

WITH FERENCZI, THE CONTEMPORARY PSYCHOANALYST IS *OTHER*.

José Jiménez Avello (*)

SUMMARY.

Ferenczi's main interests centered on the clinical situation, and through them he felt the need to reformulate, discard, and expand many aspects of existing theory to the extent that, in my opinion, he succeeded in constructing a specifically Ferenczian metapsychological conception. After briefly outlining the essentials of Ferenczi's theoretical concepts — highlighting above all the importance given to the interaction with others in psychic configuration and functioning — I go the opposite way, in a “mutatis mutandis” game, “deducing”, as though they did not already exist and had to be invented, the technical and clinical approaches implied by this said metapsychology once it is constructed. One conclusion is that a psychoanalysis in tune with Ferenczi's conceptions is *different* from the one that ruled in the last century and in which a preferably solipsistic reading of Freud was dominant. Moreover, due to reasons that I will attempt to explain, today's psychoanalyst must stop thinking of himself as an absence (this is how I see the so-called “cure type” and others similar to it) and operate as a *true other* in a vivid relation with the patient.

KEY WORDS: Metapsychology; psychoanalytic relationship; positive principles; Ferenczi.

RESUMEN.

Los principales intereses de Ferenczi se centraron en la situación clínica, y a través de ellos sintió la necesidad de reformular, desechar y expandir muchos aspectos de la teoría existente hasta el punto de que, en mi opinión, logró construir una concepción metapsicológica específicamente ferencziana. Después de esbozar brevemente los conceptos teóricos de Ferenczi -destacando sobre todo la importancia dada a la interacción con los demás en la configuración y funcionamiento psíquicos- voy en la dirección opuesta, en un juego de “mutatis mutandis”, “deduciendo”, como si no existieran ya y tuvieran que ser inventados, los enfoques técnicos y clínicos implicados por esta metapsicología una vez que está construida. Una conclusión es que un psicoanálisis en sintonía con las concepciones de Ferenczi es *diferente* del que predominaba en el siglo pasado y en el que una lectura preferentemente solipsista de Freud era dominante. Además, debido a razones que intentaré explicar, el psicoanalista de hoy debe dejar de pensar en sí mismo como una ausencia (así es como veo el llamado “tipo cura” y otros similares) y operar como un *verdadero otro* en una relación vívida con el paciente.

PALABRAS CLAVE: Metapsicología; relación psicoanalítica; principios positivos; Ferenczi.

In the course of the effort to develop my analyses in a deeper and more efficient sense, I have arrived to a resolutely critical and self-critical position which, in some aspects, appears to force me to impose not only complements, but also corrections to our practical positions, and by extension to the theoretical ones as well. (Ferenczi to Freud, August 21, 1932, pp. 441)

Ferenczi was known by his contemporaries as a master of clinical practice, a technical innovator above all, and author of many great discoveries. However, as it can be seen in his letter to Freud, quoted above, he saw himself inevitably led, by means of an experiential-inductive way, in his own words by *extension*, to make *corrections, theoretical ones as well*, to the Freudian doctrine.

Ferenczi's connotation as a practical man, sometimes even said pejoratively, as when Freud accused him of *suffering from furor sanandi* (Fortune, 1993), might have served and may still do in some circles as a way of keeping intact Freud's reputation as the greatest and only theoretician of psychoanalysis.

Seeing the work of the Hungarian as a whole, it is difficult to be "Ferenczian", if that means considering his contributions to theory as mere *corrections*. Much more than this discrete reference, I find it valid to consider that in his work there is a theoretical *hard core*, a metapsychological one at that, which moreover constitutes, if not the base, at least the placenta of many current tendencies, whether or not they acknowledge their affiliations.

Perhaps it is worth it, and it is what this paper is about, to travel even if superficially the opposite road to that taken by Ferenczi. What I mean is, if the clinical practice pushed the author to substantial theoretical modifications through experiential-inductive coherence, we shall now travel the reverse path, the hypothetical-deductive, to reflect on, as though we did not know it, the clinical and practical impact entailed by what I have called the "hard core" of his metapsychology.

It goes without saying that a good deal of Ferenczi's theory, including his theorizing around the central themes established as typical of metapsychology, corresponds to Freud. I reserve the expression *hard core* to refer to those ideas that, in my opinion, arguably and argued about, differ to a large extent from Freud's theory to the point that, as I see it, one may talk authoritatively of a specifically Ferenczian metapsychology.

In short, that which organizes and differentiates this hard core is his trauma theory, to which Ferenczi will dedicate himself after realizing that psychoanalysis had gone off course due to the *overestimation of the phantom and the underestimation of the traumatic reality in pathogenesis* (Ferenczi to Freud, December 25, 1929, pp. 347 – 376). This theory does not have to be distinguished as "Ferenczian" because there is no previous one, given that Freud's approach to trauma was preanalytical, a *theory of restricted seduction*, as Laplanche (1986) calls it.

With trauma theory, *otherness*, the interaction with the other and the place of meaningful others in the constitution and functioning of the psyche acquired a value, unthinkable until then. To a degree that, at least by contrast, the Freudian theory is rather *solipsistic*, it is a *one-person psychology* (Balint, 1968). It is this importance of otherness, of bonding, which gives, by extension, a peculiar conception to the Ferenczian metapsychology in all its aspects: the economic, the topic, and the dynamic.

In what concerns drives, what is most noteworthy is that Ferenczi gradually becomes convinced that the idea of a death drive is an idea that must be *disdained*¹ (Freud, 1920), is *sadistic*² (Ferenczi, 1932) and *pessimistic* (Dupont, 1998); an idea, which loses sight of, even hides, the damage, so profound and precocious, originating from a passionate act of the surroundings, that produces such a perturbation as to alter the drive—in itself always a life one—into a push toward death. In "The Unwelcome Child and His Death Instinct" (Ferenczi, 1929), he shows how the child only suffers of death drive if he is unwelcome. And in his "Posthumous Notes of the '30s"³ (Ferenczi, 1932), he establishes a new dualism between selfish drives / altruistic drives, these latter being capable of deforming themselves into *death passions* (Jiménez Avello, 1998) by the destructive action of the surrounding environment.

In what concerns the dynamic dimension, Ferenczi is the first to consider the oedipal situation in its entirety by extending the exclusive view of the infant's Oedipus' complex to the simultaneous tackling of the "traumatized" aspects of the Oedipus child, caused by "passionate adults"⁴ (Ferenczi, 1930). In this way, he sets the foundation for developments as diverse as Winnicott's and Lacan's, where Oedipus becomes a triangular situation in which three "actants" take part (Propp, 1928).

Also in the dynamic dimension and linked to the aforementioned, it is essential that we additionally consider the concepts—earlier and different from that of Anna Freud, though the *copyright* is often attributed to her—of *introjection of the aggressor*, *identification with the aggressor* or *anxious identification with the aggressor* (Ferenczi, 1933), mentioned in all these variants. This mechanism, defense *par excellence* to a traumatic event, supposes a last desperate attempt to preserve the pleasure principle by feeling "the aggressor's passion as one's own"⁵ (Ferenczi, 1932), which implies a degree of inoculation, a graft of the other in the subject, an "alien transplant"⁶ (Ferenczi, 1932), until then unstudied by psychoanalytical theory.

From the metapsychological point of view that I have not mentioned, the topic I shall emphasize is without doubt another of Ferenczi's great discoveries, one whose paternity is also frequently ignored: the discovery of the mechanisms of *psychic splitting*⁷ (Freud and Ferenczi, 1908 – 1933), what today we would call the mechanisms of vertical splitting, and which he at times labels as *splitting, autotomy, fragmentation, atomization, disintegration* (Hudon, 1993).

The said *atomization* leaves indelible traces in the personality's structure, especially in the Superego, which becomes a Superego *without Ego* (Ferenczi, 1933, p. 146); this demonstrates the importance for the psychic structure of something that was set off in the interaction with others. Ferenczi writes of a "harmful Superego",⁸ an "unassimilated", "mad" one⁹, and of the "will that yields to force",¹⁰ of the "will not to be."^{11,12}

I feel obliged to remind the reader that I do not attempt to make an impossible summary of all there is in the *hard core* of Ferenczi's theory. I am only trying to highlight how, in the center of the polyhedron constituted by his theoretical contributions, there is always *another or others* in fundamental and determining interaction. With this, I conclude this very partial summary.

In view of such an immense theoretical revolution, one might fantasize about an unwritten letter to Freud, mirroring the one quoted at the beginning of this paper, in which Ferenczi would have stated: *My theoretical investigations force me to make modifications to the field of metapsychology and, by extension, also to that of the practical instrumentation of psychoanalysis.*

Thus, if we approach drive-related questions, it is obvious that, given that it is *nothing but life instinct, death instinct [is] a (pessimistic) mistake* (Dupont, 1998), this death instinct cannot be invoked when tackling clinical phenomena of such importance as negative therapeutic reaction, *suffering-repeating transference, repetition compulsion in general, so-called primary masochism, or the discomfort in civilization.*

If we now highlight as paradigmatic among these phenomena the *negative therapeutic reaction*, we shall not be able to simply explain its occurrence on account of the death drive. It is necessary to direct the investigation to the way the analyst works to his interaction with the patient, perhaps to his countertransference, understood primarily as *reciprocal transference*¹³. If this is so, let us state it in a radical way, we have just turned analytical practice inside out as though it were a sock. The pretending neutral psychoanalyst is done for (and I say pretending because I have never been able to understand how any human being could be neutral). What the psychoanalyst says, and I am not referring to the plain and easily definable classical interpretation, but to what he says with his verbal and para-verbal language, with his being there, with his empathy (Ferenczi, 1928) or his resistances, becomes a determining factor in the evolution of the treatments.

May each judge for himself their aesthetic value, but if the emptiness in the paintings by René Magritte on "The Therapist" means conceiving him as an absence, then Magritte's psychoanalyst no longer exists, because in the contemporary world that Ferenczi opens to us, he is a true other. He is and must be a presence alongside with the patient, one that resonates with him empathically (*Einfühlung*) (Ferenczi, 1928), that accompanies him sympathetically (*Mitfühlen*) (Ferenczi, 1932), that tries to promote his welfare (*Healing*) (Ferenczi, 1932).

He must also be another who proposes a healthy link, discernible from that established by traumatogenic figures. Should this good-enough linkage not occur, Ferenczi's theory will lead us to deduce that the analytical experience might be itself traumatic¹⁴ (Ferenczi, 1932), sadistic (Ferenczi, 1920 and 1930–1933), if we use the concept of death drive to explain (exculpate) the negative therapeutic reaction.

The reflection made in these last paragraphs may serve as a first note toward "inventing" a consequent technique with his metapsychological ideas of economic nature.

Let us now rethink the implications of his dynamic conceptions. When Oedipus stops being a rolled-up film that is projected in the same way on every screen and becomes dependent on the texture of the screen, of its quality, its being passionate or not in regard to the mother and father, and the human quality of the analyst, their substitute in transference, the attitude of the latter, his capacity to *raise barriers* (*Gewährung*) (Ferenczi, 1930) between him and the patient, his renouncement to *professional hypocrisy* (Ferenczi, 1933),

his acceptance of *mutuality* in their relationship (Ferenczi, 1932) — all this in opposition to the *denial*¹⁵ (Jiménez Avello, 2006) established by the trauma — shall have a determining role, both in creating the adequate framework in the labor of interpretation and elaboration, as well as, and above all, in accompanying the patient in the regression inherent to the cure. We either remember these points, or again the analysis may lead to a repeat of the trauma that brought the patient into treatment.

We have already arrived through two metapsychological channels, economic and dynamic, to the matter, always disrupting and difficult, of the possibility of an intra-analytical trauma. This double entrance happens to come in quite handy. With it, we can stress the importance of this matter and the neglect it suffered in the history of psychoanalysis. Apart from other “innocuous and stupid”¹⁶ (Gay, 1989, p. 648) theorizations of Ferenczi, what we have been learning from biographers confirms the hypothesis that the late acrimonious strife between Freud and Ferenczi revolved around the field of ethical and practical questions (Lévy, 1998).¹⁷

And that is so because to raise the possibility of a traumatogenic cure, which would then be only a professed cure, questions, as has been noted, the technical principles that inspired Freud in the first half of the 1910s and even later, at least in their literality. Any attempt to think of the psychoanalyst as an *absence* leads inevitably to an *aporia* (Balint and Balint, 1939). Black may be the absence of color, but it is nevertheless the black color.

It is true that in 1927 Freud would describe his own technical principles of the 1910s as “negative advices”¹⁸ (Freud and Ferenczi, 1908–1933), and warned against “docile individuals” or “obedient subjects” (“chronic parrots”¹⁹ [Papini, 1931, p. 88] he may have called them elsewhere), who transformed the principles of neutrality of abstinence and frustration into *taboo laws*, and when pressed by Ferenczi he admits that other principles on *what has to be done* must also be taken into account. Freud, however, is paying lip service, as shown by his resistance and opposition to every attempt of Ferenczi to propose *positive principles* (for example, to the conceptualization of empathy (Ferenczi, 1928) at the time), which will then become open dissent (to the *principle of relaxation and neocatharsis*, Lévy, 1998), and finally a brutal confrontation when Ferenczi begins talking about the *analyst’s narcissism* (Ferenczi and Rank, 1924), *the mutuality principle*, *sympathy*, *professional sincerity*, *analyst humility*, etc. Some of these principles are known firsthand by Freud through “The Confusion of Tongues between Adults and the Child” (Ferenczi, 1933), and some others merely glimpsed at, as they will only appear in the “Posthumous Notes of the ‘30s” (Ferenczi, 1920 and 1930–1933; Dupont, 1998; Ferenczi, 1932).

In his later works, Ferenczi did not intend to overlook — as a way of overcoming past mistakes, nor do we intend to do it here — a perhaps never stated but implicit *prudence principle*, or to put it more simply, a *principle of respect*, which must preside over any cure. We do not have to wait for Freud and the 20th century to take for granted some ethical bases that are mandatory for healers: “In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction and especially from the pleasures of love with women or with men, be they free or slaves” goes the oath attributed to Hippocrates of Kos (5th century BC) and that since Galen binds physicians.

In the field of psychoanalysis specifically, today we are all in a position to know that it is not acceptable to *make poetry* with patients (Jung / Sabina Spielrein) (Kerr, 1993), that it would have been better for Ferenczi if Elma Palos had not “victoriously installed herself in [his] heart...”²⁰ (Freud and Ferenczi, 1908–1933), and that one should not analyze one’s children (Melanie Klein, Freud / Anna) (Gay, 1989).

It should be enough to think that after a few months of having Freud collaborating directly²¹ in the treatment of Elma Palos, and not 3 years after hurriedly introducing the concept of *countertransference* (to give a scientific disguise to Jung’s malpractice (Freud, 1910), he presents the rough metaphors of the surgeon and the mirror (Freud, 1912). Thus contextualized, their radicalism is completely explained.

But now we stand exactly 100 years after not only “Introjection and Transference” (Ferenczi, 1909), but also of the rushed invention of the notion of countertransference,²² so we should be able to assume once and for all that malpractice is malpractice, without any need to have the surgeon’s scalpel and the mirror reflex as our carrot on a stick. Because the *absence*, if anything, and whether one likes it or not, is a form of *presence*; being incognito is not a way of not being, but of being incognito (Balint and Balint, 1939).

Thus, with Ferenczi, we should think of (*an*)*other* psychoanalyst. Another, different from the one the classical theory attempted to design. Other, because his difference consists precisely in being a *true other* that interacts with his patient, that plays (Winnicott, 1971) with him, that encourages a *new beginning*²³ (Balint, 1968), that gets involved in a *corrective emotional experience* (Alexander, 1961).

Some of this necessity of shared experience was hinted at by Freud in his later works. Specifically, “Constructions in Analysis” (Freud, 1937), which contains technical propositions on the operative factors of analysis that he makes after a long way that had become more and more complex over the years²⁴. In preanalytical times, the focus was on filling in amnesic gaps to obtain the cure (Freud and Breuer, 1895). After Dora (Freud, 1905), with the unexpected emergence of transference and resistances, the question grows more elaborate: from then on, it is necessary to make the unconscious conscious through the interpretation of transference. In a new twist, in the mid-1910s (maybe with the treatment of the “Wolf Man”), interpreting is no longer enough, the interpretation becomes polyhedric (Freud, 1914): it is essential to elaborate and pre-elaborate from multiple angles. The analysis is also immersed in the transference neurosis, which, whether one wants it or not, tightens the patient – analyst link. Yet again, in the early 1930s (Freud, 1933), there is a new change of course: the operational capability of analysis is not seen as intrinsic to mere *talking* of the analyst anymore: it is now a question of *what was Id becoming Ego*. There is no longer a direct reference to interpretation, what is set is the objective, and not the method, as it was until then, despite there being little doubt that the royal way to it is still interpretation. And finally, in 1937, Freud writes “Constructions in Analysis” (Freud, 1937): here the analyst does not just give his silent knowledge. With the labor of construction, the joint participation of patient and analyst in creating something new appears. Does this not sound like a new beginning? Like a play zone between patient and analyst?

I have not abandoned the previous considerations, or at least not completely, the core of this presentation, which is an attempt to deduce from the theory the new techniques that are made necessary by and are coherent with it.

That is so because this Ferenczian theory that thinks in split subjects, in alien transplants, in a crazy Superego or a Superego without Ego, in the death passion, etc., is applicable to patients never considered suitable by Freud to undergo psychoanalysis. What’s more, not just suitable, but being patients that did not exist for him (except, perhaps, in the late “Constructions” phase). Much has been written on Dora’s narcissistic question (of traumatic origin), or the evidence of a borderline pathology in the Wolf Man (also a subject/victim of traumatic seduction experiences). And perhaps the precepts of the *Technical Writings of the ‘10s*²⁵ are the adequate ones for *pure* neurosis, if that exists or ever existed.

However, it is Ferenczi who understands — though he continues talking about neurotics, as he has no other concept²⁶— that there needs to be a substitution of what in Freud’s nosology is a flat line for an enormous space inhabited by all sorts of pathologies. In his technical writings, Freud fills the spectrum of psychic illnesses with actual neurosis, transference neurosis, and dementia praecox²⁷ (Bleuler, 1911; Freud, 1913). And between the latter and neurosis, as I said, there is a flat line, nothing. And one obviously does not come up with a new technique for no reason.

So it was Ferenczi and those that continued his work that had to design the technique(s) for this Freudian *nothing*, which was closer to a clinical *almost everything*. I am referring to the immense field of patients in an *intermediate position* (Bergeret, 2001) between neurotic and psychotic structures, patients with a *borderline organization of the personality* (Kernberg, 1975), patients with psychotic and neurotic cores, supposing that these denominations can be substituted. In metapsychological terms, we are talking about patients with an Ego that does not work, or not always, through mechanisms connected to repression. Choosing this wording above all the previous ones, we are talking about *deficit* patients (Killingmo, 1989).

It is necessary to think what, according to Ferenczi’s metapsychology, should be done clinically with these patients. Let us invent it with him: “What these neurotics need is to be truly adopted and to let themselves enjoy, for the first time, the excellences of a normal infancy” (Ferenczi, 1930), the “taking everything for nothing”²⁸ (Ferenczi, 1932), that was swept away from them. And with this, we have just invented the techniques of mothering and the need for an analyst that functions like a *good-enough mother*, a position Freud considered repugnant (Gay, 1989).

The psychoanalyst cannot remain “as a divinity floating above the poor patient”²⁹, but has to implicate himself, he has to establish a relationship that — continuing to invent what is already invented — we could call of *mutuality*³⁰ (Ferenczi, 1932), or, for those who prefer to highlight this aspect, of *holding*, or let us invent the term *reverie* (Grinberg et al., 1972). What about *trying to lend the patient a hand*, as sometimes used by Balint?

I would have liked to have gone into greater depth in some questions that interest me, above all, what concerns the countertransferential confidences, illustrating with some clinical vignettes, the subject. These shall remain unsaid as I prefer to end by making an allusion to the first part of the title of this paper: “with Ferenczi”, which I have taken from the ingenious title “Conferenczi ‘09”, invented by the organizers of this Congress.

At the turn of the last century, there was an abundance of articles focused on the perspectives of psychoanalysis in the 21st Century. I became interested in the matter, and I recall a specific work by Juan Pablo Jiménez (2001) in which he narrated his personal path and what his discovery of Ferenczi meant for him, facing the challenges of our times. My belief radicalizes his position. Psychoanalysis in the 21st Century will be *with Ferenczi*, or it will not be at all. Be aware that, keeping to the wise axiom that Ernst Falzeder uses (it is not Ferenczian to say that one is Ferenczian), I do not mean a Ferenczian future of psychoanalysis, but I repeat, a future with Ferenczi. And may everyone develop it, as well as he can and to the extent he wants to.

REFERENCES

- Alexander, F. (1961). *The scope of psychoanalysis 1921 – 1961: Selected papers*. New York: Basic Books.
- Balint, M. (1968). *The basic fault. Therapeutic aspects of regression*. London: Tavistock.
- Balint, A. & Balint, M. (1939). On transference and countertransference. *International Journal of Psychoanalysis*, 20, 223 – 230.
- Bergeret, J. (2001). *La personalidad normal y patológica [Normal and pathological personality]*. México: Gedisa.
- Bleuler, E. (1911). *Dementia praecox, or the group of schizophrenias*. J. Zinkin (Trans.) New York: International Universities Press.
- Dupont, J. (1998). Les notes brèves inédites de Sándor Ferenczi [Unpublished brief notes of Sándor Ferenczi]. *Le Coq-Héron*, (149), 69 – 83.
- Ferenczi, S. (1909). Introjection and transference. In *First contributions to psychoanalysis* (Vol. 1, pp. 35 – 93). London: Karnac Books (1994).
- Ferenczi, S. (1920 and 1930 – 1933). Notes and fragments. In *Final contributions to the problems and methods of psychoanalysis* (Vol. 3, pp. 216 – 279). London: Karnac Books (1994).
- Ferenczi, S. (1924). *Thalassa. Theory of genitality*. London: Karnac Books (1989).
- Ferenczi, S. (1928). The elasticity of psychoanalytic technique. In *Final contributions to the problems and methods of psychoanalysis* (Vol. 3, pp. 87 – 101). London: Karnac Books (1994).
- Ferenczi, S. (1929). The unwelcome child and his death instinct. In *Final contributions to the problems and methods of psychoanalysis* (Vol. 3, pp. 102 – 107). London: Karnac Books (1994).
- Ferenczi, S. (1930). The principles of relaxation and Neocatharsis. In *Final contributions to the problems and methods of psychoanalysis* (Vol. 3, pp. 108 – 125). London: Karnac Books (1994).
- Ferenczi, S. (1932) In J. Dupont (Ed.), *The clinical diary of Sándor Ferenczi*. Cambridge, Mass. & London, England: Harvard University Press (1988).
- Ferenczi, S. (1933). Confusion of tongues between adults and the child. In *Final contributions to the problems and methods of psychoanalysis* (Vol. 3, pp. 156 – 167). London: Karnac Books (1994).
- Ferenczi, S. & Rank, O. (1924). *The development of psychoanalysis*. New York: Nervous and Mental Disease Publishing.
- Fortune, C. (1993). The case of “RN”: The Sándor Ferenczi’s radical experiment in psychoanalysis. In L. Aron & A. Harris (Eds.), *The legacy of Sándor Ferenczi* (pp. 101 – 120). Hillsdale, NJ: The Analytic Press.

- Freud, S. (1905). Fragment of an analysis of a case of Hysteria. Standard Edition (Vol. 7, pp. 1 – 122). London: Hogarth.
- Freud, S. (1909). Letter from Sigmund Freud to C.G. Jung, June 7, 1909. In W. McGuire (Ed.), *The Freud/Jung letters* (Vol. 1, pp. 230 – 232). Princeton: Princeton University Press.
- Freud, S. (1910). The future prospects of psychoanalytic therapy. Standard Edition (Vol. 1, pp. 139 – 152). London: Hogarth.
- Freud, S. (1912). Recommendations to physicians practising psychoanalysis. Standard Edition (Vol. 1, pp. 109 – 120). London: Hogarth.
- Freud, S. (1913). On beginning the treatment. Standard Edition (Vol. 1, pp. 123 – 144). London: Hogarth.
- Freud, S. (1914). Remembering, repeating, and working through. Standard Edition (Vol. 1, pp. 145 – 156). London: Hogarth.
- Freud, S. (1920). Beyond the pleasure principle. Standard Edition (Vol. 1, pp. 7 – 64). London: Hogarth.
- Freud, S. (1933). New introductory lectures on psychoanalysis. Standard Edition (Vol. 22, pp. 3 – 182). London: Hogarth.
- Freud, S. (1937). Constructions in analysis. Standard Edition (Vol. 23, pp. 211 – 253). London: Hogarth.
- Freud, S. & Breuer, J. (1895). *Studies on Hysteria*. Standard Edition (Vol. 2, pp. 1 – 325). London: Hogarth.
- Freud, S. & Ferenczi, S. (1908 – 1933). *The correspondence of Sigmund Freud and Sándor Ferenczi* 3 volumes. [Vol. 1: 1908 – 1914 (edited by E. Barbant, E. Falzeder, P. Giampieri-Deutch. Cambridge, MA; London, England: The Belknap Press of Harvard University Press, 1993); Volume 2: 1914 – 1919 (edited by E. Falzeder and E. Barbant with the collaboration of P. Giampieri-Deutch. Cambridge, MA; London, England: The Belknap Press of Harvard University Press, 1996); Volume 3: 1920 – 1933 (edited by E. Falzeder and E. Barbant with the collaboration of P. Giampieri-Deutch. Cambridge, MA; London, England: The Belknap Press of Harvard University Press, 2000)].
- Gadini, E. (1969). On imitation. *International Journal of Psychoanalysis*, 50, 475 – 484.
- Gay, P. (1989). *Freud. Una vida de nuestro tiempo*. Barcelona: Paidós Ibérica, [Freud. A Life for Our Time. New York: W. W. Norton].
- Genovés Candiotti, A. (1997). Evolución de los factores operativos en psicoanálisis en la obra de Freud [Evolution of operational factors in the work of Freud]. Lecture given in Madrid: Equipo de Psicología y Psiquiatría Dinámica.
- Grinberg, R., Sor, D. & Tabak de Bianchedi, E. (1972). Introducción a las ideas de Bion. [Introduction of Bion's ideas]. Buenos Aires: Nueva Visión.
- Hudon, M. (1993). La notion d'autotomie chez Ferenczi: de l'autohypnose à l'autodéchirure. Ferenczi's notion of autonomy from self-hypnosis to self-destructiton]. *Bulletin de la Société psychanalytique de Montréal*, 5(3), 16 – 19.
- Jiménez Avello, J. (1998). Metapsychology in Ferenczi: Death instinct or death passion? *International Forum of Psychoanalysis*, 7(4), 229 – 234.
- Jiménez Avello, J. (2006). *La isla de sueños de Sándor Ferenczi* [The island of dreams of Ferenczi]. Madrid: Biblioteca Nueva.
- Jiménez Avello, J. & Genovés Candiotti, A. (1998). *Para leer a Ferenczi*. [To read Ferenczi]. Madrid: Biblioteca Nueva (1998).
- Jiménez, J. P. (2001). Sobrevivirá ?: Una visión comprometida de los desafíos actuales del psicoanálisis [Compromised vision of the current challenges of psychoanalysis]. *Rev. Chil. Psicoanal*, 18(2), 48 – 157.
- Kernberg, O. F. (1975). *Desordenes fronterizos y narcisismo patológico*. Buenos Aires: Paidós (1984), [Borderline Conditions and Pathological Narcissism. New York: Jason Aronson].
- Kernberg, O. F. (1994). The psychotherapeutic treatment of borderline personality disorder. In J. Paris (Ed.), *Borderline Personality Disorder: A Multidimensional Approach* (pp. 261 – 284). Arlington, VA: American Psychiatric Press.
- Kerr, J. (1993). *A most dangerous method*. New York: Alfred A. Knopf.
- Killingmo, B. (1989). *Confl icto y defi cit*. Implicaciones para la técnica. *Libro Anual de Psicoanálisis*,

[Conflict and deficit: Implications for technique]. *International Journal of Psychoanalysis*, 70, 65 – 79.

Laplanche, J. (1986). From the restricted to the generalized theory of seduction. In J. Corveleyn & P. van Haute (Eds.), *Seduction, suggestion, psychoanalysis* (pp. 9 – 24). Leuven, Belgium: Leuven University Press (1998).

Lévy, L. (1998). Trois lettres sur la maladie de Sándor Ferenczi [Three letters on the ailment of Ferenczi]. *Le Coq-Héron*, (149), 23 – 26.

Papini, G. (1931). *Gog*. Madrid: Círculo de Lectores (1969).

Propp, V. (1928). *Morfología del cuento* [The morphology of the story]. Madrid: Fundamentos (2000).

Winnicott, D. W. (1971). *Playing and reality*. London: Routledge.

(*) Psychiatrist (1974). Psychoanalyst, full member of the International Federation of Psychoanalytic Societies (I.F.P.S.). Author of “To Read Ferenczi” (in collaboration), Madrid, Biblioteca Nueva, 1998, and “The Island of Dreams of Sándor Ferenczi”, Madrid, Biblioteca Nueva, 2006. («L’île des rêves de Sándor Ferenczi», Paris, Editions Campagne Première, expected March 2013). Articles published in the journals *The American Journal of Psychoanalysis* (New York), *International Forum of Psychoanalysis* (London), *Le Coq Héron* (Paris), *Philigrane* (Montreal), *Intensive Psychoterapie* (Munich), *Intersubjective* (Madrid), *Clinical and Relational Research*. Participation in collective books: “La partecipazione affettiva dell’analista” (Editor F. Borgogno, Rome, 2003), and “Sándor Ferenczi and Contemporary Psychoanalysis” (Compiler Pedro Boschan, Buenos Aires, 2011). Member of the Scientific Committee of the International Congresses on Sándor Ferenczi held in Madrid (1998), Turin (2002), Buenos Aires (2009). Member of the Editorial Board of the Journals *Intersubjective* and *Clinical and Relational Research* (electronic). Representative of Ferenczi’s legacy in the Spanish language by order of Judith Dupont.

Contact address: CI Sagasta, 12, 28004 Madrid. Telephone: 914461093. Email: josejimenez11@ono.com.

Published in: *The American Journal of Psychoanalysis*, 2012, 72, (3–15). © 2012 Association for the Advancement of Psychoanalysis 0002-9548/12. DOI: 10.1057/ajp.2011.44

www.palgrave-journals.com/ajp/

Volver a Artículos sobre Ferenczi
Volver a Newsletter 26-ALSF

Notas al final

- 1.- “What follows is speculation, often quite aloof; that each may esteem or disdain it according to their subjective position” (Freud, 1920, p. 24).
- 2.- “The idea of the death instinct goes too far, is already tinged with sadism” (August 13, 1932. A Catalogue of the sins of psychoanalysis Ferenczi, 1932, p. 200).
- 3.- I call Posthumous Notes of the 1930s the collection made up by Notes and Fragments (Ferenczi, 1920 and 1930–1933). The Clinical Diary of 1932 (Ferenczi, 1932) and the Unpublished brief notes of Sándor Ferenczi (Dupont, 1998), as it is my conviction that all of them constitute a sole work separated editorially due to various reasons (“censorship” fundamentally) (Jiménez Avello, 2006).
- 4.- “I currently have the tendency to attribute, alongside with the Oedipus’ complex of the children, an enormous importance to the incestuous tendency of adults, repressed under the mask of tenderness” (Ferenczi, 1930, p. 121).
- 5.- April 26, 1932. Contribution to the phallus cult (Ferenczi, 1932, p. 91).
- 6.- “...adults forcibly inject their will, particularly psychic contents of an unpleasurable nature, into the childish personality. These split-off, alien transplants vegetate in the other person during the whole of life” (April 7, 1932. The fate of children of mentally ill parents Ferenczi, 1932, p. 81)
- 7.- “Freud’s metapsychological constructions are the result of analytical experiences with neurotics (repression). It would therefore be adequate to think seriously, in the sense of a psychic reality, of different mechanisms, relatively universal ones, that act on the psychotics’ productions and the productions of those who have suffered a traumatic commotion, even using them to obtain knowledge of the psychological structure (e.g.: fragmentation and atomization of the personality; kidnapping formation)” Ferenczi/Freud May 31, 1931 [Annex 2], pp. 410–413.
- 8.- April 3, 1932. Explanation and implantation of psychic contents and energies (S.I.) (Ferenczi, 1932, pp. 76–78).
- 9.- The Vulnerability of Traumatically Acquired Progressive Faculties (also of Infant Prodigies, October 30, 1932) (Freud and Ferenczi, 1908–1933, pp. 262–263); and section of Notes And Fragments [1930–1932] in Ferenczi’s Final Contributions to the Problems and Methods of Psychoanalysis (pp. 216–231)
- 10.- January 24, 1932. Suggestion, intimidation, imposition of an alien will (Ferenczi, 1932, pp. 16–19)..
- 11.- February 21, 1932. Fragmentation (Ferenczi, 1932, pp. 38–40)..
- 12.- Gaddini (1969) writes of vicarious or by-proxy identity, to note the great fragility of such identitary fix by mimetism, which rather than a real identification produces a proto-identitary result, a sham identification that leads to a sham identity. (I owe this information to the reading of a draft of this article by Marcel Hudon.)
- 13.- The way that, wisely and inadequately, López-Ballesteros translated “Gegenübertragung” to Spanish.
- 14.- January 7, 1932. The insensitivity of the analyst (Ferenczi, 1932, pp. 1–4).
- 15.- This is how I translate the French term proposed by Guy Rosolato, *désaveu*. I prefer it to renegation, reserving the latter for the intrapsychic mechanism described by Freud, and that of denial for the linking that Ferenczi considers as the ultimate lock of trauma. In everyday language, it could be simply called deceit.
- 16.- Freud/Eitingon, September 1, 1932: “Ferenczi read the article to me. It is innocuous, stupid, and inadequate as well. It left me a disagreeable impression...” (Gay, 1989, pp. 648).
- 17.- Lajos Lévy, Ferenczi’s personal physician, gives an account of a meeting between Freud and Ferenczi, the day before the Wiesbaden Congress. Both of them talked to Lévy about it. Lévy, also traveling to the Wiesbaden Congress, meets Freud the morning after Ferenczi’s reception by Freud in Bergasse. Ferenczi will see Lévy many times after they go back to Budapest. According to Lévy, both Freud and Ferenczi made references to a long and intense polemic that affected the very foundations of psychoanalysis and particularly ethical matters (Lévy, 1998)..
- 18.- Freud/Ferenczi, January 4, 1928 (pp. 331–333).
- 19.- I spend the entire year surrounded by hysteric and obsessed people who tell me their frivolities nearly always the same; among doctors who envy me when they do not despise me, and with disciples who can be divided between chronic parrots and ambitious schismatics from “Visit to Freud. May 8th, 1926” (Papini, 1931, pp. 19). There is an ongoing argument whether such an interview ever happened or if it was an invention of Giovanni Papini.
- 20.- Ferenczi/Freud, December 3, 2011 (pp. 317–318).
- 21.- Between January and March 1913, Freud “carried on with” the analysis of Elma Palos, Ferenczi’s stepdaughter, after Ferenczi referred her to Freud, after falling in love with her (Jiménez Avello and Genovés Candiotti, 1998).
- 22.- Freud / Jung June 7, 2009: “experiences of this kind, though painful, are necessary and very difficult to avoid, (...) . In what concerns me, and though I have never completely fallen, more than once I have found myself very near and made a narrow escape (...) . This way our skin thickens, we dominate the countertransference in which we find ourselves every time and we learn to displace the affection and locate them in the adequate way. It is a blessing in disguise ...” (Freud, 1909, pp. 230 – 232).
- 23.- Expression that Balint takes from Ferenczi, who uses it in *Thalassa* (Ferenczi, 1924).
- 24.- In this historic explanation of operative factors in analysis, I keep, according to my own reading of the question, to the Lecture given by Agustín Genovés (Genovés Candiotti, 1997).
- 25.- Paraphrasing the God, what a good vassal, if he had a good lord! of the Song of the Cid, we could thus refer to Freud’s technical writings: “God what a good technique if it had any patients!”
- 26.- The term borderline neurosis dates to 1938, was introduced by Stern according to A. Genovés (Genovés, in Jiménez Avello

- &Genov é s Candiotti, 1998, p. 230) and its independence from neurosis as borderline disorder dates to 1949 (Kernberg, 1994) .
- 27.-. Named by Bleuler shortly before his current denomination for schizophrenia (Bleuler, 1911) .
- 28.- June 3, 1932. Passion. (Original in English) (Ferenczi, 1932, p. 116) .
- 29.- May 1, 1932. Who is crazy, we or the patients? (the children or the adults?) (Ferenczi, 1932, pp. 92 – 95).
- 30.- June 18, 1932. A new stage in mutuality (Ferenczi, 1932, pp. 129 – 131).