

FERENCZI'S MUTUAL ANALYSIS: A CASE WHERE THE MESSENGER WAS KILLED AND HIS TREASURE BURIED.

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ABSTRACT:

Sandor Ferenczi is a psychoanalyst whose constructs and techniques lay hidden within many components of modern clinical practice, though his role as their originator has been obscured. The reasons for his professional interment are understood within a framework which includes analyses of Ferenczi's psychopathology, relationships within the psychoanalytic community, final illness, as well as the larger global politics of that time. Ferenczi's last theory and final technique will be exhumed and analyzed, its utility to modern practitioners reviewed.

INTRODUCTION:

Sandor Ferenczi (1873-1933) was an integral figure within Freud's psychoanalytic circle. Ferenczi originated the constructs of "identification with the aggressor", "splitting", "projective identification," and the "corrective emotional experience." He understood psychopathological symptoms as generated from the concomitant influences of both traumatic experience and deleterious environmental response. From this understanding sprang an ingenious treatment technique which he hoped would prove reparative. Components of this technique have since become incorporated into the routine practice of interpersonal psychoanalysis and humanistic psychology, while his role as their creator has been obscured. This interment within his own profession was multi-determined and requires the creation of a framework which simultaneously considers the complex interactions of medical, intra-psychic, interpersonal, familial, and sociocultural factors. Not one factor by itself determined the final outcome. Each is necessary, influences, or exacerbates other factors to determine the outcome. Such factors include: Ferenczi's denial of his aggression, his interpersonal passivity, the Freud/Ferenczi relationship, Ferenczi's departure from classical psychoanalysis, Ferenczi's terminal illness, latent rivalries which were partially resolved by not translating Ferenczi's texts into English after his death, and the role of patrons within psychoanalytic circles. Additionally the larger political context of the Nazi occupation of Hungary, World War II, and, Communist rule need to be equally considered as influencing factors.

FERENCZI'S CONTRIBUTIONS TO HIS BURIAL:

Ferenczi was partially responsible for his own ignominy. He occasionally sexualized relationships with patients to subdue his internal conflicts. On December 19/20, 1917, Ferenczi, wrote to Freud about the suicide of a former patient:

She came to me--a very poor, very beautiful, very intelligent, affectionate girl -a year ago...I happened to be in a period of vacillation with respect to Frau G. -her youth and charm enchanted me. -I gave way to a kiss." (Brabant et. al, 1995, p. 253).

Ferenczi, no sooner than referencing this female as a former patient, instantly denied the relationship:

“It is actually not a case of a ‘former’ patient but rather of one who had ‘begun’ -and was then dismissed.” (Brabant, et. al, 1995, p. 253).

Ferenczi was not a plaster saint. Sexualizing a doctor-patient relationship was generated by his internal conflicts and had little to do with any misguided considerations for the patient’s need. This fragment of a letter from Elma Palos-Laurvik, his stepdaughter, whom he seduced and then abandoned amply demonstrated these factors. Mrs. Palos began an analysis with Ferenczi after the suicide of her lover, at the recommendation of her mother, Gisella Palos, Ferenczi’s mistress. Mrs. Palos later recalled her “therapeutic” experience in a letter to Michael Balint:

...So, after a few sessions (on the couch) Sandor got up from his chair behind me, sat down near me on the couch and obviously carried along by passion, kissed me and in a state of great excitement told me how much he was in love with me and asked me if I could love him. I don’t know if it was true or not, but I answered him ‘yes’ and I hope that I really believed it...I don’t remember for how many days or weeks Sandor came daily to lunch with us as my fiance before I realized that already I loved him less than I had thought during the analysis. (Dupont, 1995 pp. 829-831).

Mrs. Laurvik assumed full responsibility for the entire misadventure. She derided her younger self as “nasty and seductive, thinking only of myself, not of my victims.” (Dupont, 1995, p. 829). The letter is remarkable for its tone of self-abasement and denigration as she recalled her youthful allure and natural vivacity with shame and reproaches.

Ferenczi colluded in the creation of this one-person relationship. He abandoned the analysis, then unilaterally decided Mrs. Laurvik must consult Freud, who reluctantly analyzed her. After Freud decided she had been sufficiently analyzed, she returned to Budapest and resumed an analysis with Ferenczi, who began again as if he had contributed nothing to the analytic rupture:

I wanted her to understand that the events before the analysis could not continue but rather that everything should begin anew. I also told her candidly that Frau G. is indispensable to me as a friend and co-worker and that I have in her everything that I need, except for the youth which I had to seek in her (Elma). (Brabant et al, 1994, p. 364).

Ferenczi’s impulsivity, passive-aggressiveness, and narcissism contributed with Elma, and then later with other patients, into the creation of what Ferenczi would later term a confusion of tongues situation. However, these relationships must be placed within the context of the extra-analytic practices of the time. The list of psychoanalytic pioneers who sexualized relationships with patients included Balint, Groddeck, Jung, Rado, Rank, Reich, and Tausk. (Falzeder, 1994) Other male psychoanalysts committed what would today be denoted as “boundary violations” (Gabbard and Lester, 1996), as they masturbated female analysands under the guise of giving gynecological examinations. (Falzeder, 1994). Even Freud was not immune from the lure of a dual relationship, as he analyzed his daughter Anna. All of these psychoanalytic pioneers have greatly contributed to the stock of therapeutic and human knowledge, though their personal behavior was indiscreet, irregular, and unethical by current American standards and must be understood as something which is separate from their contributions to psychoanalytic techniques.

Ferenczi’s passivity contributed to his posthumous ignominy. In life, he had difficulties making decisions and independently taking action. For most of his adult life he was involved in a triangulated love relationship between his wife and his step-daughter. His relationship with Freud organized his life to the extent where he remained in this unsatisfactory arrangement rather than divorce his wife and remarry. Although he may have been looking for an empathic, attuned, ideal maternal imago from Freud, Freud was uncomfortable playing the mother in their relationship, as it aroused his homosexual anxieties. One psychologist stated that Freud so emphatically promoted the marriage to Mrs. Palos, a woman 18 years Ferenczi’s senior,

because he needed Mrs. Palos to provide the mothering function for Ferenczi. (Hutterer, 1996, personal communication).

Because it displeased Freud, Ferenczi did not emigrate to America at a time when his close associates were leaving Hungary. When Freud wished him to end his friendship with Otto Rank, his erstwhile best friend, he did so and even wrote sarcastic reviews of Rank's work for psychoanalytic journals (Ferenczi, 1927; Grosskurth, 1991; Lieberman, 1985).

Ferenczi near death, recognized how Freud stoked his grandiose fantasies, how he feared without Freud's support and protection he could not be productive or creative. He wrote in his *Clinical Diary*:

I was brave (and productive) only as long as I (unconsciously) relied for support on another power... Scientific achievements, marriage, battles with formidable colleagues--all this was possible only under the protection of the idea...I can count on the father-surrogate. (Ferenczi, 1988, p. 257).

However, Ferenczi did not construct the relationship with Freud ab ovo. Freud brought his own complicating psychodynamics into the relationship. Freud's concomitant battle with oral cancer and his denial of its toll on his psychological functioning rendered him even less the psychoanalytic superman Ferenczi had constructed. (Blum, 1994; Haynal, 1988; Natenberg 1955, Schur, 1972, Sterba, 1985). As Freud aged and his cancer spread, he became less available to new comers. Due to his oral cancer and unilateral deafness, he relied less on speaking as a means of communicating ideas. (Blum, 1994). Freud's great pain and his concomitant reluctance to speak during the last decade of his life has probably done more to create and perpetuate the unfortunate stereotype of the silent analyst as the analytic ideal than any other factor. Further exposition of these factors is available to any reader of the 25 year Freud/Ferenczi correspondence and his clinical journal. (Brabant et. al, 1994; Brabant et. al, 1995; Ferenczi, 1988).

I cite these factors about the unattractive aspects about Ferenczi not to titillate, but because left unspoken, splitting occurs, where Ferenczi is either derided as a psychotic or hagiologized as a martyr. Ferenczi's legacy as a psychoanalyst is sturdy enough to withstand his all too human problems in his personal relationships. Personal flaws aside, Ferenczi had an extraordinary clinical sensitivity that propels him beyond his era and renders his psychoanalytic writings inspirational and usable for present day study. He could sensitively decenter and address in his writings the negative effects of culture, gender, and power on the development of neurosis (Ferenczi, 1908), the iatrogenic effect of the therapist's narcissism on the analysand (Ferenczi & Rank, 1925), the need to tailor techniques to patient's psychopathology (Ferenczi, 1919a, Ferenczi, 1919b, 1925, 1928, 1930, 1931, 1932, 1988), countertransference (1932, 1988), the reality of child abuse and its sequelae in adult psychopathology, (Ferenczi, 1932, 1988) and the critical role of environmental support after the trauma to prevent or ameliorate the later development of psychopathology. (Ferenczi, 1932, 1988). A major factor to discredit Ferenczi within psychoanalysis may have emerged from Freud, Eitington, and Jones' fear that Ferenczi's theory of a confusion of tongues in childrearing, which states that actual child sexual abuse is more common than was believed and is the ontological precursor to the later onset of borderline and dissociative personality disorders, annihilated the eminence of the Oedipal stage in child psychosexual development. (Masson, 1984). This political infighting among the analysts over the universality of the oedipal complex illustrates these analyst's cultural boundedness as well as differences in the Freud/Ferenczi patient populations. Oedipal theory postulates murderous feelings of rivalry against the father for the mother by the young boy, who must deal with his fear of castration by his father as punishment for this desire. In order to successfully resolve the crisis, the young boy must learn to identify with the father. Fear of castration, besides serving as a spur for identification, also helps the boy form a strong superego. The young girl goes through a similar struggle in reverse, but because she does not fear castration, her resulting superego will be weaker than the boy's.

Perhaps the Oedipal theory could only have been generated from the weltanschauung of males situated within a monarchy. In a monarchy, the only way a prince can attain full power is to be crowned king upon the death of his father. Ferenczi believed that with Freud:

the anxiety provoking idea...that the father must die when the son grows up...Freud as the son really did want to kill his father. Instead of admitting this, he founded the theory of the parricidal Oedipus, but obviously applied only to others, not to himself.” (Ferenczi, 1988, 184-185).

Further complicating this is that in a hierarchical culture, adult princes who suffer the misfortune to have long-lived parents are often figures of public ridicule (Victoria’s son Edward, for example, or Elizabeth’s II Charles), for while the king has a fairly well-defined role, that of the prince is more ambiguous. By contrast, in a democratic culture, mechanisms exist to insure routine transitions to power. Adult roles are more fluid and less dependent on parental status. Habituation to monarchical regimes, of course, is not the only influence upon Freud’s formulation of the Oedipal theory. Others view the components of the Oedipal phase as Freud’s way of resolving his ambivalent relationship with his mother, (Ferenczi, 1933; Fromm, 1955; Kramer, 1995) as an aspect of Freud’s misunderstanding of feminine psychology (Horney, 1937) or as Freud’s enmeshment in a patriarchal culture which emphasizes competition, jealousy, and prolonged dependency (Sullivan, 1925). Furthermore, Freud and Ferenczi did not treat comparable patient populations. These men had such different reputations that the types of patients they attracted were radically different.

Freud was the founder of psychoanalysis and many psychiatrists, artists, and intellectuals sought him out for training analysis. Freud was known for his reluctance and discomfort in treating very disturbed individuals. Ferenczi, by contrast, was considered the analyst of hopeless cases, comfortable treating severely disturbed, regressed patients, with an outstanding reputation as a both a therapist and a healer. (Balint, 1968, 1988; Lorand, 1966; Mahler, 1988; Sterba, 1985). All who met him were favorably impressed by his warmth, his animated good-humour, his enthusiastic manner, his wit, as well the depths of his commitment to helping the patient recover. (Balint, 1958, 1968; DeForest, 1954; Mrs. F.H., 1944; Haynal, 1988; Jones, 1955; Lorand, 1966; Mahler, 1988; Sterba, 1985).

In the last decade of his life, Ferenczi had to cope with sweeping political and economic changes in Hungary. Ferenczi came of age at a time when Hungary was a relatively liberal and multicultural country. After World War I, with the collapse of the dual monarchy, Ferenczi’s Hungary went through several governmental upheavals. The first few governments were liberal ones and Ferenczi professionally prospered. But by 1919, fascists took over. The regime was “provincial, xenophobic, and anti-semitic” (Haynal, 1988). Ferenczi, as a Jew and as a liberal, faced persecution from the government (Haynal, 1988). He discovered that one could not be a loyal Hungarian of Jewish faith (Brabant, et al, 1995). Roving bands of ruffians swept through the Hungarian countryside, verbally and physically assaulting rural Jews. (Brabant et al, 1995). Political complications compelled him to resign from various Hungarian professional associations. There were food shortages and “one could not go out after dark for fear of arrest as a Bolshevik” (Grosskurth, 1991). Ferenczi’s professional and social circles shrank as peers emigrated.

In such an environment, professionally isolated, enmeshed in an unsatisfactory marriage, a strained relationship with Freud, an anti-Semitic regime, and ill with pernicious anemia, Ferenczi conducted his last clinical experiments in near secrecy, recording his data in his 1932 Clinical Diary. Ferenczi’s diary is a casebook of patients who have suffered severe sexual, physical, and, emotional trauma.

Ferenczi’s work with these severally disturbed patients led him to develop a theory of the pathogenesis of trauma. Ferenczi used the typical psychoanalytic retrospective approach to understand the developmental effects of trauma. Since all who sought him out suffered from severe, early childhood trauma, he had no opportunity to compare non-traumatized patients with presented with similar pathology, or normal, non-analytic controls. This may have caused him to overgeneralize his conclusions.

In the Confusion of Tongues theory, Ferenczi (1933) proposes that a child who wishes for affection (tenderness) is exploited instead as a sexual object by a caretaking adult. The child confuses adult sexual expressions as affection. However, this learning is insufficient for the later emergence of adult psychopathology. What invariably causes the development of psychopathology is the caretaker’s denial of the traumatic event, the adult’s shifting the responsibility for the traumatic acts onto the child’s shoulders, or even adult threats of homicidal or suicidal consequences if the child reveals these events. The child is violently forced to role

reverse with the adult. Thus, it is not the traumatic event by itself but the subsequent relationship with the perpetrator which can set the stage for the development of adult psychopathology. Because of this one-two punch, Ferenczi's patients suffered from borderline disorders, dissociative disorders, substance abuse, eating, and sexual disorders. Their thought processes suffered from distortions and delusions.

Ferenczi found that the traditional psychoanalytic assumption that children create fantasies of adult seduction to defend against guilt feelings was iatrogenic, as the analyst not only does not create a curative situation but re-enacts the role of the abusive adult who denied the reality of the trauma. Instead, empathy for such patients, who could not tolerate the standard Freudian recommendations for analysis, led him to experiment with mutual analysis.

Interestingly enough, the two patients who separately co-created mutual analysis with Ferenczi were gentle American women. What prior relationships, fantasies, and stereotypes did Elizabeth Severn and Clara Thompson have about Jewish males prior to their analysis with Ferenczi? Similarly, what prior experiences with gentle women and with Americans led Ferenczi to cooperate with these two?

Severn was a midwestern divorcee who set herself up as a doctor of philosophy, a metaphysician, and a psychotherapist, with no academic credentials (Fortune, 1993). Thompson chose medicine, a highly unusual occupation for a female at that time, completed medical school, and came from a well-to-do family. (Green, 1964). These women had high achieved or ascribed status within their cultures. There is often a greater latitude of accepted behavior allowed to such individuals and these women may have been able to violate standard cultural domains of expected feminine behavior by demanding mutuality from Ferenczi. (Sherif, 1936).

As Americans, these women were not inculcated into the routine acceptance of a monarchic hierarchy as a societal standard. The American women brought democratic principles into Ferenczi's office. Ferenczi, as a supporter of the post World War I revolutions, may have found these women reinforced certain inchoate egalitarian feelings. Perhaps Ferenczi resolved his ambivalence about not emigrating to America by informing his techniques with democratic principals. Furthermore, from a familial standpoint, Ferenczi was a younger brother of older sisters. His relationship with Severn and Thompson may have recapitulated earlier family dynamics.

Whatever extra-analytic reasons entwined into the creation of mutual analysis, beginning such a therapy was consistent with Ferenczi's professional stance. Ferenczi had long been a believer that an empathic stance healed, because it addressed the second stage of a traumatogenic situation--the environment's negative response. Empathy indicates the analyst does not despise them but pities what has occurred, believes in them, would help them, and admires their strengths and their assets.

Others understand this technique not as a flawed attempt to address the shortcomings of extant treatment, but as a unilateral expression of pathology. For example, Blum (1994) speculates that Ferenczi conducted mutual analysis because his illness caused him to project his need to be taken care of onto patients and he thus idealized patients' ability:

Ferenczi projected his own traumata, and in an analogue of projective identification, he identified with the illnesses of his patients and acted out issues concerned with abandonment and rescue, trauma and recovery, destruction and creation...He acted out what could not be recognized and verbalized...He used his real illness to see himself as the innocent victim, and then his patients as 'innocent victims.' (Blum, 1994, p. 877).

This speculation falls short of many essential truths. Ferenczi's tremendous need to be loved and accepted as well as his "furor sanandi", were fairly well known by his contemporaries and existed long before the onslaught of pernicious anemia. (Balint, 1958, 1968). Ferenczi's illness was just one factor that may have spurred him to create a mutual analysis with patients. Ferenczi, though ill, was able to appreciate how in dynamic dyadic relationships, psychoanalysis included, roles are flexible, influences reciprocal and conditions mutually regulated by the co-participants. The patient is not always distressed or regressed, the analyst is occasionally impaired and needy. Patients are just as capable of accurate attunement as their

analyst; analysts are just as capable of mistaken judgment as their patients. Ferenczi was more willing to openly state this than many others.

Another reason why Blum's speculation is inaccurate: Ferenczi's patients were neither the first patients ever to demand mutuality from their analyst, nor was Ferenczi the first to employ such elastic parameters with his patients. That credit must go at least to Carl Jung and Trigant Burrow before it goes to Ferenczi.

What Carl Jung's mutual analysis meant to Ferenczi is unclear, aside from a contemptuous reference to it as impossible in a 1912 letter to Freud (Brabant et al, 1994). Whether Ferenczi's mutual analysis was inspired by Jung's is difficult to know, as Jung is not cited as in inspiration in the 1932 diary. (Ferenczi, 1988). The break between Jung and the Central European analysts was fairly complete by this time.

Trigant Burrow (1875-1950) was a contemporary of Ferenczi's and an analysand of Jung's. At present, there is no evidence of direct links between Trigant Burrow and Ferenczi. Burrow's archives evidences no correspondence between them. However, Burrow was introduced to Ferenczi, Freud, and Jung at the Hammerstein gardens in 1909. Burrow presented his paper on mutual analysis at the 1925 Bad-Homburg Conference of the IPA in 1925. In 1926 he published this paper in the German edition of the *Zeitschrift fur Psychoanalysis*. In 1926, Ferenczi gave a series of lectures in New York and Washington DC. At that time, Burrows was the President of the American Psychoanalytic Association. Given their relationships with Freud, their presenting and publishing in the same circles, and their propinquity to each other at key times, it is quite possible that Ferenczi knew something about Burrow's studies (Burrow 1926, 1927).

Burrow (1926, 1927) described, how, after several years of conducting psychoanalysis, a patient challenged him and accused him of not being sincere unless Burrow was willing to "accept from him the same analytic exactions I was now imposing on others." (Burrows, 1927, p. xv). Burrows agreed to "humour" the patient for a time and realized, "my analyst had merely shifted the authoritarian vantage point I had relinquished...the situation had remained essentially unaltered." (Burrows, 1927, p. xvi). In order to resolve this new impasse, others were invited to come into the treatment dyad. Burrows reasoned that mutual analysis, "unconsciously substituting for the isolated neurosis of the individual a socially reciprocal relationship that is no less secret and repressed in its mutual exclusiveness. (Burrows, 1926, p. 352). Burrows came to believe "in its individualistic application, the attitude of the psychoanalyst and the attitude of the authoritarian are inseparable." (Burrows, 1926, p. xvii). Thus, for Burrows, group therapy developed from mutual analysis. In groups is an "exposure of social repressions." (Burrows, 1926, p. 353). According to Galt, (1991), this group "consisted of some colleagues of Burrows, members of his family, students, and former patients...an analysis of the group by the group, extend the principles of psychoanalysis to a sociological setting." (Galt, 1991, p. 101). The group was not focussed on historical past events or traumas, but the focus was on patterns of attention, mood, and mode of relating to the environment. "The emphasis was on immediate feeling reaction...first application of the 'here-now' principle in an analytic situation." (Galt, 1991, p. 102). The value of groups is:

At one and the same time, the individual is both victim and aggressor...both the aggrieved and the offender. And the effort on the part of our group to reunite these two artificially separated trends represented...difficulty.(Burrows, 1926, p. 354).

Burrow's groups were unlike current analytic groups. Burrows denoted his arrangement as a 'phyloanalysis', as it involved an ongoing living situation over many years, with the individuals summering together in a pastoral setting. This began in 1923 and continues to this day.

Ferenczi seemed to recognized this potential in mutual analysis but it was impossible for him to recognize himself as an aggressor in the relationship, so he cast his experiment as a "two children" analysis.

Certain phases of mutual analysis represent the complete renunciation of all compulsion and of all authority on both sides: they give the impression of two terrified children who compare their experiences and because of their common fate understand each other completely. (Ferenczi, 1988, p. 56).

Ferenczi recognized the potential for difficulties with mutual analysis. On the one hand, it was a regressive situation. On the other hand, it assumed equality and required the analyst to trust the “patients reliability, capacity to tolerate, and understanding.” (Ferenczi, 1988 p. 11). It required tremendous discipline on the part of the analyst. It still required the analyst to structure and maintain solid relational boundaries. Mutual analysis did not mean full equality within the treatment setting: some patients who received a mutual analysis had double sessions; one for them; one for the therapist, while others used part of their single sessions for the mutual analysis (Ferenczi, 1988). Ferenczi did not pay for his sessions, as this would remove the analysis too far from reality. Although the analyst may use the couch and the patient the analyst’s chair, the therapist cannot say anything that comes into his mind, as he must still show tact and sensitivity to patients’ need and monitor negative countertransference. “Can and should one tell all this openly and really put all the cards on the table?...for the present, no...” (Ferenczi, 1988, p. 35). There were also ethical issues to be resolved about confidentiality when patients who are also analysts conduct mutual analysis with their own patients and reveal the secrets of their “primary analyst to their patients.” (Ferenczi, 1988, p. 74). Mutual analysis could blossom into “gangsterism”, as “when we have been offended, disturbed, or injured we all have the reactions of gangsters.” (Ferenczi, 1988, p. 74). Furthermore, the usual restrictions against sexualizing the relationship remained:

...must the analyst give himself personally and unreservedly to every patient (as a private person, and also as a sexual being)? Hardly possible. Solution...when the patient can feel the potential capacity for loving in the analyst, actual experience of it is not absolutely necessary. (Ferenczi, 1988, p. 135).

The goal of mutual analysis, like the unilateral type, is the use of language to communicate internal states and affects to others and through both verbal communication and the emotional atmosphere created by the dyad to provide a reparative, safe, environment conducive to the healing of intrapsychic wounds (Ferenczi, 1988). Within the mutual analysis, Ferenczi used techniques which would later be incorporated into psychodrama and behavioral therapies and would be removed entirely from the analytic repertoire: role reversal, couple therapy with lesbian patients, and deep muscular relaxation with guided imagery.

Ferenczi died nine months after his experiments began. His preliminary reports indicated there were both negative and positive effects for mutual analysis, which effected both the patient and the analyst. Ferenczi noticed he was often tired and irritable. He felt degraded, humiliated, depressed, ashamed, and fearful of dependency (Ferenczi, 1988). Some patients reported an increase in such negative mood states as “anxiety, helplessness, [and] contemptuousness” as a reaction to Ferenczi’s vulnerabilities (Ferenczi, 1988, p. 213). True mutuality may not be possible to attain in an analytic setting and not every therapist can offer mutuality. As Buber stated, the patient comes the therapist seeking help. The therapist does not seek the patient out (Buber, Rogers, & Friedman, 1965). Thus, some inequality needs to be acknowledged within the relationship. However, some patient’s clearly benefitted from this technique. Ferenczi reported they were involved in healthier relationships, showed evidence of ego modifications, better adaptation to reality, and an increased independence (Ferenczi, 1988). Ferenczi also accrued positive factors from therapeutic role reversal. He was more sensitive, more attuned, natural, and sincere with these patients. Mutual analysis, he realized, was not a universally applicable technique that could be applied without a careful assessment of the patients verbalized needs and capacities.

BURIAL & OBSCURITY:

When Ferenczi died in 1933, Jones reneged on his promise to translate his works into English and publish his final papers. Freud’s unwillingness to re-examine the validity of the original seduction hypothesis and his deprecation of Ferenczi gave other members of the psychoanalytic community license to later malign him as well. Natenberg claimed that Freud was:

more irritable than ever, so that his mania of ‘resistance’ extended to any show of independence. Even those who were his most sympathetic and devoted followers could suffer his annoyance by opposing his slightest wish. (Natenberg, 1955, p. 197).

Accusations against Ferenczi centered around Jones’s (1957) assertion that he showed “latent psychotic trends” and counterassertions only “gently” rebutted him. (Balint, 1958; Fromm 1970). Fromm noted the timidity within the psychoanalytic community:

If such a tortuous and submissive letter had been written by a lesser person than Balint, or if it had been written in a dictatorial system in order to avoid severe consequences for freedom of life, it would be understandable. But considering the fact that it was written by a well-known analyst living in England, it only shows the intensity of the pressure which forbids any but the mildest criticism of one of the leaders of the organization. (Fromm, 1970 p.22).

Others consider the unresolved conflict between Freud and Ferenczi a “trauma” for the profession which discouraged innovators:

After Ferenczi’s death, analysts were extremely circumspect in their discussion of technique... problems of regression and countertransference seemed to disappear from discussions for a time. (Haynal, 1988, p. 33).

Furthermore, the trauma of Ferenczi’s death may have highlighted the eventual “trauma that shook the analytic world...Freud’s cancer and fears of his impending death.” (Blum, 1994, p. 874).

A cynic would also include Ferenczi’s interment as created by his failure to attract wealthy patrons who single-mindedly propagated his vision. Ferenczi urged his wealthy patients to donate their money towards Freud’s projects. Furthermore, Princes Bonaparte and the Tiffany heiress Dorothy Burlingame were already Freudian devotees. Sullivan had a benefactress who set him up with a trust fund, Burrow had Dorothy Lifwynn who set up a foundation dedicated to his laboratory method, and Jung had Edith Rockefeller’s money. Ferenczi, it is true, had Clara Thompson, but while her vision included him, her money was invested with Sullivan. Other factors for his burial centered around some analysts fear of Anna Freud’s reprisals (Roazen, 1993), while others had a thought for the sensitivities of Ferenczi’s widow and step-daughter, who survived the Holocaust. (Balint, 1988).

External forces must be considered. At the time of Ferenczi’s death, Hungary was governed by the fascist Horthy regime. By 1938, the Hungarian government began to pass a series of anti-Jewish laws, with each succeeding law more severe than the prior one was. (Harmat, 1989) Hungarian psychoanalysts began to emigrate. It became progressively more difficult to train in psychoanalysis, as notetaking police detectives were required by law to be present at all psychoanalytic meetings, and many psychoanalysts were also Leftists and communists. Finally, laws were enacted which prohibited gentiles from being treated by Jewish doctors. In 1944, the Nazis occupied Hungary. Jewish doctors were either murdered outright or sent to concentration camps. (Harmat, 1989). At the close of World War II, over 1/2 million Hungarian Jews were murdered. Studying Ferenczi’s techniques and continuing his experiments was obviously impossible for many years after his death. In post World War II Communist Hungary, the regime placed severe restrictions on the practice and training of psychoanalysis to discourage a new generation from this profession. Many contemporaries of Ferenczi lay buried for lack of English translations. (Brabant, et al, 1995; Hidas, 1997). Within psychoanalysis, a conservative, non-experimental atmosphere predominated which failed to investigate Ferenczi’s ideas. Analytic conservatism may only be a reflection of larger conservatism in the postwar United States, or as a reflection in Europe of the primacy issues of rebuilding shattered external cultures over investment in intrapsychic structures. (Balint, 1968; Haynal, 1988).

RESURRECTION:

Because of geopolitical tensions, the conservatism of analysts and that of larger social world, Ferenczi's diary and correspondence lay untranslated and unavailable to English-speaking professionals for almost 50 years. He has never been completely forgotten and is mentioned in most texts of psychoanalysis and technique. (Alexander, et al, 1966; Fromm, 1959, 1970; Fromm-Reichman, 1950, 1959; Natenberg, 1955; Roazen, 1969, 1975; Schur, 1972). His collected works were published in a set by Hogarth Press in the late 1940's. However, within the mental health profession at large, he was derogated.

Probably the most massive impetus to the development of a fuller understanding of Ferenczi followed the publication of Masson's (1984) book, *The Assault on Truth*, where he presents Ferenczi as victimized by Freud and the post-Freudian psychoanalytic establishment. Since then, the English language version of Ferenczi's *Clinical Diary* (1988) and the availability of the first two volumes of the Ferenczi/Freud correspondence have generated a respectable amount of interest in Ferenczi and he can no longer be considered a fringe figure within psychoanalysis. Since the publication of Ferenczi's clinical journal, some of the relational schools within psychoanalysis have been experimenting with techniques inspired by mutual analysis. (Blechner, 1992; Hirsch, 1992).

An analysis which incorporates the various factors within the Freud/Ferenczi relationship places in perspective the interactive and dynamic multifactored components effecting these major actors in psychoanalysis. Although intrapsychic and interpersonal relationships are important factors, internal psychoanalytic politics, internecine jealousies, organic illnesses, the Holocaust, finances, and global politics all assumed roles in this drama as well.

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