

CONSTRUCTING INTIMATE SPACE THROUGH NARRATION: FERENCZI'S CLINICAL DIARY.

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SUMMARY

Psychoanalysis is a narrative activity of a very special kind. One could even say that the method of free association is a subversive activity since its purpose is to cut through layers of previous conditioning in the effort to open new spaces in the psyche. The hypercathexis of neurotic functioning can only be transformed if new, unknown dynamics are able to emerge, and can then be invested by the subject. This process necessitates economic change—investing novel psychic functioning. Aided by personal analytic experience, the psychoanalyst's role is to help initiate and support this subversive activity in the patient by initiating him/her into the method of free association. Difficulties arise when neither the patient, nor the analyst are comfortable with the symbolic and metaphorical dynamics of free association. Reacting to Freud's lack of interest in an emotional analytic process with the patient, Ferenczi considered the analytical space as a mutual frame, to be transformed in and by the intimate psychoanalytical process. The author explores Ferenczi's *Clinical Diary* as the construction of an intimate space through narration, attempting to discover Ferenczi's techniques in this subversive activity.

KEY WORDS: Ferenczi; intimacy; analytical space; subversive; narration

RESUMEN

El psicoanálisis es una actividad narrativa de una naturaleza muy especial. Se podría decir incluso que el método de asociación libre es una actividad subversiva, ya que su propósito es atravesar capas de condicionamiento previo en el esfuerzo por abrir nuevos espacios en la psique. La hipercatexia del funcionamiento neurótico solo puede transformarse si nuevas dinámicas, desconocidas, pueden emerger y luego ser investidas por el sujeto. Este proceso requiere un cambio económico: invertir en un funcionamiento psíquico novedoso. Ayudado por la experiencia analítica personal, el papel del psicoanalista es ayudar a iniciar y apoyar esta actividad subversiva en el paciente al introducirlo en el método de asociación libre. Surgen dificultades cuando ni el paciente ni el analista se sienten cómodos con las dinámicas simbólicas y metafóricas de la asociación libre. En reacción a la falta de interés de Freud en un proceso analítico emocional con el paciente, Ferenczi consideró el espacio analítico como un marco mutuo, para ser transformado en y por el proceso psicoanalítico íntimo. El autor explora el *Diario Clínico* de Ferenczi como la construcción de un espacio íntimo a través de la narración, intentando descubrir las técnicas de Ferenczi en esta actividad subversiva.

PALABRAS CLAVE: Ferenczi; intimidad; espacio analítico; subversivo; narración

Psychoanalysis is a narrative activity of a very special kind. One could even say that the method of free association is a subversive activity since its purpose is to cut through layers of previous conditioning in the effort to open new spaces in the psyche. The hypercathexis of neurotic functioning can only be transformed if new, unknown dynamics are able to emerge, and can then be invested by the subject. This process implies economic change that enables the subject to invest novel psychic functioning. The psychoanalyst's role is to help initiate and support this “subversive activity” in his patient by familiarizing him/her with the method of free association. Difficulties arise when neither the patient, nor the analyst are comfortable with the symbolic and metaphorical dynamics of free association.

For the purposes of this paper, I wish to name this analytical process the constructing of intimate space through narration. The analytical space is highly intimate. The Merriam-Webster Dictionary defines the word *intimate as inmost, deep within, pertaining or existing in the inmost depths of the mind, characteristic of essential nature*. Sandor Ferenczi was passionately interested in the intimacy of the analytic space and dared to explore it in ways that Freud did not, and many others could not. He was convinced that both the analyst and the patient were transformed in the analytical process by the very fact that they share the intimacy of the analytical space and work within it together. At one point he thought this was “mutual analysis” -in reaction to Freud’s intellectual distance from the patient, which Ferenczi disliked.

What was *intimacy* for Freud? I was not surprised to discover that the word is missing in the Index to the *Standard Edition* (Strachey, 1974). When did we begin talking about *intimacy* in the psychoanalytical context? For Ferenczi the conventional frame of the silent analyst as established by Freud, did not inspire the construction of an intimate space. In fact, Ferenczi begins his *Clinical Diary* on the 7th of January 1932 with this very issue, remarking on the

Insensitivity of the analyst.... Mannered form of greeting, formal request to “tell everything” so-called free-floating attention, which ultimately amounts to no attention at all, and which is certainly inadequate to the highly emotional character of the analysand’s communications, often brought out only with greatest difficulty (Ferenczi, 1932, p. 1).

Given his brief personal analytical experience with Freud (Dupont, 1994), Ferenczi empathizes with the patient. Ferenczi (the patient) is offended by Freud’s lack of interest, but begins to feel guilty about his feelings, blaming himself while in fact he should be exclaiming: “You don’t believe me! You don’t take seriously what I tell you! I cannot accept your sitting there unfeeling and indifferent while I am straining to call up some tragic event from my childhood!” (Ferenczi, 1932, p. 1).

We are indebted to Ferenczi for his courage, strength, and determination to become independent of Freud, as an analyst. Did he sacrifice his life for the cause? The diary is the narration of his struggle to establish and explore a different therapeutic method to enable the construction of an intimate space for both patient and analyst. When the analyst examines his own behavior and emotional attitudes, the patient relaxes, becomes more natural and the session more productive. “Natural and sincere behavior constitutes the most appropriate and favorable atmosphere in the analytic situation” (Ferenczi, 1932, p. 1). We need to keep in mind that Ferenczi’s *Diary* (1932) was written during the last year of his life and is a testimony of his struggles over the years both with himself and with Freud.

His correspondence with Freud in the autumn of 1916 (Freud and Ferenczi, 1914–1919, pp. 141–148, letters of Oct. 17, 18, 19, 20, 21, 22 and 23), illustrates an episode of his attempt at analysis, wherein he tries to reveal his most intimate thoughts but feels that he has not found the “right tone of voice” with the Master. The three hours of daily sessions with Freud stimulated intense and passionate feelings in Ferenczi, while Freud tried to keep their work on a more distant, intellectual level. We learn about his “coitus” with Gizella, his lack of libido, he feels he is losing his passion for analytic work. His self-analysis is poignant when he writes about his “acte manque” -he is convinced that he had lost a key to a cupboard but on his return from meeting with Gizella he mysteriously finds it. Does this “slip” mean that he wants her to be the strong one, the mother figure who controls everything so that he can just “ride along”? Finding the lost key, unconsciously known as not lost, signifies the “key to the mother” an unconscious self-deception to cheat oneself. He is content with this interpretation and considers it to be his first scientific contribution since his return from Vienna.

Freud answers Ferenczi’s letters on October 24, saying that his treatment was at an end although not terminated (Freud and Ferenczi, 1914–1919, p. 149). In his letter of November 16th, Freud maintains his position:

Dear Friend,

You know that I consider your attempt at analysis as discontinued, not completed, but interrupted due to unfavorable circumstances. If you decided to continue your analysis it would be in service of procrastination, which it should not be. (p. 153) (my translation from French).

Having disengaged himself from the role of analyst, Freud feels free to say what he thinks (i.e., that no good outcome can come of Ferenczi's relationship with Gizella, especially given his hesitations, and his becoming ill again after Mme. G's rebuffs). Here we witness the conundrums concerning intimacy and psychoanalysis in the early years of the movement. The intense correspondence between the two men, the 1,200 letters written almost daily between 1908 and 1933 (Freud and Ferenczi, 1908–1914; 1914–1919; 1920–1933), is indicative of great closeness and trust. At the same time Ferenczi remains alone in his pursuit of “intimacy” in the therapeutic space. On January 17, 1930, he writes:

I do not share for instance, your view that the therapeutic process is negligible or unimportant, and that simply because it appears less interesting to us we should ignore it. I, too, have often felt “fed up” in this respect, but overcame this tendency, and I am glad to inform you that precisely in this area a whole series of questions have now come into new, a sharper focus, perhaps even the problem of repression (Freud and Ferenczi, 1920–1933, p. 383).

Ferenczi is “subversive” and searches new routes. He writes on September 15, 1931:

In my usual manner, I do not shy away from drawing out their conclusions to the furthest extend possible -often to the point where I lead myself “ad absurdum,” but this doesn't discourage me. I seek advances by new routes, often radically opposed and I still hope that one day I shall end up finding the true path (Freud and Ferenczi, 1920–1933, p. 417).

Freud disapproves of this research in the therapeutic area and considers that it does not lead to any desirable goal. Ferenczi's *Diary* is filled with important therapeutic discoveries, some of which were outcomes of his risky experiment of mutual analysis and his capacity to learn from his calamities.

In my opinion, one of the great therapeutic lessons we have acquired from Ferenczi concerns the question of transference and the construction of “intimate space” in psychoanalysis. At the end of the *Diary*, on August 24th, he reviews the different techniques for healing:

Freud taught us that latent transference, that is, something emotional was the principal agent. The analytic technique creates transference, but then withdraws, wounding the patient without giving him a chance to protest or to go away; hence interminable fixation on the analysis while the conflict remains unconscious. (Ferenczi, 1932, p. 210)

Ferenczi is especially sensitive to the paradoxes of transference since his patient RN felt his negative feelings despite the seemingly empathetic situation. As most patients are “psychic shipwrecks” (p. 199) their transference necessarily turns the analyst into a savior. “Meanwhile the unconscious of the patients perceives all the negative feelings in the analyst (boredom, irritation, feelings of hate when the patient says something unpleasant that stirs up the doctor's complexes.)” (p. 199). In the August 13, 1932 entry in the *Diary* Ferenczi says that most analysts are not equipped to manage transference issues if they are not self-reflexive enough. The lack of self-knowledge can only lead to repetition, or “playing the same role in analysis as the selfishness (egoism) of parents in childrearing.” (p. 199). He insists that the analyst, together with the patient, create a space wherein infantile needs for help are taken into consideration thereby providing the favorable milieu that was missing in childhood. The intimate space between analyst and patient

offers the necessary condition for strengthening the fragile ego, thereby lessening the need for mimetism, a conditioned reflex that drives the person toward repetition.

How to be open, permeable to the patient is a key question in creating an intimate space where unconscious material can emerge. We begin life in the most intimate space, the mother's belly where the initial transformations take place while she holds us with her body, internal organs, and her mind.

The intention of the psychoanalytical frame is also one of transformation, held by the symbolizing capacities of the analyst and the patient. In order to translate primitive emotions, sensations, and archaic perceptions that block the psyche and produce fear and anxiety, the patient needs to find words to express these feelings. The narrative process engaged with the analyst has the capacity to transform these archaic fears and anxieties through symbolization. It is in the intimacy of the analytic frame that words can be shared and gradually form a common "culture" between the patient and analyst. Thoughts thus symbolized are altered, become clearer or more confused. The patient gradually takes ownership of this linguistic transformation. The analyst's imagination is an indispensable instrument. It is our capacity to symbolize that makes it possible to apprehend the patient's intimate universe and to empathize with it. As with Winnicott's "good enough mother" (Winnicott, 1960) the "good enough" analyst's narrative will promote an intimate space that corresponds to the patient's capacity to create and grow.

Ferenczi paid a price for experimenting with *intimacy* by *acting in* with his patient, RN, thereby breaking the frame of psychoanalytical space. The patient and therapist cannot be on equal ground, it is not *sameness* that creates intimacy (Boschan, 2011). I wish to argue that it is a certain kind of narrative between patient and therapist, when it is based on metaphorical thinking that enables a particular level of closeness to unconscious processes. A metaphor suggests more than an analogy. A metaphorical comparison discloses a new quality or connection between the things compared that was not previously apparent. Metaphor implies the creation of an idea or symbol, which not only stands for something else but, in fact, stands alone, evoking new meaning. In an article on the "Psychoanalytical Concept of Metaphor" Antal Borbely (1998) distinguishes between analogical thinking and metaphorical processing in therapy: to live with compulsions and obsessions represents an analogical way of living one's life, in which the present is excessively and unconsciously seen in analogical terms mired in the past. Trauma reduces the polysemy of experience due to overwhelming anxiety and leads to a fixed meaning of experience.

The method of *free association* is essentially the creation of metaphorical thinking wherein concrete discourse about daily events can be transferred from one location (the past life of the patient) to another (the analytical space where unconscious processes can come to light). The analyst is able to install this narrative process to the extent that he or she has profoundly experienced such metaphorical thinking in his or her personal analysis and reflexivity. I know this from personal experience having grown up in two languages (Kelley-Laine', 1996). My mother tongue, Hungarian, literally remained a "language of mother and child" -it never took on adult distance through schooling. It was therefore in English, my second language, that I became an adult. The primary logic of the "childhood language" has been very useful for me as an analyst listening to the infantile processes of my patients. It is one way to come in contact with metaphorical thinking -there are as many ways to do this as there are analysts. Another is through writing. Julien Bigras, a French-Canadian psychoanalysts-writer of fiction and autobiography claimed that it was by writing his own story, *L'Enfant dans le Grenier*, [The Child in the Attic] that he truly established himself in the psychoanalytical process of free association. He felt it was like entering into his own house. He says that what is important is not the analyst's private story, but the encounter that can stimulate the other, (Bigras, 1977), the reader to construct his own narrative based on his own wounded childhood.

To become an analyst, we are confronted with the self-reflection process, which means seeing ourselves from a distance, profoundly, without judgment, or lies, or having to pretend to be someone else. Self-reflexive thought occurs when "I" (as a subject) look at "me" (as an object). Metaphor is a form of language in which I describe "me" so that "I" might see myself. To bring psychic material from the unconscious to consciousness we need to translate it into a visual metaphor so that the unconscious experience can only be "seen" that is reflected upon, when re-presented to oneself metaphorically. Dreams, reveries and symptoms

are metaphors for translating what unconscious experience is like.

I also embarked on the personal adventure of writing a book entitled *Peter Pan the Story of Lost Childhood* (Kelley-Laine', 1997) inspired by James Mathew Barrie and his use of the metaphor Peter Pan, the boy who never grew up. In fact he was writing about himself. Although I had undergone many years of personal analysis, the process of writing opened new metaphors for old childhood wounds, and became an intense dynamic of transformation. Just as James Mathew Barrie (1906), the author of Peter Pan had invited me to join him in this process of narration, metaphor and deeper insight, I invited my readers to do the same:

...this book is about unconscious processes at different levels: the story of Peter Pan, like the enigmatic smile of the Mona Lisa, is the product of childhood suffering, that of a sad child resisting total breakdown, whose life and work have been built upon the capacity to resist: "What if death were the greatest of adventures!" cries Peter Pan as he stands on his rock with the waves rising around him (Kelley-Laine', 1997, p. 4).

My motives for exploring Peter Pan's sadness and for analyzing James Mathew Barrie were an unconscious attempt to search for my own psychic truth; it is usually easier to look at one's life history through that of another than to do it directly. This enterprise lasted many years, probably due to the amount of time to construct my defenses. The road was not straight. The story of Peter Pan was intertwined with that of James Barrie; the story of Peter Pan mixed with my own. The challenge was to communicate my metaphorical pre-conscious processing to the reader without ever thinking that it would work.

Many of the patients who contacted me after reading the book said it had moved them emotionally and put them in touch with their own feelings. They rarely commented on or asked questions about my story. I soon came to understand that it was not so much my personal disclosure, or my story that people were interested in, but something about the metaphorical process that had engaged me in writing the book. I gradually realized that they came to use me, as I had used James Mathew Barrie -a pre-conscious desire to symbolize unthought, unfelt, and hidden blocks of the psyche. As Thomas Ogden explains in his article on "Reverie and Metaphor" (1997):

...the process of metaphor-making is the creation of the verbal symbols that give shape to emotional substance to the self as object (me) thereby creating symbols that serve as mirrors in which the self as subject (I) recognizes or creates itself. (p. 729)

Freud writes to Fliess on February 1st, 1900: "I just acquired Nietzsche, in whom I hope to find words for much that remain mute in me" (Freud and Fliess, 1887-1904, p. 398). Didier Anzieu (1959), in his work on Freud's self-analysis, suggests that Freud functioned in two ways: one was the work of the psychoanalytical cure, the other, the work of the psyche creating metaphors. The first, resulting from the analysis of his dreams, diminished his feelings of guilt towards his patients and colleagues, and reminding him of his heart problems, it made him conscious of sibling competition etc. Secondly, his self-analysis through a creative process, resulted in the construction of psychoanalytical theory, which can be said to have emerged from his experiences of psychic conflict and suffering -a theory that may be considered a metaphor- a systematized, logical construction of his own intuitions.

Ogden expands upon this:

As analysts we are also involved in learning and teaching the limits of metaphor —a very large part of the way in which patients speak to their analysts and analysts to their patients takes the shape of introducing and elaborating upon one's own and others "metaphors" (1997, p. 723).

Important questions arise. How do we keep our metaphors as analysts and the process of metaphorization alive? How do we listen to the metaphors of our patients? How do we share the process of metaphorization with them?

It was in analytical training that another sensitivity to words came alive -my supervisor, André Green, taught me how to listen to words embedded in the human body. Although my patient's (Mr. D) words seemed banal, I learned to listen to the eroticized tones of obsessional displacement; Green taught me to decode the pain hidden in the seemingly anonymous narrative of my patient. It took many years of working together with this patient before we were able to translate his concrete obsessions into meaningful emotional experience. It required much time to construct a narrative wherein intimacy was no longer a vital threat. Eventually, Mr. D. was able to marry and have children -but he continued to need our "intimate space," from time to time and would either come to Paris or ask to do the session by phone. Since his children have grown and are leaving the nest, he has had serious marital difficulties, verging on divorce. Recently, this concerned his loss of libido. As I listened to him, a powerful image came to me from the beginning of his analysis. It is late in the evening, the family enterprise, a café, is closed and his mother sits at the bar, doing the accounts. His father has gone to bed and he is alone with his mother, helping her close for the night by sweeping the cigarette butts off the floor. This vignette occurred often in our early sessions and sporadically later on. It was filled with intense emotions and anxiety. He was at last alone with his mother but, as usual, she was not paying attention to him. I reminded him of the scene and he said: "The conflict with my wife allowed me to desire her; now that she is closer to me, and wants me, I lose my libido!" He thanked me for the "intimate space" -perhaps made safer over the phone? A few days later he sent me a text saying: "The world and its possibilities are opening up again!"

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