THE THERAPEUTIC TECHNIQUE OF SÁNDOR FERENCZI: A COMMENT CLARA THOMPSON

Clara M. Thompson, M.D.

I am a pupil of Ferenczi and for over ten years I have made use of some of his techniques in my psycho-analytic work. In the course of time I have discarded several of his ideas and confirmed the validity of others. I think that my conclusions, which are somewhat different from Mrs. de Forest 's, would be a valuable addition to her paper([1]).

I believe that Ferenczi pointed out things in need of emphasis in the analytic world. He was the only person in Europe at the time who saw some of them, and had the courage to state them([2]). Two of his ideas I have found of great value: i.e. that the analytic situation is a human situation involving the interaction of two personalities, and that no therapeutic results are possible unless the patient feels and is accepted by the analyst.

Ferenczi was stimulated in thinking along this line as a reaction against the increasingly popular idea of the passive non-reacting analyst who is only a mirror on which the patient's feelings are reflected. He felt such an attitude on the part of the analyst tended to produce intellectual analyses in which no real change took place in the patient. He felt that the increasing pessimism about cure by psycho-analysis was the result of these sterile intellectual analyses. He sought for ways to make the analysis vivid and living. He believed that the patient is ill because he has not been loved, and that he needs from the analyst the positive experience of acceptance, i.e. love. This could not be given by a mirror.

He therefore came to the conviction that the real personality of the analyst plays a part in the therapeutic process, that his blind spots, short-comings and also positive qualities are felt intuitively by the patient, who reacts to them. In consequence, any consideration of the patient's attitudes should include an evaluation of the reality relationship to the analyst, and a therapeutic situation can only exist when the analyst has a positive feeling of acceptance for the patient.

The recognition of and admission to the patient of the human fallibility of the analyst constitutes a departure from the usual analytic technique. It is not customary for the analyst to admit a mistake or a personal reaction. The aim of the standard technique is to convey to the patient the impression of infallibility, authority and wisdom. The patient should feel that the analyst is removed from any possibility of personal reaction. Unfortunately neurotic patients have suffered all too frequently from the 'infallibility' of their parents in childhood. They are taught that mother is always right, even when they have had good evidence that she is wrong. Meeting the attitude in the analyst again, Ferenczi points out, simply strengthens the patient's original impression and blocks his attempts at freedom. Because there is no essential difference between the analyst's attitude and the parents', the patient finds himself in the old familiar situation and automatically goes on reacting to it without insight. In order to become conscious that something is wrong, one must have a new experience which makes one aware of new possibilities. This new experience Ferenczi saw in the recognition of the analyst as a human being who reacts naturally, can make mistakes and admit it. This he felt aids the patient in evaluating reality. Among other things, it helps him become aware of his attitudes to authority, his tendencies to blind obedience and belief or to rebellion. In the patient's experience he does not expect an authority to say 'I do not know' or 'I was wrong'.

His whole training has been in the direction of intimidation into accepting the pronouncements of authority.

1.- 'i.e. Therapeutic Technique of Sándor Ferenczi', Int. J. Psycho-Anal. (1942), 23, 120.

2.- Harry Stack Sullivan in America was at about the same period beginning to emphasize the inter-personal nature of the analytic situation, an idea very similar to one of Ferenczi's.

Ferenczi's method therefore was aimed at weakening one of the sources of neurotic disturbance—the over-valuation of the power of the parents. Part of the process of growing up is becoming able critically to examine authorities and to discount their false values. Sincerity on the analyst's part aids this process.

The question usually asked is what happens to the transference in such a setting. It becomes a working out of rational and irrational attitudes. In the course of resolving the transference, the patient can in time become aware of different types of attitudes to the analyst. He can say: 'I feel this towards you because you actually are a little aggressive or shy and self-effacing, or I feel this towards you for no real reason in your personality.' The analyst becomes more and more a person, accepted for what he is, as the various irrational attitudes towards him are analyzed and discarded. This I have found to be a therapeutically valuable procedure.

I also found that Ferenczi's idea that the patient needs to feel accepted and liked by the analyst was of essential therapeutic value. I agree with him that one of the important factors in producing neurosis is love deprivation in early childhood. Just as the infallible analyst tends to reinforce the patient's attitude towards authority, so the distant mirror-like analyst repeats the love rejection pattern. This the neurotic expects as his fate. His defenses have been developed to cope with it and the analyst thus furnishes the setting to carry on his neurosis without change. The analyst, on the other hand, who works with him because he likes and accepts him, disturbs the neurotic pattern and a situation favorable for therapy is created.

Although I have found value in these two concepts of Ferenczi's, I am aware that they have been criticized and I believe that they can be used in an unconstructive way and that much of the criticism is due to their misapplication. Ferenczi is not without blame here— owing to his tendency to carry his ideas to extremes. Certainly one might construe the idea of admitting one's fallibility to the patient as an invitation to a mutual analysis. To admit to a patient that one is wrong is one thing. To enter into extensive free association as to one's unconscious motives in making the error is quite another. Ferenczi at times was tempted to do the latter, and one could certainly interpret his ideas as endorsing the latter. This, in my experience, makes unwarranted demands on the patient and is not to his best interest. It is tantamount to turning to the patient for help and, although this may flatter the patient, it puts a great burden of responsibility on him at the same time that it leaves him feeling unsupported himself. It may even lead him to feel he must suppress his own needs. However, the admission of a mistake can be evidence of strength. Then the aim of the statement is to correct a misconception and is made in the interest of clarifying the situation. In using a scientific instrument its margin of error is customarily stated. The analyst owes this degree of accuracy to the patient. If, on a certain occasion, he feels annoyed and the patient notices it, a denial or silence may result in complete confusion for the patient. An admission of the truth can be made without the analyst's turning to the patient for help. In my experience the patient's reaction to this is usually positive. Some such feeling as "I can count on him to tell me the truth" is felt. And further, the patient is thereby reassured of his appraisal of reality. His feeling 'I thought the analyst was annoyed' is corroborated as true. Ferenczi never failed to emphasize the need of the thorough analysis of the analyst. To feel secure enough to be able to react to the patient without pretence, without resort to any techniques of authority, requires a thorough analysis.

Ferenczi's second point has also brought criticism and with some justice. The difficulty lies in the definition of the word 'love'. I think Ferenczi was not entirely clear on this matter. His idea was that the analyst must give the patient all the love he needs. The basic need of every child is to be accepted, to feel himself secure with one individual. This type of acceptance is also what the patient needs. I think, however, Ferenczi tended to confuse the idea that the patient must be given all the love he needs with the idea he must be given all the love he demands. Obviously, the two are not identical. The neurotic individual after years of deprivation and frustration may develop an insatiable need of love. This is a complicated demand. Many emotions in no way connected with love are involved, such as exploiting others, getting revenge, power, etc. To satisfy this demand is not only humanly impossible, but, even if it would be satisfied, it is not therapeutically valuable. However, I believe that the thing which Ferenczi was seeking, i.e. to give the patient the love he needs, is an important therapeutic discovery and that the mistakes he made in understanding the problem can be corrected.

The third contribution of Ferenczi, and one which Mrs. de Forest has presented very ably, is the idea of making the analytic situation very dramatic, thereby increasing its therapeutic value. Here I have serious doubts about the entire validity of the concept. I believe that the analytic situation, if not prevented from developing, will become

dramatic and convincing by itself. Deliberately increasing the tension by withholding interpretation does not seem to me justified. I think interpretation can and should be so presented that it leads the patient to seek further. I would deal with resistance by discussing it rather than letting the patient act it out blindly and possibly to the point of despair. In not interpreting, the analyst is co-operating with the patient; e.g. in the case of the man to whom Mrs. de Forest said nothing for some time, it seems to me that she, by not explaining what he was doing, but simply reacting to it, had accepted his challenge and become involved in his feeling situation. In doing this, she certainly increased his anxiety, and I think in this anxiety unnecessary elements were added, such as doubt of the analyst on a reality basis. I think such a patient might well feel that his insecurity had been greatly increased.

The analyst's attempts to heighten the drama and maintain the tension can produce one of three types of reactions in the patient.

If the patient's hold on reality is already feeble, as in a border-line psychotic, the analyst's entering into the transference mood can drive the patient further from reality—may even precipitate a psychotic episode. The acting out may become so 'real' that the patient's anxiety cannot be endured.

If the patient is more stable, the whole situation may become a kind of game. He then feels the analyst is doing this or that for his good, not because he, the analyst, feels it. It is acting. The patient thinks: 'If I did not believe he is acting, I would think he is as sick as I.' Because of the feeling that the analyst is only acting a part in a drama, the whole thing takes on the quality of play-acting and the patient's reactions also become insincere and therefore without therapeutic value.

The third type of reaction amounts to a failure to co-operate at all. The patient refuses to be seduced into acting and probably doubts the whole analytic procedure.

There is no doubt that important things can be learned about the patient's character structure from these ways of reacting, but I think the risk involved outweighs any possible benefit.

It is my opinion that one of the most important functions of the analyst is to keep the patient in contact with reality. In the patient's most disturbed and irrational moments, he must be able to feel that the analyst is not deceived about reality. If, for example, he is attacking the analyst in rage, with strong feelings that the analyst has failed him or what not, he must be able to know with some remnant of rationality in himself that his accusations are not true, and that the analyst really wishes him well. The co-operative acting out on the part of the analyst, described by Ferenczi, can make the patient believe the analyst is really involved, and the function of reality testing is lost.

RESUMEN

I would agree with Mrs. de Forest on the importance of Ferenczi's emphasis on the significance of the real personality of the analyst in the total situation. I believe it plays a part in the patient's cure. I also agree that the analyst must give the patient the 'love' he needs if he is to have enough security to proceed. That this loving of the patient must be spontaneous and disinterested, i.e. not growing out of any need of the analyst's, goes without saying. I am sure that I cannot endorse the lengths to which Ferenczi went in this matter. I feel that Mrs. de Forest also differs from me somewhat here. I have the impression she feels that more definite assertions of liking are necessary than I have found to be the case.

However, my real difference with her and Ferenczi is about the therapeutic value of building up tension deliberately in order to increase the dramatic tone of the analysis. I do not deny that at times this may have a therapeutic effect, but, in general, I believe it not only has no therapeutic value but actually increases the patient's hazards.

THOMPSON, C. (1943) 'THE THERAPEUTIC TECHNIQUE OF SÁNDOR FERENCZI': A COMMENT. INT. J. PSYCHO-ANAL., 24:64 (IJP).