

FERENCZI'S "MADNESS"¹.

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It is astonishing to realize how the entire psychoanalytic community, with few exceptions, readily accepted Jones' declaration that Ferenczi was insane during the last three years of his life. Jones supported his assertion on the basis of statements of a witness of Ferenczi's last days, a witness whose name Jones refused to reveal and who, to this day, has never been found. Yet most known witnesses deny categorically this so called madness of Ferenczi. Following Raymond Aron's aphorism: "A false idea is a real fact," this ready acceptance of Jones' thesis can be seen as a symptom; a sign of resistance by the psychoanalytic world to something Ferenczi would have wanted to introduce in psychoanalysis.

If, according to Jones, Ferenczi's madness would have erupted during the last three years of his life, it is therefore the whole of Ferenczi's work during those three years that should be discarded as the product of a sick mind.

This concerns essentially the following five papers:

- 1.- The unwelcome child and his death instinct (1929);⁽²⁾.
- 2.- The principles of relaxation and neocatharsis (1930);⁽³⁾.
- 3.- Child analysis in the analysis of adults (1931);⁽⁴⁾.
- 4.- Confusion of tongues between adults and the child (1933);⁽⁵⁾.
- 5.- Reflexion upon trauma: From posthumous notes written in 1931 and 1932⁽⁶⁾.

One can note that Ferenczi published nothing in 1932. Actually he was busy writing his Clinical Diary⁽⁷⁾ which runs from January to October of that year.

Today these five papers are the most quoted ones. Yet it is far from certain that they have been completely assimilated. It could just as well be an attempt at reclaiming and neutralizing; which means another form of resistance. This is the kind of resistance that society has used against psychoanalysis in general, and also against all ideas that are unpleasant but difficult to refute. This resistance takes various forms. First of all there is an attempt to disqualify the author as a heretic, a charlatan, a madman. Then there is the caricaturing of his ideas, or at least integrating them in a watered down version, divested of all their dynamic power.

An association may eventually progress but it is never progressive. This is probably true of psychoanalytic associations as well. Yet we know that resistances always have their motives. Defenses are elaborated to protect oneself from something that cannot be faced. There must have been something in Ferenczi's message which was threatening to his colleagues, and apparently, to Freud himself. Freud could only have developed his work behind the protection of solid defenses. With his well known lucidity he was fully aware of this resistance. In October 1928 he wrote to the Hungarian psychiatrist Istvan Hollos, who had sent him a book entitled Farewell to the Yellow House (published recently by Coq-Héron), that he did not like psychotics... "They make me angry and I find myself irritated to experience them so distant from

1.- Translated by Bernard Ehrenberg, Ph.D. It appeared originally in No. 104 of Le CoqHéron.

2.- Ferenczi S. (1955) The Selected Papers. Volume III. M. Balint, ed. New York: Basic Books, Inc.

3.- Ferenczi S. (1955) The Selected Papers. Volume III. M. Balint, ed. New York: Basic Books, Inc.

4.- Ferenczi S. (1955) The Selected Papers. Volume III. M. Balint, ed. New York: Basic Books, Inc.

5.- Ferenczi S. (1955) The Selected Papers. Volume III. M. Balint, ed. New York: Basic Books, Inc.

6.- Ferenczi S. (1955) The Selected Papers. Volume III. M. Balint, ed. New York: Basic Books, Inc.

7.- To be Published by Harvard University Press, 1988. 0010-7530/88. \$2.00 +. 05.

myself and from all that is human. This is quite a surprising intolerance which makes me feel that I am a rather bad psychiatrist.” And a little farther he wonders... “Am I behaving like those physicians did years ago toward hysterics?”

To find out what in Ferenczi's contributions arouse such resistance it would be interesting to reexamine, from this point of view, Ferenczi's five papers which have been criticized so much. It would take too much space to summarize them here one by one. They do contain the same ideas gradually elaborated according to different view points. I will try to bring out what could have provoked such discomfort in the analytic community.

Ferenczi again and again makes the parallel between the parent-child relationship and the analyst-analysand relationship, especially concerning patients in a state of deep regression. He observes that parents as well as analysts continuously fall short of their tasks. They find themselves in a role which is impossible to assume completely. This creates a persistent

guilt arousing situation in relationship to the child or patient. The only thing analysts and parents feel they can do is to be conscious of it and try to deal with their shortcomings as best they can. In that context Ferenczi addresses the problem of countertransference; the spontaneous transfer of analysts to their patients which stem from their own psychic worlds, as well as the transfer provoked by their patients' associations and behavior.

Contrary to many analysts of his time Ferenczi did not think of countertransference as a troublesome phenomenon that has to be neutralized as much as possible, but as a major tool of analysis, difficult to handle, yet indispensable. Thus he radically challenged the relatively comfortable attitude of the analyst-as-mirror, and he saw analysis as an emotionally taxing enterprise.

From this point of view it is not surprising that analysts at times, find themselves taking their distance from patients. They choose an intellectualized approach, not always according to the need of the therapy, but at times, according to their own needs for their emotional equilibrium. This in turn arouses their guilt feelings. The persistence with which Ferenczi points out all situations that are a source of guilt for the analyst, has no doubt something to do with the ease with which analysts are ready to dismiss him.

These countertransference situations of the analyst-analysand setting are even more pronounced in training analyses. There are the analyst-analysand relationship developing into teacher-student relationships and often into long term associations in an institute. The analyst will then have to face the day to day effects of his shortcomings and their consequences. This is no doubt a general, social problem in any group setting but in our own restricted professional associations, conflicts between generations and problems of competition are necessarily reinforced and emphasized.

Ferenczi was fully aware of this. Nevertheless it was he, who proposed the creation of the International Psycho-Analytic Association, not without expressing some skepticism as far as its functioning. In his paper advocating the creation of the Association he listed what he called “diseases of associations”, hoping that awareness of those conflicts by psychoanalytic members would help in resolving them even if they could not avoid them.

We know today how much his skepticism was justified. Apparently the functioning of group does not seem to be influenced by the insights of its individual members. What individuals are capable of tolerating, protected as they are behind subtle defensive systems, is perhaps more difficult to integrate by a group whose defenses are less flexible. The resistance of the analytic world to Ferenczi's contribution is perhaps of this kind.

Another theme discussed again and again in Ferenczi's five papers is the infantile trauma. Ferenczi thought that if analysis proceeds far enough, this is found at the core of all neuroses. In those papers Ferenczi defined very clearly what he meant. He admitted, like Freud, that many stories of infantile trauma reported on the couch are fantasies. But he thought that those “lies” correspond to traumatic psychological reality. According to him there is a psychic reality behind hysterical fantasies.

In addition, environmental events which produce a traumatic effect are not necessarily spectacular. Ferenczi described these as “inadequate, whimsical handlings, lacking of tact, or even cruel.” He also mentioned incestuous tendencies of adults that pass as tenderness. All those events, not necessarily traumatic

per se, could become so if they are disavowed, that is, denied by those who are important to the child, for instance, the mother. The pathogenic effect can be avoided if events are verbalized and the child surrounded with a supporting affectionate presence. But if the child is mishandled or reprimanded when he finds himself paralyzed and in a state of shock after a psychological blow, the events can have a traumatic effect.

Ferenczi believed that a patient in a state of deep regression or struggling with a crushing superego is as vulnerable as a child, and should be treated with the greatest tact to avoid the reproduction of an old traumatic situation, with identical effects.

One can imagine that this way of thinking about the genesis of trauma could be disturbing to those parents or analysts who feel secure in their feelings of never having abused or attacked their children in any way. The thought that behavior or attitudes which by themselves appear inoffensive could in certain circumstances produce irreparable damages is extremely disturbing and guilt arousing.

The problem of infantile trauma necessarily brings up the problem of infantile sexuality. Some have accused Ferenczi of denying its existence. Some have referred precisely to his last five papers asserting that Ferenczi pictured children as innocent beings, hungry for tenderness, traumatized by passionate, abusing adults. I think that only a superficial reading could lead to such a conclusion. One must refer to Ferenczi's definitions of certain concepts. When he says "innocence" he does not mean "without eroticism," but free of guilt. For instance in "Principles of relaxation and neocatharsis" one can read the following "The eagerness with which children respond to genital eroticism is expressed much more intensely and earlier than it was thought." But according to Ferenczi the child's eroticism is characterized by play, and searching for tenderness. The misunderstanding stems from the adult's passionate responses, without doubt provoked by the child who was actually hoping for different kinds of responses. Such misunderstanding between adult and child can produce a traumatic effect. The child can also be traumatized if he is punished at the time of erotic activity, or when he experiences premature genital sensations.

In his paper "Child analysis with adults" Ferenczi advocated allowing the patient to regress to an infantile level and the analyst responding to it at that level. In other words, the analyst must provide a situation where the child-in-the-patient can be expressed in an infantile way.

But he also sets limits to this playing out of the infantile; namely when the adult analysand wants to live out this infantile reality through adult activities. Aggressive and sexual desires as well as excessive demands will never be satisfied. Ferenczi did not aim at replacing technical frustration by a technique of relaxation and permissiveness. He only hoped to enrich the therapeutic armamentarium with added techniques which will allow the treatment of cases until then unreachable by psychoanalysis. To repeat, Ferenczi did not challenge the notion of infantile sexuality. He only insisted that its specificity be recognized.

This constant shift between his adult self and his identification with the infantile in the patient requires the analyst have an increased control of his countertransference and the challenges of his own resistances. It is an exhausting task. That is why parallel to this enormous demand, Ferenczi kept viable the fantasy of the perfectly analyzed analyst; without quite believing in it. He was constantly experimenting with all kinds of new techniques which could minimize the effect of the analyst's unavoidable mistakes stemming from his own impulses and resistances. Most prominently he advocated acknowledging those mistakes to the patient. He recommended to analysts that they show humility, and readily examine themselves when confronted by patient's complaints rather than quickly interpreting the situation solely as a function of the patient's pathology.

Ferenczi's considerable clinical experience and therapeutic skills were well known. Colleagues from all over referred him cases considered desperate. Essentially they were cases that would be diagnosed today as borderline or psychotic; that is, patients whom often one could not put on the couch. They would walk around in the consulting room or would take various positions vis-à-vis the analyst. To Ferenczi this brought out another difficult problem in psychoanalysis: What role should one give the body in this essentially verbal treatment? Ferenczi estimates that many memories emerge through bodily expressions which work like circuit connections by establishing bodily memory traces. He therefore gave great importance to the attitudes, postures, gestures and expressive movements of patients. Yet many analysts were then, and are still very ill at ease with bodies, and do their utmost to keep them out of the process. In some Anglo-Saxon

countries analytic habits have eliminated handshakes. For Ferenczi it was not necessarily heresy to touch a patient as long as one knew when and how. Contrary to rumor, Ferenczi did not kiss his patients. The story is based upon a misunderstanding between Ferenczi and Freud, created by one of Ferenczi's patients and which his Clinical Diary clarifies.

During his therapeutic work with patients in a state of deep regression ("trance" state as he called it) Ferenczi began to listen to patients' complaints reproaching him for being insensitive, cold, cruel and selfish. He became aware of the covert hostility existing between analyst and patient, a hostility that the analysand does not dare, or cannot express, and of which the analyst is often not aware. He realized that behind a possibly accurate interpretation, apparently accepted, the analysand perceives all the covert feelings of the analyst, such as the analyst's resistances which interfere with therapeutic progress. The analyst will never overcome those resistances completely. He will always have blind spots, in other words, an Unconscious.

Therefore when the analysis reaches an impasse Ferenczi insists upon the necessity for the analyst to admit his negative countertransference feelings to the patient. He believed that anything is better than hypocrisy. In other words, he suggested that analysts expose themselves and abandon their relatively protected position, a position which is reminiscent of the attitude of the adult who, protected behind his authority, blamed the child for the events which led to the infantile traumatic situation.

Reading his Clinical Diary we learn that Ferenczi carried his attitude of reciprocity with the patient very far. We learn that he attempted an experiment of mutual analysis with one of his training analysands; an experiment which he himself criticized and terminated after a few weeks.

This attitude of self criticism puts analysts in a very painful situation. They are asked to recognize that despite the love and submission of patients there is also a need to free themselves from this transference love and identification. What is more, they are asked also to participate in this freeing process.

In other words, analysts have to renounce the love and gratitude of their patients, the admiration and loyalty of their candidates, and risk the abandonment of the former, and criticism and arguments of the latter. In theory, of course, this is the goal of analysis and analytic training. But it is certainly very difficult to give up the gratitude of patients when one feels one has been of help to them. Ferenczi's recommendations may appear unbearably frustrating to training analysts, those of a theoretical bent, who hope to develop their own schools and have disciples.

In his "Reflexion upon trauma" Ferenczi describes the mechanism of psychic shock and its effects which may result in disintegration and death. This matter, anxiety arousing by itself, can make one even more ill at ease as one becomes aware that Ferenczi wrote these notes at a time when he was deathly ill and knew it. He was attempting to theorize on something he was living through. Another element which may make this paper disquieting is its description of various defenses against anxiety about death which turn out to be ineffectual. Thus, ultimately, self destruction, death or madness remain the only issue.

When reading these five papers one becomes aware how much Ferenczi burdened his colleagues with excessive demands and criticism. By having them confront their cowardliness, hypocrisy and shortcomings he arouses their guilt. He goes on saying that these feelings are unavoidable; but that this should not be used as an excuse. He asks of analysts that they be constantly aware of them, accept them and live with them, and even acknowledge them to their patients. He does not accept the idea that analysts relax their research attitudes under the pretext that the patient is incurable. When analysts object that they cannot be accountable for the impossible, he answers that it is extremely difficult to delineate that point where the impossible begins. It is the analyst's responsibility constantly to refine his listening, look for new techniques while knowing that in this enterprise there will never be perfection nor security.

One may wonder what drove Ferenczi to pursue his research in such a difficult, painful, even dangerous direction with so little narcissistic reward. One can find two hints to an answer in his last papers, his Clinical Diary and his correspondence with Freud. On the one hand we find an intense sense of guilt with its concomitant self destructive trend, which he traced back to his childhood. On the other hand he had a need to express his criticism of Freud in relation to Freud's conception of the analytic setting, and of the technique he has elaborated and also in relation to his own analysis with him. Many demands which he expressed in regard to analysts were no doubt directed at first at Freud himself. He reproached Freud for having little

interest in the therapeutic aspect of psychoanalysis. He reproached him for despising his patients, for his rigidity in the use of the couch, and some technical stipulations which made analysis with borderlines and psychotics a failure.

Finally Ferenczi reproached Freud for not having analyzed his negative transference.

All those criticisms are there implicitly in Ferenczi's last five papers. But the analytic community as a whole did not accept challenges to any aspect of the Freudian contribution. Its whole security based on the immutability of its doctrine and technique. The IPA's task is to preserve it and transmit it. This is the criteria that distinguishes right from wrong. The psychoanalytic community was bound to react negatively to this attempt at challenging the security which it found necessary to its existence.

It is the destiny of prestigious teachers who create theoretical and practical systems which are coherent and teachable, to attract a great number of faithful disciples who are ready to incorporate everything as a whole. Ferenczi himself never created a school. He did not propose any specific, useful and coherent set of tools. He only provided a form of sensibility, a way of thinking, a research attitude from which analysts under their own responsibility take what they can.

All the four patients most often referred to in the Clinical Diary tell a story of precocious and violent sexual trauma perpetrated by relatives (often the father). Ferenczi tended to believe them, on the one hand, because those stories were slowly reconstructed piece by piece during "trance" states, and on the other hand because many of his other patients acknowledged having shown similar behavior toward children.

Nevertheless these are extremely unpleasant stories which one would be easily tempted to consider as mad inventions which one would be crazy to believe. It would be much more acceptable to believe that they are purely endogenous fantasies stemming from forbidden and repressed desires. The situation could then be amenable to a classical analytic technique. One could then interpret, explain, reduce guilt feelings, and put things in perspective. But if we acknowledge that those stories told by very sick patients, as reported by Ferenczi, could be true or at least based on a real exogenous psychic trauma then we would be faced with splits and deep injuries (perhaps reaching the organic level) which require repair, suturing, cicatrizing, and reintegration in psychic functioning.

In order to reach those deep traumas, Ferenczi, following his patients, tried to place himself in that ambiguous zone where psychic and organic levels meet and interpenetrate. In doing this he found it very difficult to relate to the classical notions what he perceived, and describe and name the phenomena he observed, and to communicate his ideas and impressions. At the edge of the unconscious he struggled with things difficult to grasp and formulate so as to draw therapeutic tools from them.

Those who get too close to the insane are always looked upon with suspicion. If one does not differentiate oneself radically from the insane it may mean that one is already seriously affected. Even among therapists one finds different attitudes, some at opposite poles, in relationship to madness. Some approach patients with much empathy. They attempt to follow them to understand the structure of their delusions. They try to provide them with the absent signposts and find means to heal deep splits. Others "fight", as they say, against mental illness. They cannot suffer its existence, the patients, nor what is expressed by the disease. To cure them is to eliminate them as mentally sick people. Insane people challenge the price we pay in order to maintain our own mental balance. They challenge in us the things we can thus endure the least: the point at which we are in danger. What a relief it is for many psychiatrists to have available medication which silences the anxiety arousing discourse while capable at the same time of alleviating the mentally sick.

Ferenczi definitely belonged to the first category of psychiatrists. One of his most questionable, even most crazy attempts in working with his patients and giving them the structure they needed was his experiment in mutual analysis which he described in his Clinical Diary. There are many reasons to criticize and reject this technique. Yet criticisms do not exempt one from looking for a solution to the problem that Ferenczi was attempting to resolve by his experiment. Again, Ferenczi challenged his colleagues to the difficult task of finding an answer to the problem of patients who need help but for whom classical analysis is not indicated. Whatever this answer will be, the analyst will have to be personally very much implicated.

What was this problem that Ferenczi was attempting to resolve by mutual analysis? The analyst's transference to his patient is unavoidable. The analyst must be able to master it to a certain extent but it is

futile to think that he can control it entirely. Yet those elements which escape our conscious control are the most active. Therefore means have to be found to integrate them into the analytic process. No matter how therapeutically astute the analyst is, or how much insight he has of his own psychic world, there will always remain elements that escape consciousness, as well as the analysis, and nevertheless should be included in the analytic process. It seems to me that analysis is not possible without the flexibility introduced by those residual elements. Those problems are part of any analysis and most patients accommodate to them. The security offered by the analyst through his benevolence, the stability and, as well as trustworthiness of the analytic situation, is enough for them. But for those patients who due to the incompetence or inconsistency of their environments, have never been able to integrate a structured representation of the world, or for those who following an early trauma lost trust in the image they had of the world, this kind of security is not enough. They also need guidelines because they never know how they stand in relation to others. At the onset as far as they are concerned, the analyst is not either friendly, hostile or neutral. They simply do not know who he is, where he stands or what they can expect of him.

In order for an analysis with such patients to be viable and especially to show results, the analyst has to provide an affectively secure, stable and reliable environment. Taking into consideration the feelings necessarily ambivalent and variable which they are able to arouse in the analyst, those patients have to know, completely, what to expect of him. Their ambivalences as well as the analyst's is what is most anxiety arousing in as much as in the past they had to face it in a state of incoherence. It is with the help of an analysis that offers them stable guidelines that they are able to integrate it. This is what Ferenczi was attempting to achieve by experimenting with mutual analysis. He tried to give those wounded,

hypersensitive patients with fragmented selves, the means to locate their analyst, to identify him and to be able to feel to what extent they could count on him. More specifically, to achieve this goal he allowed his patients to find fault with him, to discover his mistakes, his memory loses and his weaknesses. Some many think that to reveal oneself to very sick patients is to take a "mad" risk. Despite his fears Ferenczi was ready to take that risk and was constantly in search of new techniques to face the challenge. Mutual analysis may look like a drastic remedy for the patient and a self destructive technique for the analyst. But then Ferenczi was a pioneer. He exposed himself like Marie Curie did to X-rays, to the limits of his endurance. Today we analysts try to make the best we can of difficult situations. But as far as I know nobody has been able to formulate and codify a teachable technique which would respond to those kinds of situations.

In short it looks as if Ferenczi had wedged analysts -and first of all himself- in a kind of double bind: to try to be perfect and at the same time acknowledge one's shortcomings; to own up to those shortcomings and yet never to be satisfied with them; to recognize that analysis is not all powerful and yet act as if all problems could be resolved with the proper technique. Pierre Sabourin in his own book: "Sándor Ferenczi: Paladin and Secret Vizier" has shown that Ferenczi himself may have been the first to elucidate this notion of double bind.

Can we conclude stating that it is possible for those of perfectly healthy minds to find themselves or put themselves in insane situations at the risk of being considered "mad" when they attempt to communicate and make others live through their experiences?. As is often the case the question raises further questions.

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