanuensis and take Freud's dictation after being invited to collaborate as co-author in an study on the Schreber case, earning an anonymous mention at the end of Freud's 1911 essay. It is a well known fact that Freud did not suffer any dissent from his sons, especially when it came to his theories of sexuality, as happened first with Adler and later with Jung, the latter, again, in connection with Schreber (Lothane, 1997c), and finally with Ferenczi himself. And, as happened in every instance of dissidence, Freud would eventually eat his words, to wit: in 1909 he rejected Adler's views on the role of aggression in life and neurosis and then rediscovered aggression; in 1911 he chafed at Jung's view that psychosis could not be sufficiently explained as a disorder of libido and then reaffirmed it by developing his ego psychology; and in 1926 he began coming around to Ferenczi's views on the role of love in analysis and in society, but without openly retracting his traumatic-critical attitudes towards his most beloved son. The son, on the other hand, had forgiveness and understanding in his heart for the traumas of the master:

I tend to think that originally Freud really did believe in analysis; he followed Breuer with enthusiasm and worked passionately, devotedly, on the curing of neurotics (if necessary, spending hours lying on the floor next to a person in a hysterical crisis). He must have been first shaken and then disenchanted, however, by certain experiences, rather like Breuer when his patient had a relapse and when the problem of countertransference opened before him like an abyss. This may well correspond to Freud's discovery that hysterics lie. Since making this discovery Freud no longer loves his patients. He has returned to the love of his wellordered and cultivated superego. ... Since this shock, this disillusionment, there is much less talk of trauma ... And, his therapeutic method, like his theory, is becoming more and more influenced by his interest in order, character, the replacement of a bad superego by a better one; he is becoming pedagogical (Ferenczi, 1932, p. 93).

Freud did not actually abandon the concept of trauma and gave it a new theoretical and clinical meaning in connection with the discovery of the war neuroses (Freud, 1920), thus anticipating the whole literature of the posttraumatic stress disorder. Nor did he ever abandon the concept of seduction, a special case of trauma (Lothane, 1987a).

In the previously quote passage Ferenczi offered an important corrective by extending Freud's of the concept of the oedipal father-son relationship beyond the castration-related aggressivity, envy, and competitiveness to include filial, i.e., nonsexual tender love, both in the oedipal and the pre-oedipal phase of development. Without such an extension, Freud's theories are bound to founder on the rock of reductionism and pansexualism, metaphysical errors he defended himself against in his later years. Ferenczi explains how Freud changed over the years from therapist to theoretician, while he himself remained committed to the "passionate character of psychoanalysis" as therapy (Ferenczi, 1932, p. 183) to his dying day.

CONCLUDING REMARKS

The purpose of this discussion was to highlight, without any claim of exhaustiveness, some salient differences between Freud and Ferenczi. The purpose was not to bring Freud down, because his contribution to psychology is perennial (Lothane, 1996 a, b, c; 1997c). However, Ferenczi's many apt criticisms of Freud can understood better when subsumed under this basic distinction, namely, between the basic psychoanalytic method and the varieties of psychoanalytic theory (Lothane, 1994). Throughout his career he wove a rainbow quilt of methods of healing and theories of disorder that still needs to be separated into its components and recombined into a new synthesis guided by a new principle of integration.

That new principle is the concept of love, a containing and encompassing concept within which dwells life and its various psychological processes, including the analytic process. Love is a shorthand for sympathy, empathy, emotion, thus the multiplicity of interpersonal processes (contact, care, communication) that underlie the social reality of being human (Lothane, 1997a). It is within the frame of love that the other interpersonal phenomena take place: transference (Lothane, in press), resistance (Lothane, 1986a), and regression (Lothane, 1983).

Freud's earliest methodological model or paradigm was interpersonal (Lothane, 1997b) before becoming obliterated in the process of being transformed into his new drive psychology (Lothane, 1996a, 1997c). It was Freud's own paradigm shift -the emphasis of the early interpersonal model in favor of an organic-organismic and thus seemingly depersonalized drive theory- that obliterated his early insights into the nature of sympathy and created insurmountable contradictions and paved the way for the birth of various schools to correct the problem. Thus it came to pass that schools such as interpersonalist (Sullivan), object relationist (Fairbairn), and self psychologist (Kohut) (Lothane, unpublished-b) arose to bring love back into psychoanalytic discourse but without speaking of love; moreover, at times these schools seemed to deny sex as part of love. In the tumult of the ideological wars of theory it was forgotten that sex itself is an interpersonal process (Lothane, 1992a).

Ferenczi's passionate way with love and loving creates a foil to Freud's cool way with logic, theory, and system-building and constitutes a pioneering effort of calling attention to something so fundamental our daily life as love. Both primordial and primary, love is forever discovered, repressed, and rediscovered, and there is a time for each.

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