

SANDOR FERENCZI AND PATIENTS' PERCEPTIONS OF ANALYSIS.

FERENCZI REVISITED

Piers Myers

ABSTRACT.

This article traces the development of Sandor Ferenczi's conviction that patients' analytic material might be understood, in part, as a valid unconscious portrayal and critique of the way their analyses were being conducted. Ferenczi's own clinical records are re-examined and indicate that he failed to appreciate the possibility that the alterations he had made to the frame of his analytic relationships might be represented in such portrayals.

RESUMEN.

Este artículo rastrea el desarrollo de la convicción de Sandor Ferenczi de que el material analítico de los pacientes podría entenderse, en parte, como un retrato inconsciente válido y crítico de la forma en que se llevaban a cabo sus análisis. Los propios registros clínicos de Ferenczi son reexaminados y sugieren que él habría fallado en la apreciación de la posibilidad de que las alteraciones que habría realizado en el marco de sus relaciones analíticas pudieran estar representadas en tales retratos.

INTRODUCTION

Among the many contributions of Sandor Ferenczi (1873-1933) to psychoanalysis were insights, which he gained towards the end of his life, into the possibility that analysands accurately perceive elements of the analytic situation and unconsciously portray these in disguised symbolic form. A generation later some of his ideas found an echo in the work of Harold Searles (1961, 1972, 1975) and of Robert Langs (1973, 1975a, b). As far as I know, it was Smith (1991) who first focused attention on to Ferenczi's contribution in this area. Here I will trace Ferenczi's consideration of his patients' unconscious perceptiveness in some detail.

What emerges is a picture of how Ferenczi's tenacity and acuity led him to consider certain analytic material as representing patients' veridical unconscious portrayal of the analytic situation. Strikingly however, while Langs, in particular, later came to view the therapeutic frame as a vital determinant of such portrayals, Ferenczi made no such connection, even though, as I hope to demonstrate, it is indicated in his clinical material. I will suggest that it may have been precisely this connection with frame issues that inhibited Ferenczi from further pursuing patients' unconscious perceptions.

The examination of this episode from the history of psychoanalysis has intrinsic interest. It serves to clarify the nature of Ferenczi's findings about childhood sexual abuse, as well as those about patients' unconscious perceptiveness. It also has implications for current therapeutic theory and practice. The conjectures that Ferenczi considered are still relevant to ongoing debates, both concerning the boundaries between transference and reality-relatedness in the therapeutic arena, and concerning the veracity and present significance of reconstructions of the past. Alongside this, Ferenczi's apparent selective blindness to implications of his own clinical records stands as testimony to the difficulty of establishing a secure base for a field of knowledge in which the interpretation of data is so dependent on the conscious and unconscious expectations of the analyst/researcher.

The quality of the available English translations of Ferenczi's work is very variable. In a few instances below, when mistranslations directly impinge on the present discussion, I have rectified a word or phrase by reference to the German original. Each such case is indicated by an interpolation.

REPPRESSED CRITICISM

By the early 1930s Ferenczi had been concerned for some years with the pathogenic effects of traumatic abuse in his patients' childhoods. In a paper read to the eleventh congress of the International Psychoanalytical Association, held in Oxford, England in 1929, Ferenczi (1930, pp. 120-1) wrote:

Having given due consideration to fantasy as a pathogenic factor, I have of late been forced more and more to deal with the pathogenic trauma itself. It became evident that this is far more rarely the result of a constitutional hypersensibility in children (causing them to react neurotically even to a commonplace and unavoidable painful experience) than of really improper, unintelligent, capricious, tactless or actually cruel treatment.

Three years later, on 4 September 1932, he read his final paper, 'Confusion of tongues between adults and the child (the language of tenderness and of passion)', to the next congress which was held in Wiesbaden, Germany. Here Ferenczi (1933a, b) went much further. He stated that childhood trauma, and especially sexual trauma, could not be over-estimated as 'the pathogenic factor' and that the perpetrators of violence and sexual abuse on children were typically parents or those thought to be trustworthy, such as relatives and servants. Ferenczi argued that an explanation for his findings based on the notion of childhood sexual fantasy was inconsistent with the confessions of adult patients in analysis to assaults on children. To Freud, who heard the paper privately in advance of the conference, these views were reminiscent of his (1896) 'seduction theory.' He wrote to his daughter Anna (letter dated 3 September 1932, cited in Masson 1992, p. 317):

He [Ferenczi] has suffered a total regression to the etiological views that I believed in 35 years ago and renounced, [namely] that the general cause of the neuroses are severe sexual traumas in childhood, and he said it almost with precisely the same words I used at the time. No word about the technique by means of which he retrieves this material.

In fact, Ferenczi had pursued the reconstruction of traumatic events in his patients' childhoods both from their associations and dreams, and from apparent reenactments by patients, while they were in a trance-like state during their sessions, of traumatic childhood scenes. Ferenczi (1933a, 1988a) used the terms 'reproduction' and 'repetition' as synonyms to refer to these 'almost hallucinatory repetitions of traumatic experiences' (1933a, p. 156). The corresponding terms in the original German texts, Ferenczi (1933b, 1988b), are 'Reproduktion' and 'Wiederholung'. Freud (1920) had, of course, given these words a different psychoanalytic meaning, again as synonyms, in the context of 'the compulsion to repeat'. But Ferenczi's use of the terms may partly correspond with Freud's earlier (1896) use of the word *Reproduktion*, which has been discussed by Schimek (1987). Similar re-enactments had also been alluded to in earlier papers by Ferenczi: 'In certain cases these hysterical attacks actually assumed the character of trances, in which fragments of the past were relived ...' (1930, p. 119); '... certain patients began to sink out of this half-playful behaviour into a kind of hallucinatory abstraction, in which they enacted before me traumatic occurrences, the unconscious memory of which lay, in fact, behind the dialogue of the game' (1931, p. 130).

In the Wiesbaden paper, Ferenczi (1933a,b) explained how he had hoped that the 'reproductions' would put an end to the formation of new symptoms in his patients. But, 'this hope, unfortunately, was only very imperfectly fulfilled' (1933a, p. 157). In the event, for some patients, the 'reproductions' led to new symptoms. These patients developed a pattern of nocturnal anxiety and nightmares while their 'reproductions' intensified into what Ferenczi described as attacks of anxiety hysteria, repeated in each session. As this new state of affairs went on unabated, Ferenczi felt he had to, as he put it, 'give free rein to self-criticism'. He continued (pp. 157-8):

I started to listen to my patients when, in their attacks, they called me insensitive, cold, even hard and cruel, when they reproached me with being selfish, heartless, conceited, when

they shouted at me: ‘Help! Quick! Don’t let me perish helplessly!’ Then I began to test my conscience in order to discover whether, despite all my conscious good intentions, there might after all be some truth in these accusations. I wish to add that such periods of anger and hatred occurred only exceptionally ...

Gradually, then, I came to the conviction [*Überzeugung* (1933b) mistranslated as ‘conclusion’] that the patients have an exceedingly refined sensitivity for the wishes, tendencies, whims, sympathies and antipathies of their analyst, even if the analyst is completely unaware of this sensitivity. Instead of contradicting the analyst, accusing him of certain errors or blunders [*ihn gewisser Verfehlungen oder Missgriffe zu zeihen* (1933b) mistranslated as ‘or accusing him of errors and blindness’], the patients *identify themselves with him*; only in rare moments of an hysteroid excitement, i.e. in an almost unconscious state, can they pluck up enough courage to make a protest; normally they do not allow themselves to criticize us, such a criticism does not even become conscious in them unless we give them special permission or even encouragement to be so bold. That means that we must discern not only the painful events of their past from their associations, but also -and much more often than hitherto supposed- their repressed or suppressed criticism of us.

Ferenczi’s thesis was that his patients’ trance-like state sometimes allowed direct criticism of Ferenczi himself to emerge alongside the ‘reproduced’ material. This occurred ‘only exceptionally’ but pointed to a more general, accurate, critical awareness of the analyst and the analytic situation. Such perceptions were either ‘suppressed’ or were ‘repressed’, i.e. dynamically unconscious, and must be discerned from patients’ associations. One point Ferenczi did not clarify is whether he considered that repressed perceptions were unconscious from the start, or were initially conscious and then subsequently repressed.

It is important to recognize that, in this paper, Ferenczi did not portray patients’ perceptions as transference phenomena. If he had, he could still have acknowledged, as have many authors (Balint & Balint 1939; Searles 1978 [1949]), that the perceptions had some basis in reality. But, in this case, Ferenczi’s *central focus* was the reality and validity of his patients’ suppressed and repressed perceptions, the ‘truth in these accusations’. He went on to assert that analysts display resistance to discerning their patients’ latent insights, and he described some of what he himself had been ‘taught’, especially with regard to analytic technique, by such material. These are lines of inquiry which were taken up by Searles (1972, 1975) and Langs (1973, 1975a).

In terms of Ferenczi’s own previous work, his account of patients’ sensitivity for their analyst’s psyche or character (‘the wishes . . . sympathies and antipathies of their analyst’) can be associated with his long-standing interest in telepathy. For example 22 years earlier, on 17 August 1910, Ferenczi had written to Freud detailing how the associations of one of his patients could be understood as unconscious insights into Ferenczi’s own preoccupations (Freud & Ferenczi 1993). But the separate, albeit related notion of patients’ valid, unconscious criticisms of how their own analysis was being conducted (‘contradicting the analyst, accusing him of certain errors’ or blunders’) was new ground for Ferenczi.

Despite his insistence that patients’ associations be used to reveal these latent criticisms, Ferenczi gave no actual examples of such interpretations in the Wiesbaden paper. However, from 7 January until 2 October 1932, Ferenczi (1988a,b) kept a clinical diary. In the diary I have found two examples of Ferenczi’s interpretation of patients’ associations as accurately symbolizing his conduct of the analysis (I found only these two examples in the nine-month period covered by the diary). The first of these is in Ferenczi’s very first entry on 7 January 1932. He wrote (1988a, pp. 1-2):

. . . desperately rigid clinging to a theoretical approach is quickly recognized by the patients as such, and instead of telling us (or even admitting it to themselves) they use the characteristic features of our own technique, or our one-sidedness, in order to lead us ad absurdum. I remember, for instance, the case of N.G., who never tired of telling me about a teacher she found insufferable, who was very nice to her and yet always maintained a pedantic attitude, although the two lived

together quite closely. The patient had earlier had a nurse, who always behaved naturally ... Had I understood her hidden [*versteckten* (1988b) mistranslated as ‘unspoken’] reproaches and accusations and altered my behavior accordingly, the patient would not have been compelled to reenact unconsciously, in her conduct toward me, the defiant attitudes of her childhood.

Ferenczi was, albeit retrospectively, interpreting the patient’s narratives about her teacher and her nurse as a disguised commentary on his conduct of the analysis, and regretting that he had not altered his approach to the patient’s analysis in response to her ‘hidden reproaches and accusations’.

The second example is in an entry dated 7 July 1932. In this entry Ferenczi described a dream reported by his patient RN. This was the code-name he used for an American woman, identified by Masson (1984) as Elizabeth Severn. One theme of the dream was her ‘helpless struggle’ to communicate a message to a man. Ferenczi wrote that this dream was linked by association in the analysis ‘to her despair over the fact that I, the analyst, could have misunderstood her for so long ... The man in the dream who is so hard to reach is on the one hand this tormentor [her father]; on the other hand he represents me, the stubborn analyst’ (1988a, pp. 157-8). Ferenczi’s assertion here was unambiguous as to the veracity of Severn’s disguised portrayal of the analytic situation: the dream’s latent meaning referred to ‘the fact’ that he had misunderstood his patient for so long.

‘REPRODUCTIONS’ RE-INTERPRETED

Ferenczi’s thinking about his patients’ ‘reproductions’ continued to evolve during the last year of his life (he died in May 1933). He was impelled to question the historical reality of the reconstructions he had based on these ‘reproductions.’ At the same time, his ideas shed further light on the possibility that patients unconsciously perceive and portray the analytic situation.

Ferenczi (1933a), following the passages already quoted, had gone on to assert (p. 159) that ‘The analytical situation -i.e. the restrained coolness, the professional hypocrisy and- hidden behind it but never revealed - a dislike of the patient which nevertheless, he felt in all his being’ resembled the childhood situation that had resulted in the patient’s illness. Ferenczi continued (p. 160):

The setting free of his critical feelings, the willingness on our part to admit our mistakes and the honest endeavour to avoid them in future, all these go to create in the patient a confidence in the analyst: *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 revive [*aufleben* (1933b) mistranslated as ‘re-experience’] the past no longer as hallucinatory reproduction but as an objective memory.

Having come to the conviction that patients’ occasional accusations made against him during ‘reproductions’ reflected a broader critical awareness of his conduct of analysis, Ferenczi had been led to acknowledge his failings to patients, and to encourage and endeavour to respond to their criticism. His hope was that precisely this responsiveness would enable patients at last to recollect childhood traumas which had been ‘reproduced’ in analytic sessions.

Ferenczi’s 1932 diary (1988a) makes clear that his encouragement of criticism from his patients that year was effective. He faced considerable explicit criticism and made strenuous efforts to respond. However, crucially, Ferenczi’s hopes for this process went largely unrealized. In most cases no convincing (i.e. convincing to the patient) recollections of the inferred traumas were forthcoming. On 22 March 1932 he wrote (p. 67):

By no means, however, can I claim to have ever succeeded, even in a single case, in making it possible for the patient to remember the traumatic processes themselves, with the help of symptom- fantasy, submergence into dreams, and catharsis. It is as though the trauma were surrounded by a retroactively amnesic sphere, as in the case of trauma after cerebral concussion.

Subsequent diary entries, written during the spring and summer of 1932 and referring to specific clients, repeatedly confirmed this outcome (for example, entries of 12 April, 5 May, 24 July and 30 July). On 23 June 1932 Ferenczi again wrote in general terms of his difficulties in establishing lasting recollections in his patients (p. 136):

... we succeed by our insistence in inducing the patient to return himself to one or several painful situations, localized precisely in terms of both space and time, and while doing so to manifest all the symptoms of mental and physical pain, indeed, inducing him during the attack to admit verbally, to himself and to us, the reality of those events; nevertheless the permanent effect we had expected fails to appear, and a long sequence of analytic sessions is spent without any notable progress toward either curing the symptoms or achieving permanent conviction.

For Ferenczi this must surely have represented a major setback to his developing methodology.

It was against this background that, towards the end of October 1932, after the Wiesbaden Congress and after his last entry in his clinical diary, in a series of notes published posthumously, Ferenczi (1939a,b) recorded his continuing concern with the difficulty of establishing recollection to support his reconstructions. In one of these notes, on 24 October, Ferenczi questioned the origin of 'reproductions'. The standard translation by Balint of the relevant passage (Ferenczi 1939a, p. 259) has significant errors. It reads:

Here is the problem: how much of the reproduction is fantasy and how much reality; how much subsequent displacement to persons and scenes which have only later become significant? How much 'historical dressing up' of a real-life situation? (the analytical amongst others).

The original German text (Ferenczi 1939b, p. 269) is:

Hier ist das Problem: wieviel von der Reproduktion ist Phantasie, wieviel Realität, wieviel nachträgliche Verschiebung auf später bedeutsame Personen und Situationen. Wieviel 'historische Einkleidung' einer ganz aktuellen Lebenssituation - (unter anderen der analytischen).

In the first sentence above, Ferenczi had asked to what extent the 'reproduction' of a childhood trauma might, after all, be the enactment of a fantasy. His ideas here echoed those of Freud, who faced a somewhat similar dissolution of his hopes for therapeutic confirmation of his (1896) seduction theory a generation earlier. In Freud's letter to Fliess of 21 September 1897, he had written 'It seems once again arguable that only later experiences give the impetus to fantasies, which [then] hark back to childhood ...' (Freud 1985, p. 265).

However, Ferenczi then raised a separate issue in the second sentence. He did not, though, refer to a 'real-life situation,' as Balint translated, but to a 'totally current [*ganz aktuellen*] life situation.' So Ferenczi was asking himself the extent to which the 'reproduction' of a childhood trauma could be interpreted as an historical metaphor that expressed perceptions of a totally current situation, the analytic situation in particular. Previously, as we have seen, Ferenczi had considered the validity of patients' accusations against him made during 'reproductions'. This is what had convinced him of the presence of other repressed criticism which could be discerned from patients' associations. Now Ferenczi countenanced something more fundamental: unconsciously, the whole scene which was 'reproduced' might be, in part, a disguised representation (an 'historical dressing up') of the analytic situation. (Of course, this re-interpretation of the 'reproductions' would not have precluded them having additional meanings, including the direct or symbolic representation of childhood events.)

FERENCZI'S CLINICAL MATERIAL

As far as I know, Ferenczi recorded no examples of interpretations of 'reproduced' scenes based on this new possibility. It should be remembered that by this time he was very ill with pernicious anaemia, from which he was to die seven months later. More surprising is the paucity of examples in Ferenczi's 1932 clinical

diary (1988a,b) of the interpretation of patients' other material as disguised unconscious commentary on the analytic situation (only the two examples already described, dated 7 January and 7 July 1932). This suggests that Ferenczi employed such a perspective very infrequently. There are, on the other hand, many examples in the diary of him taking cognizance of considerable and very fierce *manifest* criticism from his patients.

If Ferenczi's (1933a) conclusions had some validity, the question arises of why he applied his new-found paradigm so rarely. It is here that I think Robert Langs's work may be especially relevant. Langs (1975b, 1978) contended that, through the latent meanings of their associations, patients portray negatively any deviations from a 'secure' therapeutic frame which includes the neutrality and relative anonymity of the therapist. In the last few years of his life, Ferenczi (1928, 1930, 1988a) had been increasingly varying the frame of his analytic relationships, moving toward flexible or absent boundaries. Langs's work implies that if Ferenczi had pursued the interpretation of patients' unconscious critiques of the analytic situation he might have had to come to consider his frame alterations as their predominant determinant. Ferenczi may indeed have been strongly motivated not to arrive at such an understanding because, by 1932, frame alterations underpinned a great deal of his work. But was latent criticism of Ferenczi's frame alterations actually discernible from the associations of his patients during this period?

The trend in Ferenczi's work away from a 'secure' frame reached its apogee when he began, probably in 1931, to accede to Elizabeth Severn's directly expressed wish to analyse Ferenczi in addition to being analysed by him. In his 1932 clinical diary, Ferenczi (1988a, b) described this taking place regularly, either in one half of double sessions or in alternate sessions. He used the expression 'mutuality' or 'mutual analysis' for a range of experimental techniques, from a willingness to open up with his true feeling responses to patients, to the explicit swapping of roles (analyst on the couch, patient as the analyst), and, on a more intermittent basis, extended the use of such techniques from Severn to some of his other patients. Although the number of patients involved is unclear from the diary, it does appear that, aside from Severn, the largest part was played by 'B', another female patient. Ferenczi's analytic relationships with Severn and with B involve a radical frame alteration with a clear theme: the *reversal* of roles between analyst and patient. If some of Severn's or B's associations did symbolize a latent critique of the 'mutuality' in their analyses, then in all probability these associations would themselves have incorporated references to the theme of reversal.

With this in mind, I examined the records in Ferenczi's diary of Severn's associations in analysis, as well as B's associations in the sessions following two recorded incidents of 'mutuality'. I looked specifically to see if the theme of reversal was apparent. Somewhat to my surprise, even in a very limited sample of analytic material, in some cases the theme of reversal could be discerned. In these cases only, I went on to look at the possible further relevance of the material as an unconscious portrayal of the analytic situation.

Ferenczi frequently discussed his work with Severn in the diary entries. However, I found only two, dated 12 June and 7 July 1932, which clearly indicate the nature of Severn's actual associations in the analysis. Both described dreams. On 12 June, Ferenczi (1988a, p. 119) wrote:

1. R.N.: Father, after having seduced her, etc., punishes and reviles her. Incomprehensible (as reality). Dream about a suitcase, into which have been forced more mattress springs than it can hold. It breaks apart- into pieces (shatters).

2. R.N.: Treated appallingly by drunken father, then left all alone; later repeated. (Humiliation after seduction.)(Hate of woman!) Dream: downstairs 'tea'. She is lying in the corridor, with her head empty, feels her way to the door, 17, 18, then 19, with a great effort- no light. Realizes that this is not her room. (This cannot be her; each time she loses consciousness.) In the (middle) room (18) she sees ... [The rest of the entry is missing.]

The major theme of reversal is not apparent to me (although, in the second dream, someone is in the wrong place ('this is not her room')).

The entry on 7 July has already been discussed in this article. It described (p. 157) a dream reported by Elizabeth Severn which Ferenczi interpreted, in part, as a commentary on how Severn had been misunderstood by him:

R.N.: ... The dream analysed today ... was dramatized as follows: the dreamer herself receives a written message from the beloved person who is closest to her, which reads: 'Here I am. I am here'. The dreamer attempts to tell this to a third person, a man, but she can contact him only indirectly, by a long-distance telephone call, and in fact the whole conversation with this man sounds very indistinct, as if coming from an immense distance. The difficulty increases to the point of a nightmarish and helpless struggle because of the fact that the text of the message cannot be read directly; the dreamer sees it only in mirror-writing, as light shines through the postcard; she is sitting in a kind of tent, and can see the writing only as mirror-writing.

This time the theme of reversal does play a significant part in Severn's dream. As the dream narrative commenced, someone was receiving a message from someone else. It was a statement about position and involved a *reversal* of position: 'Here I am. I am here'. (This is in English in the original (Ferenczi 1988b).) Then the dreamer attempted to communicate this to a man. He was an immense distance away. Communication with the man was 'a nightmarish and helpless struggle', and the reason for this was that the message was in mirror-writing, i.e. it had been *reversed*.

A latent critique of Ferenczi's work, to the effect that mutuality in the analysis made communication with him a nightmarish, helpless struggle, may thus have been represented in the dream. In a way this is the converse of Ferenczi's interpretation that the dream refers in part to Severn's despair that he could have misunderstood her for so long. Ferenczi (1988a,b), as well as Severn on a conscious level, believed that mutual analysis was at last allowing Ferenczi to further his understanding of Severn.

Ferenczi's patient B was discussed by him in his clinical diary and also, both before and afterwards, in separate notes (Ferenczi 1939a,b). It is clear from Ferenczi's English quotations of some of B's words, reproduced in the German (1988b) edition of the diary, that she, like Severn, was English-speaking, probably American. Several of the diary entries concerning her refer to mutuality in the analysis, although this does not seem to have become as formalized as in the case of Elizabeth Severn. There is an apparent allusion to 'mutual analysis' in connection with Bon 24 February 1932, but what this amounted to in practice is unclear. A second such entry, dated 8 March, is more explicit. Here Ferenczi described B's protests about lack of progress in her analysis: 'The analysis, she says, is exactly repeating the conduct of her parents, who only provoke unpleasure but cannot cure her' (1988a, p. 52). He went on to recount (pp. 52-3):

Apparently I do not like being continually accused of being a murderer. In case B., I have finally come to realize that it is an unavoidable task for the analyst: ... analytic guilt consists of the doctor not being able to offer full maternal care, goodness, self-sacrifice ... I openly admitted the inadequacy of my assistance, not making any secret of my own painful feelings on the subject ...

In the case of B, in view of the mutuality, the reaction naturally went much deeper. This gave me an opportunity to penetrate much deeper into my own infantilism: the tragic moment in childhood when my mother declares: You are my murderer. [My?] Excessively strong reaction to something similar in the analysis, followed by despair and discouragement, becomes clearly manifest. In this way: [B's?] detachment from the present and a return of sympathy with sublimation tendencies and resignation.

The next mention of B in Ferenczi's diary was two weeks later. In an entry dated 22 March 1932, Ferenczi recorded B's description of the previous night. He began (p. 66):

B.: Patient reports having slept restlessly. She was (in reality) awakened by a huge Saint Bernard bitch; the first time the animal howled and just wanted to be comforted by her (the patient mis-speaks several times and talks of the bitch as [if] it were a male dog). A second time the dog came into her room and woke her by licking her face.

St Bernard dogs are known for their use in mountain rescue. So a theme of B's narrative was that something (or someone) powerful, perhaps male, whose job was to rescue others, was disturbing someone else's sleep -their time for recovery- and just wanted to be 'comforted'. The positions of rescuer and rescued had been *reversed*. There is the possibility then that this narrative represented a latent critique by B of the analytic situation: while Ferenczi's job was 'rescuing' others, he was instead disturbing B's recovery and wanting to be 'comforted' himself.

The diary entry continued:

During the same night, a dream: she has a fearful pain in her lower abdomen; all the blood is running out down there, at which she thinks: 'But I'm not menstruating'. In addition, a sensation of the bowels emptying.

Ferenczi also described the feelings of pain and immobility with which B woke up, 'the sensation of being crushed and flattened in every limb', and a daytime fantasy she had then had: 'a gigantic male genital penetrates her and smashes everything inside her' (1988a, p. 66). Ferenczi commented that explanation of the dream itself 'presents no difficulties: for almost two years she has had dreams that could be interpreted in *no other way* than as dreams of rape. On innumerable occasions she recapitulated scenes or a scene of being overpowered by her father ...' (1988a, p. 67- emphasis added). However, while Ferenczi asserted that B 'recapitulated' such scenes, a passage already quoted, from later in this same diary entry (22 March), indicates that she could not *remember* them. Moreover, the contiguity between B's description of the dream and her 'St Bernard' narrative (at least in Ferenczi's account) does suggest one other way this material *could* be interpreted: the dream and subsequent daytime fantasy might have symbolically extended a portrayal of the (mutual) analytic situation, linking it to themes of being wounded, emptied, crushed and penetrated.

Four months later, in an entry of 23 July 1932, Ferenczi described exchanging roles with B so that, for the first time, he lay on the couch and she sat in his armchair. He wrote (1988a, p. 167):

I just wanted to show her what free association is, and she was to show me how the correct behavior of the analyst looks. I rejoiced at regaining my freedom and at the license it gave me. As a contrast to screaming and abuse I demanded tenderness and kindness (I asked her to caress my head and wished to be rewarded for all my exertions with affection, tenderness, embraces, and kisses) ...

As before, I looked at the content of the next diary entries which concerned B. Ferenczi mentioned her twice in the week following this incident. The first time was four days later on 27 July 1932. The nature of B's free associations was only indicated in one brief passage: 'Patient describes her feeling when "expiring": "Everything turns inside out"- by which she means that the greater part of her personality freezes over, like a crust of ice' (p. 176). In the phrase 'Everything turns inside out' (in English in the original (1988b)), the theme of reversal does seem present.

The next entry concerning B was on 30 July 1932. Only the initial sentences described the content of her associations. They read (1988a, p. 179):

Patient B. dreams about a cousin: she is lying in a field, a bull runs up to her and rapes her.
Second scene: she sees the same cousin (whose name is Shore) floating lifelessly in the water, then, watched by a crowd of people, dragged ashore.

In the 'Second scene' of B's dream, a woman (the cousin) with an unusual name, 'Shore', was floating lifelessly in the water. Shore was surrounded by water, which reverses the ordinary state of affairs in which water is surrounded by shore. The contiguity in B's dream between this scene involving reversal and the rape scene is reminiscent of the entry from 22 March 1932 already discussed. As there, it suggests that one determinant of the material could have been a latent critique likening the invasiveness of mutual analysis, and in this case its evident sexual overtones, to rape.

CONCLUDING REMARKS

Towards the end of his life Ferenczi made considerable alterations to the frame of his analytic relationships, culminating in a process of 'mutual analysis' with some patients. This approach was, in part, a response to manifest feedback from patients. At this time too, Ferenczi became convinced that his patients had powerful and vital unconscious criticisms of his analytic conduct. Unbeknown to Ferenczi, the core of such unconscious criticism may have been directed at the very frame alterations that his patients often consciously demanded and welcomed. A dichotomy and contrast between manifest feedback and disguised latent feedback may have hidden from Ferenczi the full import of his new perspective.

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PIERS MYERS is a UKCP registered psychotherapist and a specialist in organizational dynamics. He teaches psychodynamic counselling at Regent's College School of Psychotherapy and Counselling. Address for correspondence: 94a Bethune Road, London N16 5BA.

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