

**FROM OGDEN TO FERENCZI. THE CONSTITUTION
OF A CONTEMPORARY CLINICAL THOUGHT (*)**

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SUMMARY

This paper, in its first part, offers historical and clinical research that aims to establish, in a new frame, forms of organizing psychoanalytic theories on psychopathology and its accompanying healing strategies. This new frame is based in two matrices (“Freudo–Kleinian” and “Ferenczian”) and it organizes the wide knowledge established by different authors of the psychoanalytic field. Therefore, it recognizes the innovative proposals of the last three decades as transmatricial ones, in which the Freudo–Kleinian lineage and Ferenczian lineage are recognized as supplementary dimensions. In the second part, the paper describes some possible origins of one of the most relevant transmatricial thoughts in contemporary psychoanalysis, namely, Thomas Ogden’s work. To the question of what would be the path that leads back from Ogden’s conception of “dreaming the analytic session” to Ferenczi’s final clinical intersubjective proposals, the hypothesis offered is that it passes, retroactively, through the works of Robert Langs, Harold Searles, Willy and Madeleine Baranger and Wilfred Bion.

KEY WORDS: psychopathology; anxiety; healing strategies; countertransference; dreaming

RESUMEN

Este artículo, en su primera parte, ofrece una investigación histórica y clínica que tiene como objetivo establecer, en un nuevo marco, formas de organizar las teorías psicoanalíticas sobre la psicopatología y sus estrategias curativas respectivas. Este nuevo marco se basa en dos matrices (‘Freudo-kleiniana’ y ‘Ferencziana’) y organiza el amplio conocimiento establecido por diferentes autores del campo psicoanalítico. Por tanto, reconoce las propuestas innovadoras de las últimas tres décadas como transmatriciales, en las que el linaje freudo-kleiniano y el ferencziano son reconocidos como dimensiones suplementarias. En la segunda parte, el artículo describe algunos posibles orígenes de uno de los pensamientos transmatriciales más relevantes en el psicoanálisis contemporáneo, a saber, la obra de Thomas Ogden. A la pregunta de cuál sería el camino que remonta desde la concepción de Ogden de “soñar la sesión analítica” hasta las propuestas clínicas intersubjetivas finales de Ferenczi, la hipótesis que se ofrece es que pasa, retroactivamente, por los trabajos de Robert Langs, Harold Searles, Willy y Madeleine Baranger y Wilfred Bion.

PALABRAS CLAVES: psicopatología; ansiedad; estrategias curativas; contratransferencia; soñando

This paper is part of an on-going research project on psychic illness and healing strategies in psychoanalysis, and it has been progressing for the last four years. It is a product of a long partnership with my colleague and friend Luis Claudio Figueiredo, with whom I have published many works during the last two decades (Figueiredo and Coelho Junior, 2000, 2018; Coelho Junior and Figueiredo, 2003)

First, I plan to map the vast and complex field of psychoanalytic thought in terms of two matrices (“Freudo–Kleinian” and “Ferenczian”) and the various models of psychopathologies identified therein. In the second part, I aim to consider some efforts of articulation between these matrices, a contemporary transmatricial thinking in the works of Thomas Ogden, supported by the psychoanalytic ideas of Winnicott and Bion.

For the two matrices, psychic illness, or psychopathology, can be universally thought of as interruptions in *health processes*. In speaking of health processes, I am referring to the free and effective working of unconscious and conscious psychological processes; we will be far from a normative view of health. When such processes are interrupted, some form of illness will appear. And, as we shall see, to each of these great matrices of illness will correspond a healing strategy.

In the context of each of these matrices, we find different models: on one hand, by followers of Freud (like Lacan, among others) and by Melanie Klein followers; on the other, by those who worked under the inspiration of a Ferenczian clinical practice, although they were not always direct followers of Ferenczi. Balint (and to a lesser extent Spitz) had been, indeed, disciples of Ferenczi; Donald Winnicott and Heinz Kohut, each of whom comes from other traditions, nevertheless reveal a clear Ferenczian inspiration in their clinical and theoretical projects. I also suggest that methods of treatment in psychoanalysis were established in correspondence to the different models of illness in the context of the two large matrices.

A fundamental characteristic of the *Freudian-Kleinian matrix* is that of centering the whole problem of psychic illness on the experiences of anxiety and on active forms of defense. Thus, analyzing the processes of anxiety formation and their configurations are essential, as well as it is important to analyze the defense mechanisms against them, showing how illnesses, paradoxically, derive not from the failures of the defenses, but, on the contrary, from their success. A success of high cost, certainly, in terms of psychic suffering. In it, more and more varied anxieties are generated. This creates the vicious circle of repetition, the compulsion to repeat—thus giving rise to a form of interruption of health processes. The clinical and theoretical exploration of these states of primitive anxiety and its equally radical defenses, prior to the full differentiation between Id and Ego, and therefore prior to the formation of the *Self*, is where we find Melanie Klein's great contribution to our understanding of psychic illness (Klein, 1930, 1940, 1948). In the context of these notions, the clinical work must fundamentally monitor anxieties and defenses, that is, confront the resistances. This does not mean, strictly, a clinical work that deals only with the so-called "analysis of resistances" -which, however, seems at times to have been a Freudian idea, and was undoubtedly in great prominence among some Freudians (Sterba, 1934; Fenichel, 1946; Anna Freud, 1946). On the other hand, it is fundamental to pay sensitive attention to the patient's harrowing experiences, although they should not be dealt with in a radical way -because without anxiety the psyche does not grow and cannot work.

The *Ferenczian matrix* was born as a supplemental position to the previous one; according to most authors dedicated to the history of the psychoanalytic movement, it will remain so, not being able to occupy a central position in the psychoanalytic field. However, even in its relatively discreet position, it will be indispensable as we think about certain forms of psychic illness, which do not seem to fit adequately within the limits of the Freudian-Kleinian matrix. In these modalities of psychic illness, the interruption of the processes of health is even more precocious and more radical than the ones that can be observed in the Freudian-Kleinian matrix.

What is fundamental in this new context is the recognition of early trauma, experiences of rupture that produce a true annihilation of the capacities of defense and resistance. Anxieties do not form, they are prevented by a true extinction of areas of the mind that die, or rather, are allowed to die. This is a radically new situation in relation to what Freud envisioned. Here we will follow another perspective, rooted in the Ferenczian matrix: in the place of anxiety, we must speak of agony, a term suggested by Winnicott in his final texts (Winnicott, 1935, 1974; 1980), which seems to suit an experience of death in life, of a psychic mode of freezing. If *anxieties* can be thought of as phenomena of life, of life agitated by drives and affections, by sensory impressions and by the tremendous sufferings that life entails, *agony* is a phenomenon of death, anticipated death, or death in state of suspension, as Ferenczi (1932) suggests in key entries of February 21st, 1932, on *Fragmentation* and October 2nd, 1932, on *Regression* in his *Clinical Diary* (pp. 38–40 and 212; Brazilian edition, pp. 73–74 and 260).

Not that these individuals haven't built some defenses, or even defensive and resisting systems, since, because of the early splitting, a part was given over to passivity, but some other part remained alive, distressed and therefore defending itself. To take only Winnicott as an example, one cannot ignore the role of *manic*

defenses -in which Winnicott relies on the Kleinian concept to suggest something a little different, where the stakes are the need to deny ‘*death inside*’ (Winnicott 1935, p. 131), the inner reality taken by death; nor can one deny the defensive and resisting function of a false Self. Similar notions can be found in Balint and Kohut in the proposition of a defensive pseudo-vitality in narcissistic patients (Balint, 1952, 1968; Kohut, 1977; Kohut and Wolf, 1978). However, since Ferenczi and in the works of clinicians inspired by him, the analyst’s listening must be sensitive to that which is not of the order of active defense and resistance. It is not a question, primarily, of accepting, modifying and transforming anxieties. Defenses, resistances and anxiety are, in a way, noisy. The agony is very silent, and we will find the presence of some still pulsating life buried beneath a thick layer of dead matter (as Kohut 1977, tells us). This opens the field of listening to the inaudible in a clinical work of “revitalization”, or rehabilitation, another Kohutian term (Kohut and Wolf, 1978, p. 424). Finally, this clinical work opens the possibility of a *new birth*, as Kohut suggests (Kohut, 1977) or, to speak in the words of Balint, of a *new beginning* (Balint, 1932, 1952).

The main difference between the two matrices, between the two great thinkers, Freud and Ferenczi, corresponds, in clinical terms, to the Ferenczian perspective on the *difficult* patient of not recognizing his behavior in the session in terms of resistance to psychoanalysis. He sees it, on the contrary, as a timid and awkward attempt to regain some vitality, some living contact with an equally alive and responsive object (Ferenczi, 1929). This does not prevent Ferenczi, Balint, Winnicott and Kohut from being completely Freudian everywhere else. This other matrix supplements but does not render the Freudian-Kleinian matrix obsolete. But the Ferenczian matrix does become central to many treatments in which certain forms of psychic illness, like numbness, inertia, anesthesia and paralysis, emptiness, sense of futility and boredom -figures of passivity (passivity-helplessness, in the terms of Green) (Green, 2012, p. 142) and death, or of death in suspension- occupy the center of the scene (Ferenczi, 1932, pp. 38–40 and 212, in Brazilian edition, pp. 73–74 and 260).

As we know, in terms of psychoanalytical technique, in his early days Ferenczi adhered to the Freudian model of interpretation and of the primacy of transference and resistance of the Ego. But as soon as he was confronted with the difficulties of very regressed patients, he began to look for alternatives and new ways of working (see Borgogno 2019, this issue). The hypothesis here is that the Freudian text of “Inhibition, Symptom and Anxiety” (Freud, 1926) and its introduction of new forms of resistance to analysis, other than the ones from the Ego (Id’s and Super-Ego resistances) (Freud, 1923), brought decisive new elements to Ferenczi’s changing therapeutic technique. His technical experiments of the late 1920s can be understood as advances or responses in the therapeutic context of confronting the resistances of the Id (negative transferences) and of the Super-Ego, mainly, requiring a new understanding of the role of countertransference. In the final years of his life, Ferenczi seems to wonder about the limits of the interpretative model proposed by Freud and seeks ways to cope with the early traumas and mortified aspects of his patients’ psychic apparatus (Ferenczi 1928, 1929, 1930, 1931, 1932, 1933, 1934). The necessary emphasis on the intersubjective dimension and, therefore, on the value of the object, will mark both the understanding of psychopathological structures and of therapeutic strategies. This change, which will be supported by the notion of empathy and the necessary affective care on the part of the analyst to meet the needs of very fragile and regressed patients, will determine a path to the psychoanalytic clinical work, which will be further developed and expanded by authors such as Balint (1932, 1952, 1968), Winnicott (1958, 1963, 1965, 1969, 1971), and as we will see, by Thomas Ogden (1986, 1989, 1994, 1997, 2001, 2005, 2009, 2016). With what we have learned from the presentations of the two matrices of psychic illness, correlated to the two great strategies of psychoanalytic clinical work, I will now explore the territory of the so-called *contemporary psychoanalysis*. To this somewhat vague and nonspecific expression I will try to give a clearer and more explicit sense: I will explore *contemporary transmatricial psychoanalysis*.

In the transmatricial perspective, current psychoanalysis crossed models in psychoanalytic practice and theory: for example, drive and object model, intrapsychic and intersubjective dimensions, the problem of desire, conflicts and deficits on one side and the effects of the experiences of helplessness and dependence on the other. All these poles appear in an articulated way in psychoanalysis that developed in the last decades

of the twentieth century (e.g., Alvarez, 1992; Green, 1974, 1976, 1980, 1988, 1990, 1993, 2000; Roussillon, 2011; Ogden, 1986, 1989, 1994, 2005) and are even more present in our current therapeutic effort (Alvarez, 2012; Green, 2012; Ogden, 2009, 2016, 2018). More than crossing models, we refer now to what we call *transmatricial thoughts*, in which illness by activation and illness by passivity due to early trauma, that is, the Freudian-Kleinian lineage and the Ferenczian lineage, are present and recognized as supplementary dimensions of psychic illness. We believe that the works of Ogden (1986, 1989, 1994, 2005, 2009, 2016, 2018) present an excellent example of transmatricial psychoanalytic thought.

Thomas Ogden's clinical proposal is attuned as much to the strategy that interpretation deactivates defences (e.g., Levine, 2011), coming from the Freudian-Kleinian matrix (and present via Bion's path), as to the vitalization strategy, originating from the Ferenczian matrix (and operating via Winnicott). It may be useful to understand how the two matrices are required for Ogden to face the essential interweaving of life and death. To do so, let us examine his interpretation of Winnicott's (1974) article "Fear of Breakdown", in his "Fear of Breakdown and the Unlived Life" (Ogden, 2014). We do believe that Ogden's greatest originality in his interpretation of Winnicott's paper -which has so much aided us in understanding the problem of the agonizing states from traumatic experiences of passivity, in the Ferenczian matrix- is the thesis of the universality of the experience of 'death inside'. There is, according to Ogden (2014), an early collapse (that already occurred) of a universal character: it is the rupture of the primary bond between the baby and his mother. However, when, at the same time as this disruption occurs, there is still a sustaining presence of the environment, the experience of the trauma is not fully configured. When the absence of a sufficient holding company prevails, on the other hand, death is installed in life: a death inside, that is, a part of life that is not lived and is kept inoperative, but in the condition of split/refused.

Psychotic defenses then emerge to keep *unlived* life (the dead part) out of the psychic circuit. Hence the fear of collapse and its paradoxical character: it is feared that with the collapse of the current defenses -psychotic defenses- a crisis will emerge. This is lived as a radical and overwhelming experience of passivity due to early trauma; it is when death that occurred in the beginning of life appears. The same experience of death that has been always avoided with the use of primitive defenses, such as splitting. What is feared is that in the future the tragic past will return.

The treatment of patients who suffered deeply and widely, because of early traumas, in a passive way, and yet who are also distressed and defended, (i.e., who deal with suffering in which a basic agony mingles itself with anxiety and defenses), implies both the interpretation of defenses and the containing of anxieties. The recovery of life, or *call* to life of *unlived* life, is the way in which Ogden resorts to the notion of '*reclaiming*' (Ogden, 2014, p. 214) in a revitalization strategy. But what we want to emphasize here is that, according to Ogden, there are two permanent nuclei in all psyches, including the most suitable for healthy and psychic work: a vital and vitalizing nucleus, which distresses and defends, but also creates, elaborates and expands, and another that holds the marks of the traumatic experience, the marks of 'death inside' (Winnicott, 1935, p. 131). This is because, no matter how efficient the environment is in holding, efficiency will never be absolute, and the breaking of the primary bond is never painless and free of deadly consequences. This is a good example of a transmatricial way of thinking about psychic illness, in which Freudian/Kleinian matrix and Ferenczian matrix are entangled.

As already indicated, it is the way Ogden has used the supplementary connection between the ideas of Bion and Winnicott, which secured him the position to be one of the main authors of contemporary transmatricial psychoanalysis. He mainly focuses on suffering derived from the intense or massive projective identifications -in Bion's lineage- and on the universality of 'death inside' -in Winnicott's lineage. Ogden reaffirms holding (the firm and soft holding, the safety and security, the continuous and discreet activity of the mother who guarantees and supports the baby's living being that can thus passively surrender to maternal care). He stresses that with holding, the mother (and the analyst) preserves the baby's living being (analysand) from any otherness imposed by the world. It is above all to preserve the baby (analysand) of the risks imposed by a potentially traumatic alterity that creates a state of passivity. With this, holding reaffirms itself as offering a place of life for the establishment of object relations. Regarding Bion's thought,

Ogden points out the limits of the process of containing and the indigestible and corrosive aspects of what is contained, stressing the need for two psyches to think, both early in life and, in many difficult cases, in analysis. Thus, he emphasizes the importance of normal projective identification as the primary means of communication. He also focuses on the possibility of failures in the active processes of containing and transforming, characterized by the absence or defects of the reverie, thus determining the return of the projected as ‘*nameless dread*’ (Bion, 1962a, p. 95). In many of his clinical reports (Ogden, 1994, 2009, 2016), following Bion’s footsteps, he recognizes the restraints of the dynamics of the container/contained, of the links, and of the ability to think, which are configured as active defenses against a nameless dread. But as he often points out (Ogden, 1994, 2001, 2005, 2009, 2016), the clinical and theoretical ideas of other authors, such as Bion and Winnicott, serve as a vehicle for constructing his own ideas about psychic suffering.

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Now, following this path let us focus on Ferenczi’s almost unrecognized influence in Ogden’s clinical and theoretical ideas, mainly in comparison with the most influential thoughts of Bion and Winnicott.

The first question is: what would be the path that leads back from Ogden’s (2017) conception of “dreaming the analytic session” (Ogden, 2017, p. 1), to Ferenczi’s proposal (presented in his entry of 17th January 1932 in the *Clinical Diary*, in the context of mutual analysis), “I should just be there... I could even go to sleep. The two unconscious thereby receive mutual help...” (Ferenczi, 1932, p. 12, Brazilian edition p. 43) My hypothesis is that it passes, retroactively, through the works of Robert Langs (1976, 1988; Langs and Searles, 1980), Harold Searles (1947–1948, 1965), Willy and Madeleine Baranger (1966, 1969) and Wilfred Bion (1952, 1962a, b). Here, the aim is less to find real biographical or bibliographical elements that confirm such a path, but to construct, even in a fictional way, the constitution of an original contemporary clinical thought, such as Ogden’s, and to show Ferenczi’s legacy. But, as the Italian proverb indicates, “*se non è vero... è ben trovato*”, something like, “if it’s not true... it’s well-founded”. Ogden’s proposal has two main directions: (1) “the idea that the role of the analyst is to help the patient dream his previously ‘undreamt’ and ‘interrupted’ dreams” and (2) “dreaming the analytic session involves engaging in the experience of dreaming the session with the patient and, at the same time, unconsciously (and at times consciously) understanding the dream” (Ogden 2017, p. 1). In other words, here we have two of Ferenczi’s great themes: the comprehension of an infantile trauma that must be recognized and symbolized, first by the analyst, and the idea that the analyst’s “mind swings continuously between empathy, self-observation and making judgment” (Ferenczi, 1928, p. 32).

Another unrecognized influence is the one that Ogden seems to have received from the theoretical-clinical formulations of Robert Langs and Harold Searles, especially regarding the proposition of his main concept, the “Third Analytic Subject” (Ogden, 1994). Interestingly, Ogden quotes both Langs and Searles in almost all his nine main books (Ogden, 1982, 1986, 1989, 1994, 1997, 2001, 2005, 2009, 2016). Therefore, it is not that he doesn’t recognize the presence and the reading of the two authors’ texts, especially in his formative years. But he does not comment, for example, on the effect that Langs’s (1976) work, *Bipersonal Field*, could have had in his conception of the analytic situation as being a transferential-countertransferential field, marked by the analytic third. Another biographical fact that draws attention is that the first four articles published by Ogden (between 1974 and 1978, (Ogden, 1974, 1976, 1978a, b) appeared in the *International Journal of Psychoanalytic Psychotherapy*, edited by Robert Langs.

Langs (who in the 60 s read the Barangers’ article on the “bi-personal field”) (Langs and Searles, 1980, pp. 45–46) and Searles (who wrote as early as 1947–1948 about countertransference elements as the central aspect of the analytic process) (Searles, 1947–1948, cf. Langs and Searles, 1980, p. 60 and Civitarese, 2008, p. 114) are in some way a source of Ogden’s original idea of the ‘third analytic subject’ (Ogden, 1994). Both recognize the centrality of Ferenczi’s ideas in their conceptions and emphasize the importance of unconscious perceptions, of analysts and patients, as a central element of the analytical work (Langs and Searles, 1980).

Based on many years of work with schizophrenic patients, Searles elaborates an articulated conception of the transference-countertransference relationship, focalizing relational and perceptual (unconscious) indicators, and stressing its influence on the dynamics of a psychoanalytical therapeutic work. The 1947–1948 paper on countertransference, entitled “Concerning Transference and Countertransference”, which he tried to get published in 1949, was turned down by two journals (*Psychiatry and The Psychoanalytic Quarterly*). He was finally able to get it published when Robert Langs was the editor of *International Journal of Psychoanalytic Psychotherapy* in 1978–79 (Civitarese, 2008, p. 114; Balbuena, 2018, pp. 298–299). In this paper Searles wrote

that transference phenomena constitute projections, and that all projective -including transference reactions- have some real basis in the analyst’s behavior and represent, therefore, distortions of degree only. The latter of these two suggestions implies a degree of emotional participation by the analyst which is not adequately described by the classical view of him as manifesting sympathetic interest, and nothing else, toward the patient. It has been the writer’s experience that the analyst actually does feel, and manifest in various ways, a great variety of emotions during the analytic hour (Searles, 1947–1948, p. 165).

Searles (1947–1948) does believe “that the analyst’s emotions need to become the subject of a precise and thorough investigation, in regard to their positive value in therapy, as are those of the patient himself” (p. 179). He stresses that

our aim should be to remain maximally aware of our changing feelings during the analytic hour, not only because these feelings will be communicated behavioristically to the patient -via variations, no matter how subtle, in our tone, posture, and so on- but also because our feelings are our most sensitive indicators of what is going on in the interpersonal situation (Searles, 1947–1948, p. 180).

In continuity and in dialogue with Searles’s work, Langs deserves to be highlighted by the way in which he introduces his analysis of the intersubjective dimension and the unconscious perception of patients in relation to the analyst during the analytical process and by introducing to North American psychoanalysis the notion of bi-personal field (Langs, 1976). In his introduction to the first book on Langs, published in France, Paul Bercherie points to the uniqueness of his course: “Thus, Langs was not content to join Searles within this *nebula* that Balint called ‘marginal’ -he stood next to Searles and Winnicott as heir to Ferenczi of 1928–1932 and his reanalysis of the Freudian theory of seduction” (Bercherie, 1988, p. 5). Balint included himself in what he called a psychoanalytical *fringe* (alongside Winnicott, Searles, Little and Khan), as opposed to a classical group of psychoanalysts (Balint, 1968, p. 155).

By this excerpt of the path we also recognize the importance of the pioneering work of the French-Argentinean analysts Willy and Madeleine Baranger (cf. Coelho Junior, 2016) in establishing a new way of conceiving and metaphorizing the analytical situation, which we believe are much in harmony with some of Ferenczi’s ideas. In an article originally published in 1961, Willie and Madeleine Baranger stated their uneasiness with the unilateralism of what they referred to as “the primitive descriptions of the analytical situation as a situation of objective observation” (Baranger and Baranger, 1969, p. 129) on the part of the analyst. They argued that the analytical situation is best described as a “situation in which two people are extremely connected and complementary, as well as involved in the same dynamic process” (p. 129). They therefore proposed that the concept of dynamic field, as it was employed in Gestalt psychology and in the works of Merleau-Ponty, was appropriate to “the situation created by analysand and analyst -at least in the descriptive realm- which does not, however, imply an intention to translate the analytical terminology into something other than it is” (p. 129). To the Barangers, the analytical situation can be described as having a spatial and temporal structure, being guided by determined lines of force and dynamics and having its

own laws and purposes. “This field is our immediate and specific object of observation. The observation of the analyst is simultaneously the observation of the analysand and the correlated self-observation. This can therefore only be defined as observation of this field” (p. 130).

Ogden (2004) accepted the Baranger’s ideas as similar to the ones of his investigations only ten years after publishing, for the first time, his article on the analytical third, in a footnote:

...It is beyond the scope of this paper to offer a comprehensive review of the literature concerning an intersubjective view of the analytic process and the nature of the unconscious interplay of transference and countertransference. See Bion’s (1962) and Green’s (1975) work concerning the analytic object and Baranger’s (1993) notion of the analytic field for conceptions of unconscious analytic intersubjectivity that overlap with what I call the analytic third (Ogden, 2004, p. 169).

Bion and his conception of reverie as a fundamental tool of the analyst’s capacity to work and the proposition of the interaction between the container (capacity for dreaming) and the contained (dream thoughts) are recognized, and quoted, as sources of inspiration for Ogden’s ideas (Ogden, 2009, 2017). The path from Bion to Klein (one of his analysts) and from Klein to Ferenczi (one of her analysts), appears to us as evident, even though not completely unproblematic.

So, the concepts of the transference-countertransference relationship, bipersonal field, reverie, and contained-container are undoubtedly sources of inspiration to Ogden’s ideas and, in our point of view, are *a part of the Ferenczian legacy*.

In a provocative way, Ogden opens one of his most important texts with the following phrases:

I take as fundamental to an understanding of psychoanalysis the idea that the analyst must invent psychoanalysis anew with each patient. This is achieved in no small measure by means of an ongoing experiment, within the terms of the psychoanalytic situation, in which patient and analyst create ways of talking to one another that are unique to each analytical pair at a given moment in the analysis (Ogden, 2009, p. 14).

Taking his clinical experience as a reference, Ogden suggests that many patients are unable to dream (or to play) in the analytical setting, either in the form of free associations, or in any other way. Which means that there is, in the psyche of these patients, an inert area that needs to be accessed and activated. Moreover, Ogden began to recognize modes of psychotherapeutic work, of *conversation*, which at first sight may seem odd because analysts and patients talk about things like books, poems, movies, grammar rules, etymology, speed of light, the taste of a chocolate, and so on. Despite appearances, he writes, “it has been my experience that such ‘unanalytic’ talk often allows a patient and analyst who have been unable to dream together to begin to be able to do so” (Ogden, 2009, p. 14). He calls this kind of talking “‘talking-as-dreaming.’ [...] ‘Like free association (and unlike ordinary conversations), ‘talking-as-dreaming’ tends to include considerable primary process thinking” (p. 14). For Ogden the area of the overlap of the patient’s dreaming and the analyst’s dreaming is the place where analysis occurs (p. 17). Further on, he offers his own vision (definition) of what is for him psychoanalysis as a therapeutic process:

I view psychoanalysis as an experience in which patient and analyst engage in an experiment within the analytical frame that is designed to create conditions in which the analysand (with the analyst’s participation) may be able to dream formerly undreamable emotional experience (his undreamt dreams) (Ogden, 2009, p. 17).

For Ogden, this is quite different from a situation in which the analyst dreams for the analysand the dreams he is not yet able to dream (or does the analysand work of dreaming). Ogden insists, too, that for this form of work to be effective one must be even more rigid (and not less) in relation to the analytical frame (Ogden, 2009, p. 30). The essential difference between the roles of analyst and analysand needs to remain as firm as possible during the treatment -since, in another way, the analysand would be deprived of the analyst and of the analytical relation he needs.

IN CLOSING

In this paper, two distinct matrices of psychoanalytic thinking, the Freud–Kleinian topographical/structural matrix on one hand, and the Ferenczian object relational and intersubjective matrix on the other hand, was traced to a contemporary understanding of the transmatricial model. The Ferenczian matrix was re-examined through a condensed review of the theoretical and clinical contributions of prominent psychoanalytic theoreticians, leading to Thomas Ogden’s contemporary work. The path that leads back from Ogden’s conception of “dreaming the analytic session” to Ferenczi’s final clinical intersubjective proposals, the hypothesis offered is that it passes, retroactively, through the works of Robert Langs, Harold Searles, Willy and Madeleine Baranger and Wilfred Bion. Ogden’s creativity, supported by his solid recognition of the work of the great analysts who preceded him, has offered us new clinical forms to deal with psychic illnesses in a clearly *transmatricial model*.

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REFERENCES

- Alvarez, A. (1992). *Live company: Psychoanalytic psychotherapy with autistic, borderline, deprived and abused children*. London: Routledge.
- Alvarez, A. (2012). *The thinking heart: Three levels of psychoanalytic therapy with disturbed children*. London: Routledge.
- Balbuena, F. (2018). Harold Searles: Lifelong work of a master clinician. *American Journal of Psychoanalysis*, 78, 287–307.
- Balint, M. (1932). Character analysis and new beginnings. Primary love and psychoanalytic technique (pp. 33–55). London: Tavistock.
- Balint, M. (1952). *New Beginning and the Paranoid and the Depressive Syndromes*. Primary love and psychoanalytic technique (pp. 244–265). London: Tavistock.
- Balint, M. (1968). *The basic fault* (p. 1992). Evanston, IL: Northwestern University Press, 1992.
- Baranger, W., & Baranger, M. (1966). Insight in the analytic situation. In R. Litman (Ed.), *Psychoanalysis in the Americas* (pp. 56–72). New York: International Universities Press. 479
- Baranger, W., & Baranger, M. (1969). *Problemas del campo psicoanalítico*. Buenos Aires: Ed. Kargieman, 1993
- Bercherie, P. (1988). Presentation. In R. Langs (Ed.), *Thérapie de vérité, thérapie de mensonge*. Paris: P.U.F.
- Bion, W. (1952). *Experience in Groups*. New York: Basic Books, 1959

- Bion, W. (1962a). *Learning from Experience*. London: Tavistock.
- Bion, W. (1962b). *A theory of thinking*. Second thoughts (pp. 110–119). New York: Jason Aronson, 1967
- Borgogno, F. (2019). Sandor Ferenczi: A classical and contemporary psychoanalyst. *American Journal of Psychoanalysis*. <https://doi.org/10.1057/s11231-019-09222-1>.
- Civitaresse, G. (2008). *Transference, USA. The Intimate Room* (pp. 113–136). London: Routledge.
- Coelho Junior, N. E. (2016). The origins and destinies of the idea of thirdness in contemporary psychoanalysis. *International Journal of Psychoanalysis*, 97, 1105–1127.
- Coelho Junior, N. E., & Figueiredo, L. C. (2003). Patterns of intersubjectivity in the constitution of subjectivity. *Culture and Psychology*, 9, 193–208.
- Fenichel, O. (1946). *The psychoanalytic theory of neurosis*. London: Routledge, 2005
- Ferenczi, S. (1928). The elasticity of psychoanalytic technique. In *Final contribution to the problems and methods of psychoanalysis*. (pp. 87–101). London: Karnac Books. 1994. In Portuguese: A elasticidade da técnica psicanalítica. In: Sandor
- Ferenczi—Obras completas, Vol. IV (pp. 25–36). São Paulo: Martins Fontes, 1992.
- Ferenczi, S. (1929). The unwelcome child and his death instinct. In *Final contributions to the problems and methods of psychoanalysis* (pp. 102–106). London: Karnac Books. 1994. In Portuguese: Criança mal acolhida e sua pulsão de morte In: Sandor Ferenczi—Obras completas, Vol. IV. (pp. 47–51). São Paulo: Martins Fontes, 1992.
- Ferenczi, S. (1930). The principles of relaxation and neocatharsis. *Final contributions to the problems and methods of psychoanalysis* (pp. 108–125). London: Karnac Books, 1994
- Ferenczi, S. (1931). Child-analysis in the analysis of the adults. *Final contributions to the problems and methods of psychoanalysis* (pp. 126–142). London: Karnac Books, 1994
- Ferenczi, S. (1932). *The clinical diary of Sandor Ferenczi*. J. Dupont (Ed.) M. Balint & N.Z. Jackson (Trans.) Cambridge, Mass. & London: Harvard University Press. 1988. Brazilian edition: *Diário clínico*. São Paulo: Martins Fontes, 1990
- Ferenczi, S. (1933). Confusion of Tongues between Adults and the Child. *The Language of Tenderness and of Passion*. In *Final contribution to the problems and methods of psychoanalysis* (pp. 156–167). London: Karnac Books. 1994. Also in *International Journal of Psychoanalysis*, 30, 225–230, published in 1949.
- Ferenczi, S. (1934). Reflexões sobre o Trauma. In: Sandor Ferenczi—Obras completas, Vol. IV. (pp. 109–117). São Paulo: Martins Fontes, 1992 Figueiredo, L. C., & Coelho Junior, N. E. (2000). Ética e técnica em psicanálise. São Paulo: Editora Escuta.
- Figueiredo, L. C. & Coelho Junior, N. E (2018). *Adoecimentos psíquicos e estratégias de cura. matrizes e modelos em psicanálise*. São Paulo: Editora Blucher.480
- Freud, S. (1923). The ego and the id. *Standard edition* (Vol. 19, pp. 1–161). London: Hogarth.
- Freud, S. (1926). Inhibitions, symptoms and anxiety. *Standard edition* (Vol. 20, pp. 77–174). London: Hogarth.
- Freud, A. (1946). *The ego and the mechanisms of defense*. New York: International Universities Press.
- Green, A. (1974). L’analyste, la symbolization et l’absence dans le cadre analytique. In *La folie privée* (pp. 73–119). Paris: Gallimard, 1974
- Green, A. (1976). Le concept de limite. *La folie privée* (pp. 122–143). Paris: Gallimard.
- Green, A. (1980). La mère morte. *Narcissisme de vie, narcissisme de mort* (pp.222–253). Paris: Minuit.
- Green, A. (1988). La position phobique centrale. In *La pensée clinique*. Paris: Odile Jacob (pp. 149–186).
- Green, A. (1990). Le tournant des années folles. *La folie privée* (pp. 11–39). Paris: Gallimard.
- Green, A. (1993). *Le travail du négatif*. Paris: Minuit.
- Green, A. (2000). “La Mort dans la vie » . In : *La Pensée Clinique* (pp. 309–332). Paris: Odile Jacob.
- Green, A. (2012). Passivité -passivation: jouissance et détresse. *La Clinique Psychanalytique Contemporaine* (pp. 141–155). Paris: Editions d’Ithaque.
- Klein, M. (1930). The importance of symbol-formation in the development of the ego. *International Journal of Psychoanalysis*, 11, 24–39.
- Klein, M. (1940). Mourning and its relations to manic-depressive states. *International Journal of Psychoanalysis*, 21, 125–153.

- Klein, M. (1948). A contribution to the theory of anxiety and guilt. *International Journal of Psychoanalysis*, 29, 114–123.
- Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.
- Kohut, H., & Wolf, E. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psychoanalysis*, 59, 413–425.
- Langs, R. (1976). *The bipersonal field*. New York: Jason Aronson.
- Langs, R. (1988). *Thérapie de vérité, thérapie de mensonge*. Paris: P.U.F.
- Langs, R., & Searles, H. (1980). *Intrapsychic and interpersonal dimensions of treatment. A clinical dialogue*. New York/London: Jason Aronson.
- Levine, H. (2011). The consolation which is drawn from truth: The analysis of a patient unable to suffer. In: C. Mawson (Org.) *Bion today* (pp. 188–211). London: Routledge.
- Ogden, T. (1974). A psychoanalytic psychotherapy of a patient with cerebral palsy: The relation of aggression to self-and-body-representations. *International Journal of Psychoanalytic Psychotherapy*, 3, 419–433.
- Ogden, T. (1976). Psychological unevenness in the academically successful student. *International Journal of Psychoanalytic Psychotherapy*, 5, 37–448.
- Ogden, T. (1978a). A development view of identifications resulting from maternal impingements. *International Journal of Psychoanalytic Psychotherapy*, 7, 486–507.
- Ogden, T. (1978b). A reply to Dr. Ornston's discussion of "identifications resulting from maternal impingements. *International Journal of Psychoanalytic Psychotherapy*, 7, 528–532. 481
- Ogden, T. (1982). *Projective identification and psychotherapeutic technique*. Northland, NJ: Jason Aronson.
- Ogden, T. (1986). *The matrix of the mind*. Northland, NJ: Jason Aronson.
- Ogden, T. (1989). *The primitive edge of experience*. Northland, NJ: Jason Aronson.
- Ogden, T. (1994). *Subjects of analysis*. Northland, NJ: Jason Aronson.
- Ogden, T. (1997). *Reverie and interpretation*. Northland, NJ: Jason Aronson.
- Ogden, T. (2001). *Conversations at the Frontier of Dreaming*. Northland, NJ: Jason Aronson.
- Ogden, T. (2004). The analytic third: Implications for psychoanalytic theory and technique. *Psychoanalytic Quarterly*, 73, 167–195.
- Ogden, T. (2005). *This art of psychoanalysis*. London: Routledge.
- Ogden, T. (2009). *Rediscovering Psychoanalysis, Thinking and dreaming, learning and forgetting*. London: Routledge.
- Ogden, T. (2014). Fear of breakdown and the un-lived life. In: *Reclaiming un-lived life* (pp. 47–69). London: Taylor and Francis, 2016
- Ogden, T. (2016). *Reclaiming un-lived life. Experiences in psychoanalysis*. London: Routledge.
- Ogden, T. (2017). Dreaming the analytic session: A clinical essay. *Psychoanalytic Quarterly*, 86, 1–20.
- Ogden, T. (2018). How I talk with my patients. *The Psychoanalytic Quarterly*, 87(3), 399–413.
- Roussillon, R. (2011). *Primitive agony and symbolization*. London: Karnac.
- Searles, H. F. (1947–1948). Concerning transference and countertransference. *International Journal of Psychoanalytic Psychotherapy*, 7, 165–188. Published in 1978–79. Also in *Psychoanalytic Dialogues*, 27(2), 192–210, republished in 2017.
- Searles, H. F. (1965). *Collected papers on schizophrenia and related subjects*. London: The Hogarth Press.
- Sterba, R. (1934). The fate of the ego in psychoanalytic therapy. *International Journal of Psychoanalysis*, 15, 117–126.
- Winnicott, D. W. (1935). The Manic Defense. In: *Through pediatrics to psychoanalysis: Collected papers* (pp. 129–144). London: Karnac, 1984
- Winnicott, D. W. (1958). *Through pediatrics to psychoanalysis: Collected papers* (p. 1984). London: Karnac, 1984
- Winnicott, D. W. (1963). Psychiatric disorder in terms of infantile maturational processes. In D. W. Winnicott, *The maturational process and the facilitating environments* (pp. 230–241). London: Karnac, 1990
- Winnicott, D. W. (1965). *The maturational process and the facilitating environments*. London: Karnac, 1990
- Winnicott, D. W. (1969). The mother-infant experience of mutuality. In C. Winnicott, R. Shepherd, & M.

Davis (org.) (Eds.), *Psychoanalytic explorations* (pp. 251–260). Cambridge: Harvard University Press, 1992

Winnicott, D. W. (1971). *Playing and reality*. Howe: Bruner-Routledge, 1999

Winnicott, D. W. (1974). Fear of breakdown. In C. Winnicott, R. Shepherd, & M. Davis (org.) (Eds.), *Psychoanalytic explorations* (pp. 87–95). Cambridge: Harvard University Press, 1992 482

Winnicott, D. W. (1980). Fear of breakdown: A clinical example. *International Journal of Psychoanalysis*, 61, 351–357.

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