

FERENCZI IN OUR CONTEMPORARY WORLD.

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Why Ferenczi today? This question formed the title of a special issue of the *International Forum of Psychoanalysis* in 2004. This is only one example of the many periodicals, books, and papers published on the legacy of Ferenczi over the last twenty years. By now, Ferenczi's main theoretical and therapeutic initiatives have been discovered/rediscovered and integrated into the mainstream of the contemporary theoretical and therapeutic knowledge of psychoanalysis, from countertransference as an indispensable contribution to the dynamic of the psychotherapeutic process or from the essential importance of the early object relationship between mother and child to his paradigm shift in trauma theory (Mészáros 2002).

What attracts us to Ferenczi? What does he represent that has been bringing clinicians and academics from various scholarly fields together for decades? What is that glue/essence that we find for ourselves in the oeuvre of this man who was both an *enfant terrible* and a *wise baby* at the same time, who created the Budapest School, a school with no walls, no director, and no students in a formal sense. The man who did not like institutional structures, but, having recognized their inescapable necessity, he initiated, at Freud's suggestion, the establishment of organizations—among them the IPA [International Psychoanalytical Association] more than 100 years ago—which continues to operate to the present day? What is it in the conflict-burdened world of the 21st century that provides us with points of connection to Ferenczi, a common way of thinking among professionals who live in a variety of cultures and political systems throughout the world?

What is it in Ferenczi's personality and way of thinking that smooths the way for contemporaries to connect to psychoanalysis and to Ferenczi now, just as they did in the past? By now, it is thanks to the tireless work of research, publishing, and education on the part of so many colleagues that a real Ferenczi Renaissance has come about. The emergence of this Renaissance obviously has numerous components, but some of them can most certainly be linked to Ferenczi's liberalism, the fact that he was not a dogmatic person, his widespread network in Hungarian society at that time, as well as his outstanding presence in the international psychoanalytic movement during his life.

In this study, I have collected a number of examples of Ferenczi's way of thinking and his approach, his relationship to his contemporaries and to the culture around him, and his theoretical and therapeutic innovations that have enriched psychoanalysis. These point to a liberal-mindedness, a tolerance, and a spirit of cooperation—whether in scholarship or medicine—which developed through respect for the autonomy of others—including the patient!

AN OPTIMAL MIX OF LIBERALISM, RESPECT, AND INTERACTIVE COMMUNICATION

It is an unmistakable sign of his liberalism that he respected patients' autonomy and saw psychoanalysis as a joint effort between analyst and analysand, both in intellectual and emotional terms; just consider his incorporation of countertransference as part of the unconscious dialogue of transference-countertransference into psychoanalytic treatment in the early 1920s. Psychoanalysis became a system of multidirectional processes of relational elements between the patient and the analyst. Ferenczi's positive thinking on the phenomenon of countertransference represented a fundamental shift in viewpoint (Ferenczi 1919, 1928a; Haynal 1988; Cabré 1998; Aron and Harris 2010). This paved the way for psychoanalysis to become a system of interactive communication, a "relationship-based" process (Haynal 2002, p. xi) or, as Paul Roazen so aptly put it, "a two-way street" in psychoanalysis (Roazen 2001).

Psychoanalysis presupposes the simultaneous existence of *relational dynamics* and *intrapsychic* processes, based on *trust between analyst and analysand*. A new psychoanalytic discourse developed. Communication that stressed interpretation and therapy based on teaching was replaced by the need for emotional awareness and a relationship reflective of the unconscious processes of oneself and others, while focusing on the patient's current affective and cognitive capacities. According to Ferenczi, "over-keenness in making interpretations is one of the infantile diseases of the analyst" (Ferenczi 1928b, p. 96). He went on to say that:

"[The analyst] has to let the patient's free associations play upon him; simultaneously he lets his own fantasy get to work with the association material; from time to time he compares the new connexions that arise with earlier results of the analysis; and not for one moment must he relax the vigilance and criticism made necessary by his own subjective trends."* (Ferenczi 1928b, p. 96)

As can be seen, the analyst and analysand enter into a mutually reflective relationship. A quality reflective relationship is the price to be paid for therapy. *Authentic communication*, as Axel Hoffer (1996) emphasized, on the part of the psychoanalyst became a fundamental requirement, as false statements result in dissociation and repeat the dynamic of previous pathological relations. In his later writings, Ferenczi often discusses false, insincere communication with the therapist as a repetition of the patient's previous negative relationship experiences. It emerges as a way of speaking that distorts reality, both threatening the trust of the therapeutic relationship and encasing a previous traumatic experience. As we would phrase it today, false reflections result in false self-objects. The technique of countertransference and attitude of authentic communication were incorporated into the psychoanalytic method of the majority of the Budapest Analysts. Michael and Alice Balint (Balint and Balint 1939), Fanny Hann-Kende (1933), and Therese Benedek, who were also close to Ferenczi, were all guided by this conviction from the early 1930s, and it had a strong impact on the development of psychoanalysis after they left Hungary. In fact, Benedek was practically among the first to teach countertransference to students under her supervision at the Chicago Institute from the early 1940s (Gedo 1993). Through Clara M. Thompson, one of Ferenczi's American analysands, and Harry Stack Sullivan, an American sympathizer, some of Ferenczi's ideas became popular among the American psychiatrists and psychoanalysts, and were integrated into new theories and approaches.

With every experiment and with every innovation, Ferenczi endeavored to use psychoanalysis as a two-sided cooperative process between patient and analyst (Rachman 1997). How many analysts would have closed a letter to a patient undergoing therapy with him—one in which Ferenczi was cancelling a session due to his own mother's death—with a complimentary ending like "Kind regards, *your* doctor, Sándor Ferenczi"? (italics added by Judit Mészáros).

Ferenczi not only considered healing, itself, important to changing the fates of individuals, but also thought that psychoanalysis could influence society. He thought "that there should be a reasonable individualist, socialist course between anarchism and communism which would be able to weigh precisely how much *repression* was necessary and inevitable to nurture a cultivated man. *Necessary but no more*" (Erös 2001). When Ferenczi was asked about the destructive conflict gripping Europe in 1914, he said:

The war had suddenly ripped off the mask and made people keenly aware of their true inner selves, it showed them the child inside, the primitive and the wild. ... The lesson to be learned here may well be this: in peacetime, let's not be ashamed to recognize the primitive man or even the animal; it's no shame to have such close ties to what is natural. In wartime, let's not deny our finest cultural values, like so many cowards, and let's not compromise them more than absolutely necessary. [Ferenczi 1914, p. 71]

One of Ferenczi's fundamental approaches was to find optimal solutions. This was a leitmotif and a compass, of sorts, in both his personal and professional life. For example, for him *optimal* meant the most

acceptable treatment for the patient in line with her or his own life situation, even one suffering from boils and thus in need of surgical intervention. He felt the interests of the patient, and not the personal priorities of the physician, should determine decision-making. For instance, to remain with the patient with boils, quick surgical exploration and cleaning are certainly more convenient for the physician than a traditional poultice. However, incisions in inflamed tissue leave a permanent scar on the patient's body. As Ferenczi urged, "We must do whatever we can to prevent the formation of scar tissue in women" (Ferenczi 1899, 36). And just as he contended that "over-keenness in making interpretations is one of the infantile diseases of the analyst" (Ferenczi 1928b, p. 96), so too did he see such over keenness as the "horrible streptococci" of the young physician (Ferenczi 1899, p. 35). Without thinking, he said, "They hurry ... to free themselves from the fear of the distant danger and simply cut the Gordian Knot in two" (Ferenczi 1899, p. 35). Ferenczi himself was a young physician when he noted this phenomenon and other similar widespread excesses in child rearing, that is, overly strong prohibitions on the part of adults that hinder children's development. In 1908, he wrote that moral education based on "unnecessary repression" must be replaced by a learning process based on mutual cooperation (Ferenczi 1908, p. 282). His liberalism was naturally critical of the principle of authority, which not only had an unhealthy effect on human relationships, but also represented a retarding force in terms of scientific progress. Ferenczi often argued that if new experiences cannot be matched to existing theories, then it is not the validity of the experience that must be called into question.

The principle of *optimal limit* also appeared in the thinking of many other authors. Margaret Mahler, who was close to Ferenczi, considers terms such as "optimal symbiosis" (Mahler 1967, p.746), in which she describes the process of separation and individuation as the psychological birth of the individual, the "ordinary devoted mother" (Mahler 1961, p. 345). Winnicott also writes of the "good enough mother" (Winnicott 1953, p. 94). In the early 1930s, Ferenczi, Michael Balint and his wife Alice Balint, as well as the young Therese Benedek, all worked with their patients the way we do today. The transference-countertransference dynamic was part of the psychoanalytic process, including the first interview and first anamnesis (Levy 1933). They were also aware of the main principles of the early object relationship (Mészáros 2004).

Most members of the first two generations of the Budapest psychoanalysts spoke a common language. A shared knowledge base had accumulated by the time they emigrated, one to which everyone enjoyed access. This was carried on with one person at a time taking out one link in the chain of collected knowledge and forging it further, modifying and reshaping the original idea. For example, Lajos Lévy, who was a charismatic internist, a key figure in early psychosomatics, and the physician to both the Ferenczi and Freud families, put it as follows in his report on first patient interviews: "We [must] recognize the patient's physical and mental individuality. Indeed, the task of the physician is not to cure the ailment but the ailing individual (Lévy 1933, p. 301). He also observed that "the subtle play of the facial expressions that accompany complaints arouses in us an almost unconscious resonance" (Lévy 1933, p. 303). Just like Georg Groddeck, Ferenczi, Balint, and Lévy clearly grasped how the patient communicates her or his illness and how the transference-countertransference dynamic of the doctor-patient relationship can be used in understanding this unconscious communication. However, it was Michael Balint who took this notion the furthest, being the first to discuss this dynamic in a study in 1926 (Balint 1926; cf. Mészáros 2009) and then, in 1957, publishing what is still a standard book on the subject, *The Doctor, his Patient and the Illness* (Balint 1957). One can recognize in this title the notion expressed by Lévy, "the task of the physician is not to cure the ailment, but the ailing individual," which had by then clearly become part of the shared knowledge base of the Budapest psychoanalysts of the day.

"RIGHT DOWN TO THE MOTHERS"—THE EARLY OBJECT RELATIONSHIP

Ferenczi sensed the significance of the early mother-infant relationship early on. It was this he was referring to in his Clinical Diary when he wrote: during analysis we must probe deep, "right down to the mothers" (Ferenczi [1932] 1988, p. 74).

Ferenczi knew about, and described, the fact that a child left to himself or herself, unwelcome or emotionally rejected, or one brought up without love can even die (Ferenczi 1929). This recognition later appeared in work on *hospitalization syndrome*, made famous in the United States by Hungarian-born psychoanalyst René A. Spitz. The notion of the emotional needs of a child was there very early on in the work of Harry Stack Sullivan, when he wrote, for example, of the child's *need for tenderness* (Sullivan 1953). This phrase was introduced to the psychoanalytic literature by Ferenczi (1933) in his last paper "Confusion of Tongues." Similarly, Winnicott wrote, "A baby can be *fed* without love, but lovelessness or impersonal *management* cannot succeed in producing a new autonomous human child" (Winnicott 1971, p. 108). Add to this list numerous research findings in modern attachment theories (Bowlby 1969, 1973, 1980; Fonagy 2001). Ferenczi spoke of traumatization in early relationships. What was for Ferenczi a process of "breaking into fragments" is, within the framework of today's theories of attachment, a process of pathological ego organization and the forming of dissociated self-representations (Lénárd 2008, p. 306).

PSYCHOANALYSIS AND ITS INTERDISCIPLINARY CONNECTIONS

Today, when we consider the interdisciplinarity of psychoanalysis, we take for granted the mutual effect between the field and other scholarly areas on the one hand, and various modes of artistic expression (film, fine art, and literature) on the other. However, this was considered unique in the early 20th century. Freud was keen to have this relationship between psychoanalysis and other disciplines, but, according to his bitter note from 1914, "the hostile indifference of the learned and educated ... in Vienna" was not receptive to it (Freud 1914, p. 39). That this did not hold true for Budapest was due not only to the possibilities offered by the openness of the city's contemporary avant-garde intelligentsia and its receptiveness to modernism, but also to Ferenczi's widespread network of relationships with outstanding cultural figures, primarily writers whose work has become among the classics of literature, such as Sándor Márai, Dezső Kosztolányi, and Frigyes Karinthy. All of them came to know Ferenczi through psychoanalysis and incorporated it into their writing.

Ferenczi also respected people's interest and activity in psychoanalysis. Many of them came from different disciplines. This made it possible for those in the fields of education, philosophy, literary studies, sociology, and anthropology to connect to psychoanalysis in a relationship that was marked by cross-fertilization. This is how, for example, psychoanalytic anthropology was developed as an independent discipline by Géza Róheim very early on, and this is how psychoanalytic thinking took root among the avant-garde intellectuals of Budapest in the 1920s.

EXPERIENCE AS A MIND-SHAPING FORCE

The notion of experience, or experiences —both generally speaking and in the philosophical sense of *Erlebnis*, as Carlo Bonomi discusses it in one of his studies (Bonomi, 2000)— stands at the heart of Ferenczi's thinking. Experience represents a mind-shaping force, and the psychodynamic projection of this force emerges, for example, in "Confusion of Tongues," Ferenczi's most frequently cited paper on his paradigm shift in trauma theory (Ferenczi, 1933). Ultimately, the intrapsychic formation of interpersonal experiences represents the psychological basis for the traumatic experience. In this approach, the decisive element points to the source that derives trauma from both interpersonal relations and actual experiences. Thus, Ferenczi was rejecting Freud's second trauma theory, according to which the tension created by fantasized experiences can also bring about trauma; that is, it is sufficient to have an intrapsychic process bearing in a pathological direction. Ferenczi's theoretical construction clarifies the interpersonal and intrapsychic processes between victim and persecutor, including the operation of such ego-defense mechanisms as identification with the aggressor, splitting, and minimization. Identification with the aggressor represents a complete forfeiting of the ego, which may lead to destruction in extreme cases. In his *Clinical Diary*, Ferenczi says, "In the absence of alloplastic physical and mental tools of aggression, nothing remains but to perish for lack of love, or to adapt by autoplasic adaptation to the wishes (even the most hidden wishes) of the attacker, in order to calm him down. Identification in place of hatred and defense" (Ferenczi, 1933, p. 175). It is precisely through ego-defense mechanisms that Ferenczi demonstrates how the aftermath of a traumatic event impacts the traumatized individual. Today, we would say

that if there is at least one person who provides the traumatized individual with security and enables her or him to share the traumatic experience, and if that individual begins to become aware of the broken fragments and to tie them together in a narrative, then there is a chance for a healing process to be mobilized immediately. In contrast, the shame/anxiety/fear tied to the traumatic experience and an attitude of rejection isolate the individual in a social environment, and this is a pathogenic factor in itself.

TO BE ABLE TO LIVE WITH UNCERTAINTY

Michael Balint says of Ferenczi, “Even the most common, the most every day, the most routine experience was never rounded off and finished for him; he never filed anything away as finally dealt with or definitely solved” (Balint 1948, pp. 245–246).

This is not merely a sign of intellectual openness! The deterministic thinking that integrates the points of a phenomenon that can be incorporated into an existing theoretical construction simultaneously acts to shut out the fragments/phenomena/experiences that cannot be. We might simply say it is a shortcut. This shortcut, in fact, represents an attempt to reduce the factors of uncertainty. A great deal of internal security is required for us to be able to bear the frustration borne of uncertainty for a long period of time. Ferenczi was able to live with the uncertainties borne of theoretical shortcomings and to conduct experiments in order to reduce those shortcomings. Consider, for instance, his experiments in active therapy, in which he endeavored to increase the effectiveness of psychoanalysis. It should be noted that he also described the negative findings of his experiments. While still in his twenties, he wrote: “The idea that we learn the most from our mistakes is nothing new. The thing is, generally, we jealously hide the lessons we learn this way because we put a lot of stock in being very clever and, if possible, infallible in the eyes of others. This is how it is in society and particularly in the practice of medicine” (Ferenczi 1900, p. 63). Isn’t the capacity to tolerate uncertainty one of the marks of a good researcher? Indeed, it is not merely the talent, resourcefulness, and endurance that one needs for discoveries and for the recognition of new connections, but also the imperturbability to withstand the cognitive dissonance that arises when one’s findings become clear and a familiar phenomenon fails to fit into the system of facts available to us. This conflict often tempts us to take shortcuts in our conclusions because we find the tension of uncertainty burdensome. Ferenczi, who experimented with active analysis in an effort to improve the effectiveness of the analyst’s work, often experienced enduring tension and even failure. His capacity for tolerating complexity and uncertainty was among his extraordinary strengths, coupled with his desire to share lessons learned with his colleagues.

You know, perhaps, that I was originally inclined to lay down certain rules of behaviour, in addition to free associations. ... Experience later taught me that one should never order or forbid any changes of behavior. ... If we are patient enough, the patient will himself sooner or later come up with the question whether he should risk making some effort, for example to defy a phobic avoidance. ... In other words, it is the patient himself who must decide the timing of activity. (Ferenczi 1928b, pp. 96–97)

Ferenczi acknowledged his failures and weaknesses; he developed a reflective and critical relationship with them and incorporated them into his publications (Borgogno 2004). Ferenczi “introduced an innovative praxis, the index of a future paradigm change” (Borgogno 2007, p. 160).

His thoughts on his own acute anemia, which he considered to be psychosomatic in origin, represent an unsettling example of the struggles of a man who was intellectually so independent but emotionally dependent. He writes, similarly, about the contradictions of his relationship with Freud in his *Clinical Diary*:

In my case the blood-crisis arose when I realized that not only can I not rely on the protection of a ‘higher power,’ but *on the contrary* I shall be trampled underfoot by this indifferent power as soon as I go my own way and not his. ... And now, just as I must build new red corpuscles, must I (if I can) create a new basis for my personality? ... I have also been abandoned by colleagues ... who are all too

afraid of Freud to behave objectively or even sympathetically toward me, in the case of the dispute between Freud and me. (Ferenczi 1932, p. 212)

ENERGIZING THE PSYCHOANALYTIC MOVEMENT

Ferenczi energized the psychoanalytic movement. He attended every psychoanalytic congress from the very beginning to his death; he proposed the formation of professional organizations (the IPA and the Hungarian Psychoanalytical Society); he established Budapest's first university department of psychoanalysis (in 1919) and its first polyclinic (in 1931); he urged the founding of the 'International Journal of Psychoanalysis' (in 1920), and he gave lectures that were popular well beyond narrow professional circles. His writing was published not only in scholarly journals but also in newspapers and magazines, thus reaching an even broader educated audience. He took great pride in very few things, but among them were his achievements for the international movement. In an interview in 1928, he said, "Of course, I still see my most enduring creation as the International Psychoanalytical Association to which I gave life, an organization that by now has constituent groups in nearly every cultural hub throughout the world" (Ferenczi 1928a, p. 206).

It is truly fascinating to hear Ferenczi, in the fullness of his creative power, subordinate his intellectual innovations to the institutional framework, which, in spite of all its contradictions, ensures the development of psychoanalysis to the present day. At this point, I wish to mention one motif, which is of invaluable significance in terms of intellectual history, whose effect can be felt to this day and which would not have been possible without the existence of a psychoanalytic community gathered into an organization. This was the Emergency Committee on Relief and Immigration—a tiny organization set up by psychoanalysts in the United States. The Committee, in cooperation with the IPA, made it possible for over 150 European analysts and their families to escape from a Europe in the ever-tightening grip of fascism between 1938 and 1941 (Mészáros 2014). Exceptional solidarity was inspired. Flying in the face of the US's anti-immigration policy and laying aside personal and professional rivalries, this committee, in cooperation with the psychoanalytic community, helped European colleagues escape to America from a likely death. They not only saved individuals but also preserved for posterity the spirit of European psychoanalysis.

CLOSING REMARKS.

Why Ferenczi? Fifteen years ago, I asked several of my colleagues how they had happened upon Ferenczi (Mészáros 2000). They had all been looking for the answers to their unanswerable questions and their reflections within the knowledge and systems of dogma which they had acquired so far. Reading Ferenczi, one easily finds oneself reflecting and seeking out interfaces to interpret a particular phenomenon without feeling the pressure of coming up with an instant answer. In the world Ferenczi offers, a humanist perspective has absolute priority over success-oriented, egocentric, or, we might even say, *egodiastolic* achievement. In Ferenczi's world, a premium is placed on authenticity, a searching spirit, respect for the patient, and intellectual openness in the broadest sense. Ferenczi's war with authority, his rejection of total systems—be they on the level of relationships or society—and the struggle, the way he attained emotional autonomy to match his intellectual inner freedom, represents a model for so many of us. As colleagues have put it, it is "our professional identification with the world vision of Ferenczi" (Kahtuni and Sanches 2009, p. 5).

Ferenczi's legacy is important not only for psychoanalysis, but also for scholarly thought in a broader sense and for a way of thinking that embraces interdisciplinary complexity. Consider that the spirit of Ferenczi is one that has drawn together professionals from places ranging from New York, through Budapest, Torino, Florence, Paris, London, Tel Aviv, Buenos Aires, and on to Sao Paulo. It has drawn them together to preserve the legacy. Maybe many of you share some of my sense of who Ferenczi was. He knew how to watch, how to keep quiet, and how to listen. He could endure the tension created by uncertainties without making rapid, prejudiced conclusions, and he was aware of his own mistakes and his own responsibilities.

We live on different continents and we have different cultural backgrounds, but all of us respect human sovereignty and focus the tools of psychoanalysis on developing an autonomous personality.

REFERENCES

- Aron, L., & A. Harris. (2010), Sándor Ferenczi: Discovery and Rediscovery. *Psychoanal. Perspect.*, 7:5–42.
- Bálint, A., & M. Bálint. (1939), On transference and counter-transference. *International Journal of Psychoanalysis*, 20:223–230.
- Bálint, M. (1926), *Psychoanalysis és belgyógyászat [Psychoanalysis and internal medicine]*. *Gyógyászat [Therapy]*, 66(19):439–445.
- . (1948), Sándor Ferenczi, Obit. 1933. In: *Problem of Human Pleasure and Behaviour*. New York: Liveright, 1957, pp. 243–250.
- . (1957), *The Doctor, his Patient and the Illness*. London: Pitman Medical.
- Bowlby, J. (1969), *Attachment and Loss*. Vol. I. Attachment. New York: Basic Books.
- . (1973), *Attachment and Loss*. Vol. II. Separation. New York: Basic Books.
- . (1980), *Attachment and Loss*. Vol. III. Loss. New York: Basic Books.
- Bonomi, C. (2000), Ferenczi vezetett el Freudhoz [Ferenczi led me to Freud]. In: *In Memoriam Ferenczi Sándor*, ed. J. Mészáros. Budapest, Hungary: József Kádár Kiadó, pp. 228–234.
- Borgogno, F., ed. (2004), Why Ferenczi today? The contribution of Sándor Ferenczi to the Understanding and Healing of Psychic Suffering. *Int. Forum Psz.*, 13:5–13.
- . (2007), *Psychoanalysis as a Journey*. London: Open Gate Press.
- Cabré, M. L. J. (1998), Ferenczi's contribution to the concept of countertransference. *Internat. Forum Psychoanal.*, 7: 247–255.
- Eros, F. (2001), "Film on Sándor Ferenczi. Hungarian Television, ed. E. Szendi.
- Ferenczi, S. (1899), A furunkulus gyógyítása [Treating boils]. In: *Ferenczi Sándor: A Pszichoanalízis Felé. Fiatalkori Írások 1897–1908*, ed. J. Mészáros. Budapest, Hungary: Osiris Könyvkiadó, 1999, pp. 35–37.
- . (1900), Két téves kórisme [Two error in diagnosis]. In: *Ferenczi Sándor: A pszichoanalízis felé, Fiatalkoriírások 1897-1908, [Towards Psychoanalysis: Early Papers 1897-1908]*, ed. J. Mészáros. Budapest, Hungary: Osiris, 1999, pp. 63–65.
- . (1908), Psycho-Analysis and Education. In: *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. Karnac Books. London: Maresfield Reprints, 1980, pp. 280–290.
- . ([1914] 2000), A Veszedelemek Jégkorszaka [The Ice Age of Perils]. In: *Ferenczi Sándor*, ed. F. Eros. Budapest, Hungary: Thalassa, 2000, p. 71.
- . (1919), On the Technique of Psycho-Analysis. In: *Further Contributions to the Theory and Technique of Psycho-Analysis*, ed. Karnac Books. London: Maresfield Reprints, 1980, pp. 177–189.
- . (1928a), A szerelem végso titkai [The ultimate secrets of love]. "Thalassa, 17(2–3): 203–206, 2006.
- . (1928b), The Elasticity of Psycho-Analytic Technique. In: *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. Karnac Books. London: Maresfield Reprints, 1980, pp. 87–101.
- . (1929), The Unwelcome Child and his Death Instinct. In: *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. Karnac Books. London: Maresfield Reprints, 1980, pp. 102–107.
- . (1932), *The Clinical Diary*, ed. J. Dupont. Cambridge, MA: Harvard University Press, 1988.
- . (1933), Confusion of tongues between adults and the child. In *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. Karnac Books. London: Maresfield Reprints, 1980, pp. 156–167.
- Fonagy, P. (2001):, *Attachment Theory and Psychoanalysis*. New York: Other Press.
- Freud, S. (1914), On the History of the Psycho-Analytic Movement. In: (Ed.). *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914–1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, ed. J. Strachey. London: Hogarth, 1957, pp. 1–66.
- Gedo, J. E. (1993), Empathy, new beginnings, and analytic cure. *Psychoanal. Rev.*, 80(4): 507–518.
- Hann-Kende, F. (1933), Az áttétel és viszontáttétel szerepéhez a pszichoanalízisben. In: *Lélekelemzési tanulmányok*. Budapest, Hungary: Párbeszéd és T-Twins kiadó, 1993, pp. 229–239.
- Haynal, A. (1988), *The Technique at Issue. Controversies in Psychoanalysis from Freud and Ferenczi to Michael Balint* London: Karnac Books.
- . (2002), *Disappearing and Reviving. Sándor Ferenczi in the History of Psychoanalysis*. London: Karnac.

- Hoffer, A. (1996), Asymmetry and Mutuality in the Analytic Relationship: Contemporary Lessons from the Freud-Ferenczi Dialogue. In: Ferenczi's Turn in Psychoanalysis. New York: New York University Press, pp. 107–119.
- Kahtuni, H. C., and G. P. Sanches. (2009), Dicionário do pensamento de Sándor Ferenczi. Uma Contribuição à Clínica Psicanalítica Contemporânea. São Paulo, Brazil: Elsevier, Campus.
- Lénárd, K. (2008), Ferenczi kései írásainak újragondolása a mai fejlődéstudományok fényében. [The reinterpretation of Ferenczi's late writings in the light of recent self-development theories]. In: Typus Budapestiensis. Tanulmányok a pszichoanalízis Budapesti Iskolájának történetéről és hatásáról, [Studies about the history and influence of the Budapest School of psychoanalysis], eds. F. Eros, K. Lénárd, & A. Bókay. Budapest, Hungary: Thalassa, pp. 305–320. "
- Lévy, L. (1933), Mire Figyeljünk Szívbeteg Anamnézisében [What to Notice in the Medical Histories Of Heart Patients]. In: Lélekelemzési Tanulmányok, ed. Párbeszéd és T-Twins kiadó. Budapest, Hungary: Párbeszéd és T-Twins kiadó, 1993, pp. 297–311.
- Mahler, M. S. (1961), On Sadness and Grief in Infancy and Childhood—Loss and Restoration of the Symbiotic Love Object. *Psychoanalytic Study of Child*, 16:332–351
- . (1967), On Human Symbiosis and the Vicissitudes of Individuation. *J. Amer. Psychoanal. Assn.*, 15:740–763.
- Mészáros, J., ed. (2000), In Memoriam Ferenczi Sándor. Budapest, Hungary: Jószöveg Műhely Kiadó.
- . (2002), Ferenczi's Trauma Theory—Solving a Dilemma /Intra- and Interpersonal Dynamics of the Traumatization Process. In: *Upheaval: Psychoanalytical Perspectives on Trauma*, ed. S. Varvin and T. Štajner-Popovic (Eds.). Belgrade, Serbia: International Aid Network, pp. 193–205.
- . (2004), 'Budapest School' a School? Yes and No. In: *Lost Childhood and the Language of Exile*, ed. J. Szekacs-Weisz & I. Ward. London: Imago East West & The Freud Museum, pp. 112–133.
- Mészáros, J. (2009), Contribution of Hungarian Psychoanalysts to Psychoanalytic Psychosomatics. *Amer. J. Psychoanal.*, 69: 207–220.
- . (2014), *Ferenczi and Beyond: Exile of the Budapest School and Solidarity in the Psychoanalytic Movement in the Nazi Years*. London, UK: Karnac Books.
- Rachman, A. W. (1997), Sándor Ferenczi: The psychotherapist of tenderness and passion. Northvale, NJ: Jason Aronson.
- Roazen, P. (2001), Film on Sándor Ferenczi. Hungarian Television, ed. E. Szendi.
- Sullivan, H. S. (1953), *The Interpersonal Theory of Psychiatry*. New York: Norton.
- Winnicott, D. W. (1953), Transitional Objects and Transitional Phenomena—A Study of the First Not-Me Possession. *Int. J. Psycho-Anal.*, 34:89–97.
- . (1971), *Playing and Reality*. Middlesex, England: Penguin.

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