

SÁNDOR FERENCZI, 1873–1933

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In May 1933, there died in Budapest the greatest of Freud's pupils, Sandor Ferenczi, a man, great not only because of his remarkable intellect, imagination, and unquenchable scientific curiosity, but also because of his profound simplicity, humility, and gentle human kindness.

He was born in a small town in Hungary, the son of a Jewish bookseller. The family was large, a fact which undoubtedly contributed to the development of his sociable, friendly nature. Of a restless mind, he sought always to satisfy his curiosity, a curiosity which did not rest with mastering such problems as how to make fireworks and how to discover the inner structure of the eye from reflections on his own eyeglasses, but sought always to master the secret of people—why they did what they did, what they really felt. He sought in his father's bookshop for the answer. No bookshelf was too high for him, and he often read while still sitting on the top of the ladder. So quiet and lost to his surroundings would he become that once the clerk actually started to carry the ladder away, not realizing that he was perched there. In this way he very early became acquainted with the greatest writers and philosophers. Still seeking to understand people, he studied medicine and chose as his specialty the nervous and mental diseases. Treatment of these disorders was still very unsatisfactory at the beginning of the twentieth century. It was sought to relax the nerves by various types of hot and cold baths. Persuasion, suggestion, and hypnosis were also in vogue. The underlying principle of these methods was the use of the authority of the physician to banish the fears of the patient. Ferenczi became skillful in all these, finding his best results from hypnosis, but he very soon realized that even here cures were infrequent and when obtained were often temporary. He was dissatisfied.

Then he learned of the young science of psychoanalysis and met Freud. From that day until his death he felt he had found his place in life, his true calling. In the friendship and approval of Freud he found the ideal atmosphere for the development of the best that was in him. And in the new science he found at last a means by which he might attain an understanding of people as well as a way to cure them.

Ferenczi's personality as well as his intelligence was especially well suited to the use of this method of treatment, which he employed almost exclusively during the last thirty years of his practice. Possessed of a genuine sympathy for all human suffering, he approached each new case with an enthusiastic belief in his ability to help and in the worthwhileness of the patient. His efforts were tireless and his patience inexhaustible. He was never willing to admit that some mental diseases were incurable, but always said, "Perhaps it is simply that we have not yet discovered the right method." Consequently, he tried more and more to apply psychoanalysis to very difficult cases who came to him from many countries. His enthusiasm, however, never destroyed in him his capacity for impersonal judgment about his work.

His simplicity and absence of all pretenses was another invaluable trait in his therapeutic approach. He completely lacked the pompous important air and authoritative manner so common to many physicians. He won the confidence of his patients by making them feel that they had found a friend who would use all of his intelligence to help them. His simplicity encouraged them to lay aside their sick pretenses.

His third great asset as a physician in this particular field was a brilliant intuition which enabled him to guess at the patient's thoughts almost before the patient himself knew them. An example of his lightning grasp of a situation is shown dramatically in the following story. During the war a soldier who was a personal acquaintance was being disciplined for some serious misdemeanor. Under the strain of the disgrace the man developed an acute mental illness in which he became very slovenly, neglecting all care of his body. On hearing of this, Ferenczi hastened to the man and, completely disregarding his appearance, embraced him in genuine concern. Intuitively, without a word from the man, he had seen his need of being reassured that a friend could like him no matter how great his disgrace. The man's recovery began in that hour.

FERENCZI'S CONTRIBUTION TO PSYCHOANALYSIS

Ferenczi is one of the outstanding names of the small group of pupils who surrounded Freud in the early years of psychoanalysis. From those early years until a short time before his death, Ferenczi was an earnest and enthusiastic collaborator with Freud. Not only did they work together in scientific research, but there was a close personal friendship between the two men. So close were these two, in fact, that there is danger of overlooking Ferenczi's unique contribution. In his devotion to Freud and because of his naturally timid and modest nature, for many years he did not strongly assert his own point of view except where it coincided with Freud's. Thus in much of his work he merely reinforced many of Freud's ideas with a wealth of clinical detail and vivid imagination.

Yet, toward the end of his life, Ferenczi had to suffer the fate of all those who differed seriously from Freud. He came under the ban of Freud's official disapproval, and his work and writings were branded "not psychoanalysis."

In fundamental personality, Freud and Ferenczi were different; and their basic attitudes toward patients were dissimilar. Freud, for example, became pessimistic about therapy, while Ferenczi was always searching for more effective ways to approach patients and never relinquished the hope that some day ways of helping the most difficult problems would be found. One cannot escape the thought that, had Ferenczi been less under the personal domination of Freud, he would have developed quite differently.

In order to understand his difficulty in developing his own thinking, a picture of his personality and of the nature of his relationship to Freud is needed. Ferenczi was Hungarian; he had many of the characteristic qualities of his people. On the one hand, he tended to be overly impressed by status; on the other, he had the impulsive sentimental nature of the gypsy-music lover. He preferred his sentimental tendencies and struggled against his conventional trends. He was not so much interested in systems of thought, in theoretical constructions, as in human feelings, emotions, and fantasies. He could enter like a child with complete emotional abandon into the feeling of a movie. He would be completely "carried away" by the joys and difficulties of the characters. Only on the next day was he able to be critical. He enjoyed good food, good wine, and good fellowship. His was a lovable personality, and his outgoing qualities were apparent in his relationship to his patients. Freud, more of a detached scientist, was less likely to be carried away by his emotions and certainly less capable of enthusiastic belief in people. Despite Ferenczi's obviously lovable qualities, he suffered during life from a need to be accepted and loved. Because of this need, his personal relationship to Freud was more important to him than his own independent thinking. He was the type of man who is happy in working for a strong person; Freud was that strong person in his life. Had Ferenczi had nothing original of his own to contribute, the relationship might have been a completely satisfactory one; but he was an original mind, and, beneath his devotion to Freud, there raged a constant struggle to be himself. At the same time, he feared incurring the disapproval of Freud. This made his attitude to Freud definitely ambivalent; and this ambivalence, I believe, can be seen in his writings.

Many of his papers give one the impression of an appeasing quality. For example, many times he began a paper by saying, in essence, "What I am about to say may sound new and radical to you but it is really only an old idea of Freud's slightly altered." This type of remark became more and more frequent in his later writings as he became more and more aware of the difference between them. A struggle for independence from Freud persisted during the last years of his life with ever-increasing anxiety.

His need for submission and conformity all too often dominated the picture, as illustrated not only by the type of appeasing note just mentioned but also by another characteristic of his writings. In most of his papers, one might say he is more Freudian than Freud. His own original ideas become so clothed in Freudian terminology that he sometimes successfully conceals whatever of himself was in them. Nevertheless, I believe, his ambivalence manifested despite all of his efforts for he would often develop an idea of Freud's to a fantastic degree, thus, in the end, making the situation absurd. Something comparable seems to have transpired in *Thalassa, A Theory of Genitality*, in which, not content with Freud's theory, Ferenczi traces the stages of the libido development to the Ice Age, thus making the whole idea pure fantasy. One also finds this same tendency to reduce an idea of Freud's to an absurd degree in the development of his active technique which will be discussed.

So, I believe, Ferenczi was impeded in developing his own thinking by the nature of his attachment to Freud—an attachment compounded of admiration, dependence, fear of disapproval, and veiled rebellion.

Only his pupils, in private conversations, obtained an uncensored glimpse of Ferenczi's own thinking. This thinking deviated quite radically from that outlined in most of his published works. Then was he able to express his lack of enthusiasm for many of the Freudian concepts. He found them too theoretical, too difficult

to apply, too unfriendly to the patient. He did not clearly see that he was questioning the validity of the instinct theory; he saw his disagreements with Freud rather in terms of practical applicability to the patient. For years, however, he was unable to speak of this publicly. He remained a secret rebel who could not quite allow himself to know of his rebellion.

The need for approval, the need to be accepted by “the strong one,” were therefore serious hindrances to Ferenczi’s thinking. One feels that he betrayed some of his best ideas by attempts to avoid offending Freud. This resulted in unevenness and even some degree of insincerity in his writing.

I have presented this summary of Ferenczi’s relation to Freud in order to explain why so much of what was his original contribution to psychoanalysis was either never published at all or published in such a censored form that it must be difficult for those who did not personally work with him to understand.

Ferenczi had a distinct contribution to make both in the field of theory and of technique, but little ever appeared in his published works; and only in the last few years of his life did he speak openly of his ideas.

One of Ferenczi’s greatest assets was his respect for and belief in the patient. He did not share the common psychiatric attitude that neurotics are an inferior brand of humans. In contrast to Freud’s idea that the neurotic problems of childhood develop from the child’s struggle with his instincts, Ferenczi believed that the child became ill as a result of the neurosis of his parents. “There are no bad children. There are only bad parents,” he said. He firmly believed that a person became ill because of what had happened to him. In this, he claimed that he was reviving Freud’s early idea of infantile sexual trauma. Actually, however, Ferenczi’s concept was more broad than Freud’s earlier one. Not only did he consider early sexual experiences as significant in producing traumata, but he viewed many attitudes of parents toward their children as traumatic. Expressing the feeling that children especially suffered as a result of the insincerity of parents, he said, “Children know the truth before they learn the meaning of words. After they learn the meaning of words, they become confused.” His idea was that, if a mother basically rejects her child, the child somehow knows it. After he learns words, he is told that mother loves him. What is he to believe? Ferenczi thought that because the child intuitively seems to know that the words are lies, he also may become a liar, assuming that that is the way to get along in life; or he may begin to doubt his own powers of observation. Ferenczi also believed that love is as essential to a child’s healthy growth as food. With it, the child feels secure and has confidence in himself. Without it, he becomes neurotically ill. Ferenczi even thought that children are actually more prone to disease and often die because of lack of love—in short, that lack of being loved is at the root of all neurotic disturbances. These thoughts are of Ferenczi’s unpublished wisdom. Today, other analysts—notably Fromm and Sullivan—have presented similar ideas, but I believe Ferenczi was quite alone in Europe around 1926 in this type of thinking. Unfortunately, these ideas were never published in any organized way. They crept into his ideas about technique; but, for the most part, they were simply notions that he communicated to his pupils.

Ferenczi’s greatest interest was in technique. He always felt it must be possible to make psychoanalysis therapeutically successful; and to that end, he devoted his life. His work can be divided into two eras: the period in which he attempted to prove Freud’s ideas of therapy to be correct; and the period when, having become convinced that Freud was wrong, he tried to find a workable method of therapy. The first is the period of his so-called active technique; the second is that of relaxation therapy.

Ferenczi’s active technique grew out of two Freudian concepts—first, the general idea that analysis should be conducted in a state of privation or abstinence. The other idea was the conception that sometimes, by having the patient undertake activity he had been avoiding through fear, new material was brought to the analysis and the process accelerated. Ferenczi’s example was that, if a patient suffering from a phobia of crossing bridges were encouraged to attempt such a crossing, he would, as a result of the increased anxiety, bring more rapidly into the analysis material relating to the phobia.

Developing these two suggestions, Ferenczi studied methods of increasing the patient’s anxiety by depriving him of sources of pleasure and encouraging him to suffer pain. Under the deprivations, Ferenczi included most of the bodily pleasures: sex in all forms, of course, but he also urged the patient to forego eating, drinking, and smoking for pleasure; and, since urination and defecation also had pleasurable sensations connected with them, he also encouraged patients to make these pleasures as infrequent as possible. In short, anything helping the patient forget his troubles was discouraged. This activity was based on the theory of damming up libido and thus making it possible to bring the whole charge to analysis. Ferenczi found an increase in rage and defiance as well as in anxiety as a result of this type of therapy. At this period in psychoanalytic thinking, it was believed that releasing the aggression had a therapeutic effect. Thus, for a time, Ferenczi believed that his method facilitated making conscious early repressed anger.

He finally concluded, however, that much of the resentment seen in the patient was a direct reaction to the impossible degree of deprivation. If you eliminate all of man's pleasures in life, he is discontented; and one does not need to postulate early repressed anger in order to explain his resentment. Ferenczi, therefore, modified his technique by attempting to subtract the element of command. By the new plan, it could be suggested that the patient sacrifice this or that pleasure temporarily if he were entirely willing to do so; but he might feel free to terminate the deprivation at any time. Although certainly more workable than the extreme method, I believe it only apparently excluded the feeling of being compelled, that with many patients any suggestion from the analyst is interpreted as a command, and the resentment is still present. Ferenczi finally became convinced that it was not a useful technique when one patient stopped eating for nine days on the theory that if a little deprivation is good, more is better. This patient's action convinced him that he, too, had been trying to make Freud's theory about the value of abstinence absurd by his extreme development.

The other type of active therapy, that of encouraging the patient to do that which is difficult for him, seems to be a more sound therapeutic procedure. In this, Ferenczi's contribution was the addition of many practical suggestions. For example, he found patients often hesitated over using crude or obscene words; they tended to express their thoughts in polite or technical terms. By encouraging the use of the primitive words, the patient's hidden feelings of shame and "dirtiness" were often made clear. Many of these practical devices for getting the patient to come more to grips with his problem have proved very useful, but they constituted no departure from Freud's ideas.

During the period of active technique, Ferenczi was still following closely in the footsteps of Freud. Only the extreme lengths to which he carried the ideas might be interpreted as indications of his ambivalence and his real doubt as to the correctness of the method.

At this point in his development Ferenczi began to be aware that he differed in important ways from Freud's thinking; and he devoted the last six or seven years of his life to the development of his own ideas of the analytic situation. One might suspect that his new ideas represented simply a swing to the opposite extreme. In the earlier method, the patient was deprived of love and pleasure and made to endure hardship. In his new technique, the patient was to be given love and shielded from hardship.

However, I believe this new departure had much more significant origins than simply that of being a reaction to the unsatisfactory results of the active technique. I believe that here at last Ferenczi was seeking to express his own convictions—not Freud's—for the theory of his relaxation technique was based on his ideas of the child-parent relation. Two beliefs especially influenced his technical attitude—one was the idea that the child needs to feel loved and accepted in order to develop successfully, and the other was that the parent's attitude toward the child must be sincere—that insincerity, especially the pretense of infallibility, confuses the child and, in the end, leads him to a false way of life.

Ferenczi reasoned: if the analytic situation is a repetition through the transference of the childhood situation, the same things must be important in analysis—the patient must need to be loved and accepted by the analyst; he must also need sincerity from the analyst.

Certainly there must have been many analysts at that period who were kind and human with their patients, but the trend of the times was toward more intellectualized analyses. The ideal taught by Freud was of the passive, nonreacting analyst who was only a mirror in which the patient's reactions are reflected. Attempting to achieve this ideal, an attitude of cold, stiff aloofness was assumed by many analysts. Not only were patients forbidden to know anything of the analyst's personal life, but a pose of infallibility was cultivated. Whatever went wrong in the analysis was attributed to the resistance of the patient; it was never considered due to any ineptness or difficulty on the part of the analyst.

Ferenczi saw that in this attitude many of the evils of the early childhood situation were actually repeated. The passive, nonreacting, aloof analyst seemed to him but to repeat the childhood trauma. If the patient is ill because he had not been loved, the cold, passive analyst only continues the situation to which he is already accustomed; whereas an atmosphere of liking and acceptance would furnish a new experience and, in that setting, the patient could dare to face his unhappiness. Also, the pose of infallibility repeats all too well the childhood situation when mother is always right, although the child often has good evidence that she is wrong. Repeating this experience in the analysis only maintains the neurotic status quo. The patient's defenses were originally developed to cope with the insincerity of the parent—they will continue to cope with the insincerity of the analyst.

With this in mind, Ferenczi set out to develop a therapeutic situation in which the patient might receive the acceptance and sincerity he had needed most in his childhood. Another point was also stressed. Since analysis was becoming too intellectualized, Ferenczi sought ways to encourage more emotional reliving, believing that only by the emotional reliving could the patient be cured.

In a recently published article, Izette de Forest describes in a vivid living way Ferenczi's method in action⁽¹⁾.

I wish to describe his main ideas briefly. The main points in the relaxation therapy are sincerity toward the patient, acceptance of the patient, and dramatic reliving.

Under sincerity in the analytic relationship, Ferenczi stressed the fact that the real personality of the analyst was important in the therapeutic situation, that it influenced definitely the course of treatment. The personal qualities of the analyst, his feelings of liking, interest, or indifference to the patient, Ferenczi believed, are felt and evoke an unconscious reaction from the patient. He believed that the positive feelings of the analyst for the patient are therapeutically helpful. All shortcomings or blind spots in the analyst are recognized as therapeutic hazards; but, if the analyst does not feel he must deny these, if he can admit his mistakes to the patient, the unfavorable situation can be made therapeutically valuable in that it may project the feeling that the analyst is unafraid to face himself and will be sincere with the patient. This will help the patient in knowing reality and create a different situation from that of his childhood where, as I have already indicated, attitudes of infallibility and false protestations of love rising from parents' guilt feelings often left the child in a state of confusion as to what was real and what was false. So, by this very sincerity on the part of the analyst, the patient will be aided.

Ferenczi's second idea that the analyst must be able to accept or, to use his term, "love" the patient was also important in undoing childhood traumatic experience. He reasoned that, since the patient has never known love, he can only become well by having the experience—that, in the analyst, he must find a new, more loving parent with whom he can relive his old griefs in a new accepting atmosphere. In short, in the analysis, he will find the parent for whom he had yearned and be cured by the mutual love. The analyst, he felt, must be able genuinely to give him the love he needs.

The third idea, that of dramatic reliving, is the natural consequence of the second. The analytic situation becomes one of an interaction of personalities in which the analyst, as loving parent, helps in recreating a new and better childhood. This is experienced and developed through the active cooperation of the analyst in the fantasies of the patient. For example, at certain vivid points in childhood reliving, Ferenczi would talk to the patient in child language. He gave one patient a doll at a time when she was experiencing strongly some of the emotions of a tragedy about a doll. The aim was to heighten the vividness of reliving. He believed that, by this vivid reliving in a new setting with a loving parent, the damage of the original traumatic experience was undone.

I think it is clear from this brief summary that, in general, the goal of relaxation therapy was that of removing anxiety, which, in some respects, was almost carried to the extreme of patient indulgence.

All of the developments of the relaxation therapy met with Freud's strong disapproval. The tension between the two men increased until, in September 1932, the final break occurred between them. Ferenczi died the following May at the early age of fifty-nine. In many ways, his work on the relaxation technique was still in the experimental stage. He made mistakes, many of which he would have undoubtedly corrected had he lived and continued his work.

As it stands, what can be said of Ferenczi's contribution to psychoanalysis? I believe he made two very positive contributions. One must criticize to some extent the execution of the ideas, but the ideas are basically sound.

First, the concept that the analytic situation is a human situation in which two human beings attempt a sincere relationship seems to me a very important idea. That the analyst's real personality plays a part in the therapeutic situation cannot be denied. Many are convinced today that any actual difficulty the patient encounters in the analyst's character cannot be side-stepped or resolved by analyzing the patient. Ferenczi correctly pointed out that, if an analyst for some reason is annoyed with the patient, it is useless for him to deny this. The patient in his deepest feelings will remain unconvinced. Any limitations, which have actually influenced the course of the analysis in some way, must be admitted if the situation is to be clarified. This, Ferenczi saw, pointed to the need of more complete analysis of analysts. If the analyst's actual difficulties can disturb the analysis, it is important to make every effort to remove them, not endeavor to hide them under a cloak of authoritativeness and infallibility. The second positive contribution is the concept that one must give the patient the love he needs. This, too, is an idea which some analysts use in present-day methods. If the analyst cannot like a patient, and especially if he feels any definite dislike for a patient, he should not

1.- of Forest, Izette (1942) The therapeutic technique of Sandor Ferenczi. *International Journal of Psycho-Analysis*, 23:120–140.

attempt treatment. I believe it true that an atmosphere containing some positive feeling is necessary for good therapeutic results. A patient cannot face himself and work through his difficulties to a point of self-confidence in an atmosphere of indifference or disapproval. The question which must be asked is: What is the love a patient needs? I believe the patient needs to feel accepted and fundamentally respected. This is the love he needs.

However, I think that, at the time of his death, Ferenczi had not yet clearly developed these ideas. He often carried too far, for example, the idea of the analyst's sincerity. I think he often felt impelled to tell patients details of his difficulties which were not directly helpful in clarifying the patient's problem. Frankness on the part of the analyst is indicated only for the sake of keeping the facts of the situation clear for the patient. The details of the analyst's underlying neurotic difficulty can only be a burden to the patient.

Also, I think he harbored confusion as to what was meant by giving the patient the love he needs. Here, I think, he sometimes mistook the love demanded for the love needed. When the adult neurotic demands love of the analyst, a complicated picture is presented. Ferenczi apparently thought the neurotic simply demands the love he never had. Analysts today know that it is not so simple—the neurotic needs the love he never had, but he is no longer in a condition to receive it, should it be offered. He may have learned to use getting love as a means of getting power over people, exploiting them, competing for first place, or avoiding painful situations. Or, on the other hand, a patient who needs love may have become so distrustful that he cannot accept the simplest human friendliness without suspicion or panic. To attempt to satisfy the demands for love of the first type is not only practically impossible because of the insatiability, but it would also be without therapeutic value. It would, in fact, be destructive. To force an attitude of warm friendliness on the second type would usually only drive such a patient into further withdrawal. The patient needs an acceptance of his true self. This may actually mean rejecting his overt demands for love because they are false; or, if he is the withdrawn type, respecting his need for distance. So, although Ferenczi was correct in thinking that the patient needs love, he failed to take sufficiently into consideration the complications in the neurotic character structure which prevent the patient's making use of love when it is available.

Finally, I should like to examine very critically the third point of his method—the dramatic reliving with the analyst of childhood experience. I am certain that the idea of making the analysis an emotional rather than an intellectual experience would be approved by most analysts. I believe if the analyst discards the need for aloofness and infallibility and brings an attitude of acceptance and sincerity to the analytic situation and if the patient is serious in his efforts, the result will be an interpersonal relation of high emotional value. The analyst will not need to enter into the reliving in order to make the emotional experience convincing. Often he will become involved unwittingly, if his personality should be actually very similar to that of a significant person in the patient's past. For example, an analyst with a passive personality can sometimes so completely fit into the picture of a passive father that he may actually fail the patient at a critical point in the same way that the father did. When this happens, it can be very disturbing. The patient may handle it by repression about which the analyst may have a blind spot. If the analyst is aware of the coincidence of past with present, the situation can be handled; but there is much more emotional disturbance than in ordinary situations where the analyst is not emotionally involved, and I see no real advantage from this increased emotional intensity. However, this situation in which the analyst enters actively into the reliving is the one for which Ferenczi strove, on the theory that the greater emotional reaction was desirable. I think he was mistaken in this. If the analyst becomes really involved because of his own personality, he has an additional problem. He must not only understand the patient, but also himself. If he is not really involved but only acts the part, an element of insincerity is injected, and then one of three types of difficulty may arise, depending on the patient.

If the patient's sense of reality is weak—borderline psychotic—the analyst's entering into the reliving can destroy the link with reality, and the patient's behavior may become more psychotic. Ferenczi himself warned that it could not be tried with psychotics. If the patient is submissive but not psychotic, the acting may become a farce. The patient knows he is not three years old; why does the analyst pretend he is? Nevertheless, the analyst says it is "good for him," so he acts the role; but it is all make-believe and without therapeutic value. This may increase any existing tendency to look upon feelings as unreal. If the patient has a good sense of reality and is not submissive, he will be unable to cooperate. It seems to me that Ferenczi's idea that there should be a vital emotional experience in analysis is basically sound, but I do not think the lengths he recommended for bringing it about were either necessary or useful.

One must certainly ask why I have practically ignored Ferenczi's many publications prior to his work on the relaxation technique. These papers are not without very real merit but, for the most part, they are elaborations and confirmations of Freud's theories and therefore of no great importance in a consideration

of Ferenczi's unique contribution. However, there are in them glimpses of his potentialities. In Introjection and Transference, published in 1909, for example, one already sees evidence of his future interest in the theory of the analytical situation. At various other points, also, one gets indications of his own theory of the parent—child situation and his type of creative imagination.

I believe, however, that only in the last seven years of his life was he able quite definitely to state his own views at the points where they deviated from those of Freud. Even then, he did so incompletely and under great stress. Nevertheless, he was one of the pioneers bringing in a new era which stressed the importance of the analytic situation as a vital living experience. His own particular contribution grew out of his theory of the child—parent situation which he saw reactivated in classical analysis. He really devoted his energies to a practical application of his theories in the analytic process.

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