

SANDOR FERENCZI. (1873- 1933).
Pioneer of Pioneers.

Sandor Lorand

Arma virumque cano . . .
(the work and man whom I sing)

He was called the “romantic” among psychoanalysts. He was deemed an enfant terrible by his colleagues. Freud called him “my dear son.”

From 1908, when he met Freud for the first time, almost until his death, Sandor Ferenczi played a heroic part -second only to that of Freud- in building psychoanalysis into a branch of science. Freud had described Ferenczi’s theoretical and clinical contributions as “pure gold.” He was a pioneer of the heroic period of psychoanalysis -an inspiring teacher and a man beloved by everyone. Yet, “He who had so many friends all over the world, died almost entirely isolated, escaping only by a hair’s breadth a fatal break with Freud, his friend and master, whom he had loved so loyally and so devotedly” (Balint, 1949).

Ferenczi was born in 1873, in Miskolc, a city of about 60,000 inhabitants, not far from Budapest. As a young man, his father had migrated to Hungary from Krakow; his mother was also of Polish origin. The elder Ferenczi ran a bookstore and a lending library, the largest in the county, which had been started by an American citizen who had returned to the United States. He had also established an artists’ bureau through which guest artists and lecturers were engaged.

There were eleven children in the family, seven boys and four girls; Sandor was the fifth son. He was especially close to a sister ten years younger than himself. All the children grew up in the bookstore, which was their second nursery. Ferenczi’s greatest pleasure throughout his life was reading.

A person of varied interests from his youth on, Ferenczi was a keen observer of nature and was especially fond of birds. He kept a feeding station on the grounds of his villa, where he loved to sit during his free time, watching and listening to them.

After his father’s death, when Sandor was fifteen, the family became an even more closely knit unit. Sandor was very much attached to all the members of his family, especially his oldest brother, a fine musician. Music was always heard in the Ferenczi house.

As a youth, he wrote poetry. At twenty-four he penned sentimental poems to his mother. His sister recalls that his poetry was romantic and in the style of Heine. After completing the Gymnasium, Ferenczi went to Vienna to study medicine. As a medical student he became interested in psychic phenomena. He tried hypnosis -at first with his sisters, who were not good subjects, and later with a seventeen-year-old clerk in the bookstore.

Upon receiving his medical degree in 1894, he served as a military physician in the army for one year. His interest soon turned to nervous and mental diseases, along with the study of neurotic difficulties and their treatment.

In 1900, when he opened his own office for the practice of neurology and psychiatry, he was chief neurologist for the Elizabeth Poorhouse. Five years later he was appointed psychiatric expert to the Royal Court of Justice in Budapest.

He was a prolific writer, contributing many papers on neurologic and psychiatric problems. When the analytic phase of his career began in 1907, he had already published about thirty papers in Hungarian and German medical journals.

Ferenczi first met Freud in 1908, after he had written to him and been invited to visit. From then on they were close friends, a friendship lasting nearly to the end of Ferenczi’s life. He underwent his personal analysis with Freud, and they spent many summers together.

Ferenczi was a devoted, enthusiastic supporter of the psychoanalytic movement, following Freud on the arduous road of establishing psychoanalysis as a science and a new therapy. In the development of psychoanalytic theory, Ferenczi gave a strong impetus to the practical application of Freud's findings. In 1908, he gave a series of lectures, "Popular Lectures on Psychoanalysis," before the Budapest Medical Association. An inspiring lecturer, he communicated his thoughts dramatically, with clear, graphic examples to illuminate difficult psychological problems. His intuitiveness, original thinking, and enthusiasm endeared him to Freud. In 1909 Freud asked Ferenczi to accompany him to Clark University in the United States. There, they walked together every morning before Freud's lectures, and Ferenczi suggested to him the topic of the day (Freud, 1933).

From the beginning of his psychoanalytic practice in 1908, Ferenczi was recognized as an outstanding therapist; his clinical publications and lectures on psychoanalysis attracted great attention.

Quite early in his life, Ferenczi became a central figure in the psychoanalytic movement. His psychological acumen and insight into problems of psychopathology and the speed with which he could appraise and handle them made him a rare and outstanding contributor to psychoanalysis and the advancement of its techniques. In his work and research, he always attempted to illuminate difficult problems in order to understand them theoretically and deal with them practically. In the record of those early years of analytic practice, we see in his publications diverse and original ideas concerning different types of neurotic difficulty and the various approaches to their clinical appraisal and technical management. Ferenczi provided a steady flow of clinical and theoretical contributions to psychoanalysis, touching on every phase and topic in psychoanalytic research and therapy.

In 1908, he wrote "The Effect on Women of Premature Ejaculation in Man" and a paper on the analytic interpretation and treatment of psychosexual impotence in man. These problems had interested him since his work in the prostitution ward of the Budapest Hospital.

In his 1911 paper, "Nosology of Male Homosexuality", he described for the first time the fundamental difference between active and passive homosexuals. He expressed the opinion that passive types, being satisfied with their role, do not seek treatment, whereas active types are more aware of their disturbance and try to change. The passive, "subject homoerotic," whose aggression is inhibited, assumes feminine attitudes, and wants to be loved by men. Active types are typical obsessive neurotics whose homosexuality is a compulsion: the "object homoerotics", they are very aggressive and are the ones who are disturbed by their problems. In this paper, Ferenczi opened the way for further investigation of the manifold syndromes of homosexuality. In 1911 he also wrote an essay, "On the Part Played by Homosexuality in the Pathogenesis of Paranoia," pointing out the important fact that "the paranoiac mechanisms are directed only against the homosexual choice of object" and describing the important role of anal eroticism in paranoia.

In his classic original essay, "Stages in the Development of the Sense of Reality," Ferenczi systematically described children's megalomaniac views of their own omnipotence. In the light of mental mechanisms and psychopathological phenomena uncovered in the analysis of adults as well as the observation of infantile behavior, he depicted -in chronological order- four stages in the development of the sense of reality: (1) the period of unconditional omnipotence; (2) the period of magichallucinatory omnipotence; (3) the period of omnipotence through magic gestures; and (4) the period of magic thoughts and magic words. This pioneering work, his discoveries and description of ego regression, was later described and confirmed by many analysts. Ferenczi described the feeling of omnipotence in neuroses as a projection that one must obey like a slave. The magic is a fantastic attempt to restore the mortified narcissism through the fiction of self-sufficiency in every respect. Magical thinking in neurosis, then, is a narcissistic wish either to eliminate the disturbing reality principle or to so change it that it will not cause disturbance. This classic essay is of basic importance in the study and understanding of magical thinking and its role in human conduct. It is also an important contribution to ego psychology.

Ferenczi's constant alertness to, and keen observation of, the patient during the analytic session -his awareness of the bodily movements, positions, gesticulations, modulation of voice, and the like- were inexhaustible sources of information on repression and unconscious processes. To him they were as

significant as free associations and verbalizations and had to be understood and interpreted. Ferenczi was also the first to observe and interpret dizziness at the close of the analytic hour, or the patient's tendency to fall asleep during the therapeutic session.

In addition to expanding Freud's technical papers, checking Freud's findings, and indicating new applications and approaches thereto, Ferenczi's short works of this period also extended and consolidated Freud's basic contributions. The originality and clarity of Ferenczi's thinking and the sharpness of his observations are well illustrated in these Short Communications, which are gems on technique.

In "Transitory Symptom-Formation," Ferenczi described the symptom as a resistance of the ego to the emerging unconscious drives and tendencies mobilized by analysis. These drives then seek an outlet through new symptoms, providing the opportunity to observe and study symptoms in *statu nascendi*.

In 1914, Ferenczi was called to military service as chief medical officer to a squad of hussars in a small-town garrison, where Freud visited him. In this "exile," as Ferenczi called it, he spent his leisure hours translating Freud's Three Essays on the Theory of Sexuality into Hungarian. It was almost inevitable, Ferenczi wrote, that he should have elaborated in his mind certain ideas suggested by this work of Freud. His ideas evolved around a fuller elucidation of the act of coitus, conceived in the Three Essays as a terminal phase in the total course of sexual development, but not dealt with in detail from the standpoint of its evolution and development. When Freud visited him at his military station, Ferenczi expounded his ideas on ontogenetic and phylogenetic theory. In 1919, he repeated this theory before Freud and a small group of friends, who urged him to publish it. The resultant book, *Thalassa: A Theory of Genitality*, appeared in 1924, and was translated into English ten years later (Ferenczi, 1933-1934). {Thalassa is the Greek word meaning "sea.}") It is considered a masterpiece by many analysts.

Here, Ferenczi continued Freud's ideas, correlating biology with psychology. The knowledge derived from earlier investigations with animals and data from embryology helped him explain the "status of the psyche during coitus and in sleep." In this work of creative intuition, the richness of thought and imagination so characteristic of all his scientific work is brilliantly displayed. In tracing the genital drives back to the tendency of thalassal regression, he created a new scientific method, which he named "bioanalysis". According to bioanalysis, the sexual drive, which aims at depositing the spermatozoa in the womb, also participates in the act of returning to the uterus. Here the uterus symbolizes the sea, from which all life originates.

Freud considered this work, which he described as a "biological rather than a psychoanalytic study," to be Ferenczi's "most brilliant achievement and richest in thoughts." It is, he continued "an application to the biology of sexual process -and beyond this to organic life in general- of the points of view and insights that psychoanalysis had coordinated; it is perhaps the boldest application in analysis ever attempted ... on reading those essays one felt that one understood numerous singularities of sexual life which one had never previously been able to survey in their connection, and one felt enriched by suggestions which promised far-reaching vistas over the wide fields of biology."

In the first issue of the *International Journal of Psycho-Analysis*, 1920, Jones reported on a "striking new departure in technique—Ferenczi's active therapy." However, Ferenczi said he was only following Freud's lead: he developed his active technique on the basis of Freud's statements at the Budapest Congress in 1918, wherein Freud had suggested the use of active measures in certain cases of phobias, for instance, when therapy can advance only if the patient is induced to face his phobia or anxiety. Freud also had suggested active measures in cases of obsessional neurosis.

Ferenczi's first essay on active therapy aroused enthusiasm: everyone wanted to hear more about it. However, when he did publish further reports about his active innovations, many analysts were taken aback: these views were too new and too bold. Ferenczi based his conclusions on refined clinical material derived from years of analytic work carried on in the classical manner.

Individual analysts were trying new procedures that were not counter to the classical analytic principles. Most felt a need to make analysis more adequate, to achieve better therapeutic results; therefore, the interest in technique became universal among analysts.

When, in 1924, Federn and I discussed Ferenczi's technique of active interference, Federn claimed that experimentation in new technical methods was common, although nobody talked about it. He himself and his colleagues in Vienna had tried various methods for furthering analysis in cases that had reached a standstill. Federn also mentioned this fact in his Ferenczi Memorial (1933)

The central idea of Ferenczi's active technique, as he described it, is to request the patient -in addition to using free association- to act or behave in a certain way, in the hope of increasing tension, thereby mobilizing unconscious material. He also attempted to help the patient fight certain habits and give up the subjective advantages of the primary and secondary gains from his neurosis. Ferenczi did not advocate handling all patients in this way: he always emphasized that the technique could be used only with some patients and only under certain conditions. He cautioned against "haphazard, wild" activity. As he pointed out, active therapy is simply a means to an end, and the exaggeration of active measures may create strong resistance in the patient, endangering analysis. Thus, Ferenczi himself considered active therapy a mere detail in the over-all endeavor to remove the patient's resistance.

In 1921, in his essay on the development of active therapy, he called attention to the fact that, on closer inspection, the employment of active therapy was not really new. Interpretation itself is an active interference with the patient's psychic activity "because it turns the thoughts in a given direction and facilitates the appearance of ideas that otherwise would have been prevented by the resistance from becoming conscious."

Among the younger analysts, Ferenczi's name is associated mainly with his work in active technique and allied concepts, in which activity includes "prohibitions," "commands," and "active interference." It is true that at the beginning Ferenczi used prohibitions and commands; however, his work on activity represents only a small fraction of his contribution to psychoanalytic thought.

The Development of Psychoanalysis, written by Ferenczi and Rank in 1924, was reviewed in great detail by Franz Alexander (1925). He pointed out that the book -a synthesis and survey of the fundamental problems of psychoanalytic therapy from systemic, critical, and historical viewpoints- filled a great general need.

In the critical and historical sections, Ferenczi and Rank specified the errors that might result from Ferenczi's analytic technique and indicated how to avoid them. *The Development of Psychoanalysis* also provides a comprehensive survey of the abundant but previously unsummarized material acquired in the preceding years of psychoanalytic investigation. In his review, Alexander commented: "The rich store of the experience acquired during an investigation carried on for thirty years needs to be worked through into general theoretical principles, in order to open up new paths for further research."

By 1925, Ferenczi had discarded commands and prohibitions in favor of positive and negative suggestions. In "Contraindications to the Active Psychoanalytic Technique," published in 1926, he stated that he was always ready to retreat if there were no responses to a suggestion. He reiterated that active technique is only an auxiliary and pedagogic supplement to real analysis, and can never take the place of analysis. In discussing contraindications to activity, he presented evidence of his past mistakes, describing instances in which the results of active measures had been disappointing. He emphasized the difficulties that arise from "putting forward certain injunctions and prohibitions which are far too strong." Again he warned against being too emphatic or forceful: such an attitude on the part of the therapist may duplicate for the patient the child-parent situation and be experienced as a sadistic attack.

Among Ferenczi's essays on the problems connected with active technique, the two most important are "Contraindications to the Active Psychoanalytic Technique," and "Elasticity of Psychoanalytic Technique." In these communications he carefully reviewed the problems involved in the active techniques he had previously promulgated.

In *Further Contributions to the Theory and Technique of Psychoanalysis*, Ferenczi referred to various aspects of psychoanalytic therapy and the types of difficulty encountered in psychoanalytic practice. This multifaceted volume contains clinical observations and original notes concerning technical management of the patient. It is outstanding in its richness of thought and fantasy in science and research and for the clarification of the fundamental relationship between technical proceedings and theoretical deduction; it

constitutes an illuminating record of Ferenczi's contributions to the early development of psychoanalysis. He himself considered the most vital contributions in this volume to be the clinical observations on the psychopathology of hysteria, the pathoneuroses, and tics, along with his further elaboration and attempt to systematize the active technique.

The contributions on hysteria, phenomena of materialization, erogeneity of body organs, and pathoneurosis have opened the way to an understanding and explanation of the mental processes in bodily symptoms and have spurred further consideration of psychogenic influences in organic diseases.

All the contributions, especially "Psychoanalysis of Sexual Habits," widen and deepen our knowledge of infantile development. Clinical observation of patients' attitudes enabled Ferenczi to describe the formation of sphincter morale, which in turn led him to outline the development of the physiological forerunner of the ego ideal or superego. With this he pointed to the assumption of the pregenital development of the superego.

The current revived interest in ego psychology -which has given us deeper insight into the pathology of character neuroses, perversions, schizophrenic regression, and moral masochism, and which has furthered evaluation and therapeutic management of these cases- was foreshadowed by Ferenczi's work.

Innovations or modifications in our therapeutic armamentarium may be necessary in treating borderline cases or cases with ego weakness. Ferenczi described such cases as "dried-up difficult cases whom nobody wanted to work with". He remarked, "I became a specialist in peculiarly difficult cases with which I go on for many years." In attempting to achieve better results with them, he experimented with new procedures that he felt might prove effective. When results proved him wrong, he lost no time in reporting his errors.

Ferenczi has indelibly influenced the fundamentals of psychoanalytic technique. In "Recent Advances in Psychoanalysis," which appeared in 1920, Jones attempted for the first time to describe Ferenczi's active technique, "the importance of which, however, cannot yet be estimated because it is relatively at the beginning." In a detailed review of *Further Contributions to the Theory and Technique of Psychoanalysis*, Glover states: "Whatever the *ultimate verdict* [italics mine] on his active therapeutic devices, whether they come to be incorporated wholly or partly into a standardized psychoanalytic technique, I venture to think that his original papers on this subject will, in the long run, be valued more for their clinical illustrative material than for the technical conclusions they embody" (1927). Early and later doubters of "activity" are numerous: direct methods are used, but they are called by some other name.

Some analysts have elaborated upon his technique. In a symposium on neurotic acting out held by the San Francisco Psychoanalytic Society in 1941, Fenichel brought up the problem of active therapy. He cautioned that prohibition should be avoided as long as possible or should be given in a way that avoids appearing castrative. Fenichel believed that at best prohibition can be combined with analytic interpretation -that the analyst should show the patient why prohibition is necessary. As he said, "You can prohibit in a way that looks more like advice or suggestions." This is in line with Ferenczi's shift from prohibition and interference to suggestion.

To Ferenczi, the use of free association was an active measure. In a recent paper, Tarachow (1962) refers to interpretation as a deprivation which ". . . is designed to rob the patient of something -his fantasies, his defenses, his gratifications." He also points up the analyst's demand for free association as a demand that the patient surrender "his hardwon defenses against painful ideas and affects."

Numerous papers have been written in the last few years about procedures in psychoanalytic therapy in which technical variations are suggested, but with the qualification that these suggestions are not "active measures." These suggestions consist of various types of manipulation and emphasize the "humanness" of the analyst, giving "love" to the patient and so forth. Some refer to activity by the term "parameters." We read about "formative activity of the analyst," which means helping the patient to establish a reorientation of his personality and a readaptation to his outside world. All these "new" methods can legitimately be classified as activity, and all were described and utilized at some point by Ferenczi. In many instances their origins have been forgotten.

In continuing to probe for success with the “dried up” cases, who came to him from all over the world as their last hope, Ferenczi experimented with adjusting the atmosphere of the analytic situation to the patient’s needs. He believed that the analyst must give love to these very difficult patients in order to help them resolve their pathological difficulties by reaching their pretraumatic experiences. He therefore assumed and played certain roles in the transference relationship which were designed to influence the emotional and mental processes of the patient. He described this approach in his essay, “The Principle of Relaxation and Neocatharsis,” in which he tried to show how the analyst can consciously attempt to ease the atmosphere in the analytic situation. His thesis is that indirect contact with the patient through interpretation is insufficient in these very disturbed cases and that, in addition, a more direct approach to the childish, infantile part of the patient is necessary.

Because of their controversial nature and their departure from classical procedure, “The Principle of Relaxation and Neocatharsis” and two later papers, “Child Analysis in the Analysis of the Adult” and “Confusion of Tongues between Adults and the Child,” which appeared between 1931 and 1933, created a wide gap between Ferenczi and many of his colleagues. The latter two papers deal primarily with the problems and technical handling of early psychic trauma; however, they contain some thoughts pointing to the importance of the earliest object relationships and their impact on personality development. They also contain ideas about more extensive and deeper functions of ego, mechanism of defense, and so forth, all of which presently occupy psychoanalytic thinking and have already produced a number of controversial theories.

It was Ferenczi who first emphasized the great importance to healthy infant development of sufficient, loving body contact with the mother, as well as the dangers of too intense stimulation of the baby by adults.

There was no limit to Ferenczi’s interest in psychological problems. When resting from his clinical work and consideration of the theoretical or technical problems of psychoanalysis, he wrote about sociological problems, or concerning art, literature, or the like, in such essays as “Philosophy and Psychoanalysis,” “Goethe—of the Reality Value of the Poet’s Fantasy,” “Psychology of Mechanics,” and many others. Space does not permit enumeration of all his contributions and comments upon them, although each is deserving of such recognition.

Of all Freud’s disciples, Ferenczi made the greatest number of original contributions to psychoanalysis. Not only was he an excellent teacher who, as Freud said, “made us all his pupils,” but he was also an outstanding organizer. In Freud’s “On the History of the Psychoanalytic Movement,” we read: “Hungary, so near geographically to Austria, and so far from it scientifically, has produced only one collaborator, S. Ferenczi, but one that indeed outweighs a whole society” (1961). In 1910 at the Nuremberg Congress, Ferenczi, acting on Freud’s suggestion, proposed organizing the International Psychoanalytic Association. He attended all subsequent meetings and was a most colorful figure who captivated everyone by his warmth and charm. Ferenczi radiated a quality of joyousness that drew everyone to him. When he spoke at meetings there was barely sufficient standing room. This was also true when Ferenczi lectured at the University of Budapest where, from 1919, he was Professor of Psychoanalysis.¹ There was never enough space in the auditorium to accommodate all who wished to attend his lectures.

In his organizational work, Ferenczi showed enthusiasm, determination, and perseverance concerning courses of action that he believed advantageous for the advancement of psychoanalysis. One such decision brought about the creation of the *International Journal of PsychoAnalysis*, the first volume of which appeared in 1920. Ferenczi had been aware of the growing interest in psychoanalysis in America and England and had realized that the German-language journals could not fill the needs of the English-speaking analysts. “I decided that the most satisfactory method would be to have a distinct journal in the English language,” he reported. He did not wait until the next Congress to discuss the new venture, but set the project in motion at once, with Jones as the editor.

In September 1918, in Budapest, the Fifth International PsychoAnalytic Congress was held. This was the first congress attended by representatives of the Austrian, Hungarian, and German governments. Impressed with the results of psychoanalytic treatment, these governments planned to establish psychoanalytic clinics for the treatment of war neuroses.

In 1919 Ferenczi married. While courting his wife he had written her a great many poems. Thus far, his family has refused to permit their publication. Mrs. Ferenczi was a highly cultured, charming woman, and their life together was a happy one. There were no children from their union, but Mrs. Ferenczi's two daughters by a former marriage lived with them. After Ferenczi's death in 1933, Mrs. Ferenczi remained in Budapest until 1946. She then moved to Switzerland, where she died three years later.

In 1926, the New School for Social Research, in New York City, invited Ferenczi to give a lecture course in psychoanalysis. He arrived in New York in the Fall of that year, accompanied by his wife. They remained for eight months. The time he spent here was important in furthering the development of psychoanalysis in America. His lectures contributed to the growth of psychiatry and psychoanalytic thought in the medical world and introduced psychoanalysis to the general public. His visit also gave a strong impetus to the investigation in the United States of the problems of teaching analysis and training analysts.

Never before had such a comprehensive discussion of psychoanalysis been presented to the lay public or to professionals in the United States. Throughout the Fall and Winter of 1926-1927, Ferenczi presented a weekly ninety-minute lecture as part of a general course, "Selected Chapters in the Theory and Practice of Psychoanalysis." Designed primarily to meet the requirements of intelligent laymen and students of psychology and psychoanalysis, lecture topics included: "Suggestion and Psychoanalysis," "Development of the Ego and the Instincts," "Ego and the Personality," "Freudian Metapsychology," "The Technique of Psychoanalysis," "Main Forms of Neurosis and Psychoanalysis," and "Character and Its Possible Changes through Psychoanalysis." Concurrent courses were presented by Frankwood Williams, who lectured on mental hygiene, and J. B. Watson, whose subject was behaviorism and psychoanalysis.

I should here like to discuss, not only errors in Jones's report -in his biography of Freud (Vol. 3, 1957)- of Ferenczi's 1926 trip to America, but also Oberndorf's glaring omissions regarding important aspects of Ferenczi's visit to New York. I shall preface my description of this event by introducing some personal history, which explains how I happened to be in New York at that time and in a position to observe closely the events of Ferenczi's trip.

When I came to the United States, I had known Ferenczi for five years. We had met in 1920, in Kosice, Czechoslovakia, where I had been living for a year during my affiliation with the city hospital. I had written him regarding his theory of hypnotic suggestion, in connection with a research project on painless delivery under hypnosis. After an exchange of letters, I invited him -in the name of the Medical Society of Kosice, which consisted of approximately 150 physicians- to spend some time with us as a guest lecturer. Graciously he accepted, and in the Fall of 1921 he spent two days in Kosice, presenting one lecture before the Medical Society and another to a general audience. At the time, Ferenczi mentioned that being in Kosice near the Tatra Mountains had brought back happy memories of his youth, when he had spent weeks climbing them with his brother and sister. Later, he spent vacations with Freud in the same Tatra Mountains.

During our discussion of my therapeutic work with shell-shocked soldiers during the war and the satisfactory results I had obtained with hypnosis, Ferenczi suggested that I try a personal analysis. "You may like to do analysis," he said. "If not, it may interest you and help in your work." In the Spring of 1923, I went to Budapest and started my analysis with Ferenczi, finishing in June 1924. A year later I emigrated to America.

Although the New York Psychoanalytic Society had no official contact with Ferenczi throughout his stay in the United States, upon his arrival in New York in the Fall of 1926, A. A. Brill gave a private dinner for him and Mrs. Ferenczi, which was attended by some of the New York analysts.

Ferenczi's visit was mentioned briefly by Oberndorf in his *History of Psychoanalysis in America* (1953). He mentioned Ferenczi's classes at the New School and his lecture, "Gulliver's Fantasies," in December 1926, before the New York Society of Clinical Psychiatry. But Oberndorf neglected to mention the highly stimulating lecture Ferenczi gave before the American Psychoanalytic Association's Christmas meeting in New York. Ferenczi had been invited by the American Psychoanalytic Association, whose members included both the New York analysts and analysts from various cities throughout the United States. For reasons to be disclosed further on, Oberndorf did not want to connect Ferenczi's name with official psychoanalytic societies or movements in the United States.

At the time, Oberndorf was the secretary of the American Psychoanalytic Association and Adolf Stern was president. Both were members of the New York Psychoanalytic Society, and both attended the Christmas meeting, at which Ferenczi was invited “to give a short resume of the most important practical and theoretical problems” occupying the attention of analysts at the time. Members of the American Psychoanalytic Association, and those of the New York Society in particular, were troubled about problems of didactic analysis. There was open disagreement about evaluation of the voluminous psychoanalytic literature and what should be considered fundamental (Oberndorf, 1953)

In his discussion, “Present-Day Problems in Psychoanalysis,” Ferenczi emphasized the practical significance of developments in the field of ego psychology. And, for the first time, he mentioned the need for postgraduate instruction in psychoanalysis. As usual, Ferenczi was enthusiastic, inspiring, and charming in his lecture. After his talk, a long discussion ensued, primarily among Harry Stack Sullivan, I. Coriat (from Boston), and H. W. Frink.

Despite its importance, Oberndorf omits mention of this meeting in his history, although a report of it appears in the *International Journal of Psycho-Analysis* of 1927 above Oberndorf’s signature as secretary of the American Psychoanalytic Association. Also omitted from Oberndorf’s history are the seminars on technique that Ferenczi gave privately to members of the American Psychoanalytic Association and of the New York Society.² Further, Oberndorf does not state that some analysts from New York and elsewhere regularly attended Ferenczi’s lectures at the New School.

The attitude toward Ferenczi shared by Oberndorf and the other members of the New York Society grew out of their anger with him for his support of lay analysis. In his history, Oberndorf has written at great length about the discussion of the question of lay analysis at the New York Society meeting in November 1926 and the subsequent adoption of a resolution -supported by a large majority of the members- expressing opposition to the practice of therapeutic analysis by lay persons.

Oberndorf also mentioned the firm stand the representatives of the American Society took against lay analysis when the question first came up at the International Congress in Bad Homburg in 1925. He described the disagreement as a clash between the Americans and all the Europeans, none of whom disagreed with Freud’s position that persons from disciplines other than medicine can become thoroughly competent psychoanalysts. Indeed, the European psychoanalysts had ample proof of the validity of their position. Ferenczi firmly believed that educators should be analyzed in order to truly understand the children whose minds and characters they attempt to mold; he had no objections to an educator becoming a qualified therapist. That Ferenczi emphatically expressed his agreement with Freud, some of the New Yorkers (and particularly Oberndorf) neither forgot nor forgave.

When Ferenczi arrived in New York only one year after the Bad Homburg Congress, resentment was strong in the hearts of some members. Oberndorf was always vehement about Ferenczi’s acceptance of lay analysis. (I am reminded here of Anna Freud’s correction of a speaker who referred to the graduates of the Hampstead Therapy Course and Clinic as “lay analysts,” by stating that they were “professional” and not “lay” people.)

This irksome problem was alone responsible for the New York Society’s official nonrecognition of Ferenczi and for the behavior of some of its members toward him, including Oberndorf’s incomplete history. I was then working with Oberndorf and five other analysts on the staff of the Mental Health Clinic of Mount Sinai Hospital, and we discussed the matter. Oberndorf answered my criticism of the Society’s discourteous behavior by saying, “When in Rome do as the Romans do.”³ I could not help thinking to myself that in the past Ferenczi had traveled regularly from Budapest to Vienna to further the training of several of the very men who now were ignoring him. Disrespect and discourtesy to a famous teacher -moreover to someone who was Freud’s direct representative and close associate- were inconceivable to me. To observe it was an extraordinary experience. Particularly puzzling was the fact that the Society’s official position on lay analysis was privately disregarded by some of its members. Blumgart and Brill, among others, referred children to nonmedical analysts. Two child therapists who worked with me in the Mental Hygiene Clinic of Mount Sinai Hospital were not physicians, but had had psychoanalytic training.

Plainly, Jones was misinformed about the New York scene: in his biography of Freud, he reported that the New York Society analysts were offended because Ferenczi had not communicated with them about his coming, but that nevertheless they received him in a friendly manner. He also stated: "They invited him to address the winter meeting of the American Psychoanalytic Association." Jones has confused the New York Society with the American Psychoanalytic Association. Their attitudes were quite different; whereas the American Association invited Ferenczi to speak, the New York Society did not communicate with him at all, although its members were aware of Ferenczi's acceptance of the American Association's invitation and, had they so wished, they had had ample opportunity to get in touch with him before he left the Continent.

Jones also wrote: "Relations became more and more strained as the months went by until he [Ferenczi] was almost completely ostracized by his colleagues." The attendance of some New York analysts at his lectures and the friendly relations existing between him and many New York analysts indicate that only the official relationship—promoted by a hard core of determined individuals—was cold and distant: there was no question of ostracism.

Jones claimed that, while in New York, Ferenczi "trained eight or nine lay people"; this he gave as a second reason for the unfriendly attitude toward Ferenczi. During his stay, Ferenczi did have an analytic practice, consisting not only of former American patients who had originally been in analysis with him in Europe and who took advantage of his presence in America for additional analysis, but also of some physicians who were interested in being analyzed, and of a few educators. They all were analytic patients, and Ferenczi certainly did not set up a training program for them, as Jones has implied. But it is certainly true that Ferenczi never would have refused to analyze someone because that person planned to be a therapist at some future time. He analyzed anyone who wished to undergo analysis.

Ferenczi left New York in the Spring of 1927. I did not see him again until the Oxford Congress in 1929, when the question of lay analysis came to a peaceful settlement between American and European groups. At the insistence of the Americans, the European analysts agreed not to accept American physicians or lay persons for training in Europe unless the American Educational Committee gave its endorsement, which, of course, they never would give for a lay person.

In the Summer of 1931, I visited Ferenczi in Budapest. He lived in a charming villa on the right bank of the Danube. He was then revising the most recent phases of his theory and technique. He told me he was changing some of his methods because he had not achieved the anticipated results. Freud had been highly critical of some of Ferenczi's experiments in technique, with the result that, although they continued to correspond, their relationship had become strained. Ferenczi expressed the hope that, now that Freud had been proved correct and the most radical of Ferenczi's experiments in technique had been proved mistaken, his closeness with Freud might be reestablished.

He corresponded with Freud about these changes. In a letter written in October 1931, he stated: "I will certainly not deny that subjective factors do influence, often very considerably, both the form and the content of what I produce. In the past this has at times led to exaggerations. Eventually, however, I believe I succeeded in understanding where and how much I had gone too far." And, further on in the same communication: "My latest views are only in process of formulation. I should be most grateful if you would write me in more detail about those points which seem incapable of 'leading to any desirable goal'" (Ferenczi, 1949).

During my visit with Ferenczi, we also discussed *Psychoanalysis Today*, a book I was editing (which just appeared in 1933) and the contributors thereto. Ferenczi's contribution to the volume (1944), "Freud's Influence on Medicine," was prepared especially for the book and was his last published paper. At that time he appeared in excellent health without the slightest indication of mental or physical fatigue. We sat in the garden of his villa, and I answered many of his questions about America, analysis, books, and people.

The psychoanalytic movement in Hungary was begun by Ferenczi, and it revolved around him throughout the years. In 1913, he founded the Hungarian Psychoanalytic Society. The first members were Stefan Hollos, chief psychiatrist, and director of the Royal State Hospital for the Insane, at Nagyszeben; Hugo Ignotus, the outstanding literary critic; L. Levy, an internist who later became director of the Jewish Hospital in

Budapest and who was Ferenczi's lifelong friend as well as his physician; and Sandor Rado. Ferenczi was the president of the Society, a position he held until his death. The first secretary was Rado. Although World War I paralyzed the Society's activities, its membership grew rapidly after the war. It became very active and publications by its members on various psychoanalytic topics appeared frequently. The psychoanalytic clinic of the Society was established in Budapest in 1930.

Attending a meeting of the Society was an unforgettable experience. In the early twenties, these meetings were held at Ferenczi's home or at the home of Mrs. Vilma Kovacs, one of the training and supervising analysts in Budapest. The wives of the members were also invited. Everyone sat in a circle. After the presentation of the topic, Ferenczi asked each individual present for spontaneous responses. A discussion ensued during which Ferenczi, in his friendly manner, encouraged anyone who hesitated. When the discussion slackened, Ferenczi would take over. His spontaneity, imagination, and creative elaboration on aspects of the problems presented inspired everyone. He created great eagerness and enthusiasm in his audience.

Ferenczi liked the spirited world of the artists, musicians, and writers who formed the cultural elite of Hungary, and he always associated with them. Before his marriage, he lived in the Hotel Royal, a favored residence of the literary group, and spent his evenings at the permanent roundtable reserved for artists and writers. They were a prominent and gay group, with whom Ferenczi formed lifelong attachments. He enjoyed going to small restaurants with his friends, where they dined and listened to gypsy music, sipping vintage Tokay wines.

That some of the young writers of that avant-garde circle were influenced by Ferenczi and psychoanalysis is reflected in their writings. Ferenczi, in turn, contributed a few articles on art and literature to *Nyugat* (West), the literary review.

Despite the brevity of this biography of Ferenczi, I feel it my duty to help to set the record straight concerning Ferenczi's terminal illness and the false impressions of it created by Jones in the second and third volumes of the Freud biography. As is amply demonstrated in this great biography, Jones was critical of nearly all the early associates of Freud. For some reason -which I shall not attempt to interpret- he wanted to believe, and to prove to others, that Ferenczi, who had been the closest to Freud, suffered from a latent psychosis.

Jones made his first public reference to this belief in the eulogy he delivered after Ferenczi's death (Jones, 1933), before the British Psychoanalytic Society in June 1933. He said then that mental regression was apparent in Ferenczi's later writings; that ". . . Ferenczi showed unmistakable signs of mental regression in his attitude towards fundamental problems of psychoanalysis." In other words, Jones diagnosed as mental regression Ferenczi's experimental departures, in the late twenties, from classical psychoanalytic technique, although there is not a shred of evidence that Ferenczi ever suffered from personality impairment or mental illness, except during the last weeks of his life, when his spinal cord and, perhaps, his brain were attacked in the terminal phase of pernicious anemia. Any neurological textbook description of pernicious anemia makes clear that, in its terminal phases, symptoms of confusional delusions, phobias, or manic-depressive symptoms may occur (Wilson & Bruce, 1936). Although originally a neurologist, Jones failed to verify the neurologic pathology and therefore inferred that Ferenczi must have had a latent psychosis. Michael Balint and others who were in contact with Ferenczi until his death have said that, until the very last week, he remained completely clear-minded and alert, although painfully feeble and incapacitated.

Unquestionably, Ferenczi had many neurotic problems, among them hypochondria,^{4*} which made it difficult to determine exactly when the pernicious anemia started. In a personal communication, Balint has informed me that Ferenczi was apparently still all right at the Wiesbaden Congress in 1932. From that Congress he went to Biarritz, where the first symptoms appeared. Eventually he had difficulty walking and, possibly because of the increasing ataxia and paralysis, needed support from his wife. It was then that the true nature of his anemia was discovered, together with the neurological complications of combined lateral sclerosis.

He worked with his patients until Christmas of 1932. In the following February or March, he became so weak that he retired to bed, from which he never arose. Balint described how painful it was to watch Ferenczi's paretic movements. At first, only the lower limbs were affected and then gradually his hands, as

well. Balint continued to see him every week. The Sunday before his death, Ferenczi had become so weak, and his hands had been so much affected that he could hardly hold a glass. The immediate cause of death was paralysis of the respiratory center.

It is entirely possible that during the last week of his life Ferenczi suffered from delusions as a result of the anemia. Jones's thesis is that the "dark side" of Ferenczi was always lurking in the background, and that toward the end of his life Ferenczi developed psychotic manifestations which caused him to turn away from Freud's doctrines. The facts disprove Jones's diagnosis.

In the Freud biography (1957, Vol. III), Jones stated that Ferenczi withdrew from Freud in the autumn of 1929. To the contrary, as the "Ten Letters to Freud" (Ferenczi, 1949) prove, Freud and Ferenczi corresponded until Ferenczi's death. Ferenczi's letters show the dignity, courtesy, and affection with which he responded to Freud's openly expressed criticism. Had there been a break, it is highly unlikely that the Viennese Psychoanalytic Society would have invited Ferenczi to speak in honor of Freud's seventy-fifth birthday. On that occasion, in May 1931, Ferenczi read his paper, "Child Analysis in the Analysis of Adults."

Jones believed that Ferenczi was intriguing against him. He cited instances in the Freud biography of Ferenczi's talking behind his back, and accused Ferenczi of lying to Freud, and the like. One need only scan the pages to see how much subjective, negative feeling toward Ferenczi Jones harbored. In personal discussions with me more than twenty years after Ferenczi's death, Jones frequently expressed irritation and criticism of Ferenczi. Obviously this personal bias disturbed his scientific attitude: because of this, Jones failed to check on the accuracy of reports about Ferenczi's health, relationships, and behavior.

Ferenczi's "Confusion of Tongues between Adults and the Child," and the notes and fragments published posthumously in the last volume of his collected papers, are proof of the clarity of his mind and the richness of his ideas at the time they were written, shortly before his death.

He was a master in the technique of healing and, first and foremost, he was a physician interested in helping the suffering. He put his heart into his work, and he worked ceaselessly. His radiant personality, his warmth, and his spirit kept him surrounded by friends. But these friends began to look askance at him and became distant and strained, as did Freud, when he began to experiment with radical innovations, in the late twenties.

Although one seldom hears Ferenczi's name today, and references to his papers are rare in the latest literature, Ferenczi's controversial papers, written more than thirty years ago, deal with topics around which analytic research centers today. As fresh and illuminating today as when they were first written, his writings are an inspiration to all who read them. During Ferenczi's lifetime many of his most original and valuable contributions were so generally accepted as axiomatic that they were frequently attributed to Freud.

Among contributors to psychoanalysis, no one, with the exception of Freud himself, has contributed so many valuable and original ideas or done as much as Ferenczi has to develop psychoanalysis and bring it to the status that it enjoys today.

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(*) Sandor Lorand, a physician, psychoanalyst, and professor of psychiatry, was born on December 2, 1893, in Kassa, Hungary, and died on July 29, 1987, on Long Island, New York. Born into an Orthodox Jewish family that had been farmers for two generations, Lorand first studied theology, then philosophy (earning a PhD), and finally medicine at the University of Pressburg (now Bratislava), where he earned his medical degree in 1920. The 1918 Budapest psychoanalytic congress impressed him “so much that [he decided] to become a psychoanalyst” (Lorand, 1963). He discovered the writings of Sándor Ferenczi, took the initiative of writing to him to discuss the latter’s theory of hypnotic suggestion, and attended Ferenczi lectures in the medical faculties. While working as a physician attached to the hospital at Kosice in Czechoslovakia, Lorand arranged in 1921 for Ferenczi to present a paper on “Psychoanalysis for the General Practitioner” to his colleagues. During 1923-24, Lorand was analyzed by Ferenczi and did training work with Paul Federn and Vilma Kovach.

That same year Lorand return to the hospital at Kosice and, following Friedlander in the Netherlands, experimented with a technique for painless childbirth that utilized hypnosis. Despite Ferenczi’s wish that Lorand remain in Czechoslovakia to disseminate psychoanalysis, he decided to emigrate because of the unstable political situation. He settled in New York in 1925 and, with the encouragement of Professor Kirby and Abraham A. Brill, became an American citizen and retook his medical exams. He established a private practice in psychoanalysis and also worked at the Mental Health Clinic of Mount Sinai Hospital. In 1926 he arranged for Ferenczi to lecture at the American Association for Psychoanalysis and at the New School in New York. (Dictionaries thesauruses pictures and press releases - Lorand, Sándor (1893-1987)

Published in: Chapter: Sandor Ferenczi 1873-1933. Pioneer of Pioneeress. Sador Lorant, pp. 14-33, in: Psychoanalytical Pioneers. Franz Alexander, Samuel Eisenstein, Martin Grotjahn. Basic Books, 1995, New York.

Volver a Artículos sobre Ferenczi
Volver a Newsletter 22-ALSF

Notas al final

1.- The first university professorship in psychoanalysis

2.- I was reminded by a colleague and member of the New York Society, Dr. Emanuel Klein, who did secretarial work for Dr. Dorian Feigenbaum (founder of The Psychoanalytic Quarterly), that he had arranged for those technical seminars many months before Ferenczi's arrival in America, and that they were well attended by both New York analysts and members of The American Psychoanalytic Association.

3.- That is, "When in New York, do not refer patients to lay analysts or accept nonmedical persons for training analyses

4.- Ferenczi had an inordinate need to be liked, which he succeeded in gratifying through his great charm. He possessed a childlike quality that probably helped him to identify with and understand young children. Unresolved problems of frustrated parenthood may have provided the impetus for some of the more radical experiments in "activity" and role-playing with patients.