

SÁNDOR FERENCZI THE DRAMATOLOGIST OF LOVE.

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ABSTRACT

Sándor Ferenczi, one of the most gifted and most maligned of Freud's students, was a prominent pioneer of interpersonal psychoanalysis. He understood that so-called symptoms are acts of communication between a sender and a receiver and in 1912 he described symptoms as products of interaction between the analysand and analyst. By extrapolation, all symptoms are disturbed communications- fluid processes in time, not static diagnoses set in stone. Ferenczi also understood that symptoms are communications of love given and returned.

Key Words: Ferenczi, Freud, Dramatology, Trauma, Confusion of tongues, De Forest.

RESUMEN

Sándor Ferenczi, uno de los estudiantes más talentosos y difamados de Freud, fue un destacado pionero del psicoanálisis interpersonal. Él se percató de que los llamados síntomas son actos de comunicación entre un emisor y un receptor, y en 1912 describió los síntomas como productos de la interacción entre el analizando y el analista. Por extrapolación, todos los síntomas son comunicaciones perturbadas: fluidos procesos en el tiempo, no diagnósticos estáticos establecidos rígidamente. Ferenczi también entendió que los síntomas son comunicaciones de amor dado y devuelto

Palabras claves: Ferenczi, Freud, Dramatología, Trauma, Confusión de lenguas, De Forest

For decades, psychoanalysts utilized the narrative as the model of the patient's life story as told to the analyst. It was Freud, as taught by Breuer, who revolutionized medicine by introducing the narrative as essential for evaluation of the patient's disorder: "It still strikes me myself as strange," writes Freud, "that the case histories I write should read like short stories (*Novellen*) and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently responsible for this rather than any preference of my own" (Breuer & Freud, 1895, p. 160). Freud did not mention, for it went without saying, that his stories included a wealth of dialogues, as happens in any short story or novel. Compared to the novella and the novel, drama is all dialogue. Thus, there can be narratives without dialogue whereas all drama has a story embedded in the dialogue. The dialogue is a complete event in the first and each of the subsequent sessions or encounters. Story-telling is sporadic and never ends and may never be completed, as Freud intimated in 1937. As in Freud's writings, in the psychiatric and psychoanalytic literature dramas of life and dramas of therapy are converted into narratives and presented in conferences or printed in professional journals and books.

Dramatology defined: dramatization in life, disorder, and therapy

Start here: Upon rereading Freud's stories once again I made a discovery: It was Breuer, Freud's mentor in the art of psychotherapy, who underscored the dramatic nature of the so-called symptoms and their dramatic enactments in therapy. In his story of Anna O., the first patient of psychoanalysis and co-founder, together with Breuer and Freud, of psychoanalytic therapy, Breuer notes that Anna O., "*diese*

Dinge durchlebend, sie teilweise sprechend tragierte” (Breuer & Freud, 1909, p. 20; my emphasis) -as she lived through these things [i. e., the scenes of her traumatic memories], she partially *dramatized* these through talking; this crucial description is lost in Strachey’s translation in the *Standard Edition*. In the 19th century *tragieren* meant to compose and perform drama on stage, to act a role, to represent dramatically. This discovery, as well as experiences with my patients and in teaching psychotherapy and psychoanalysis, led me to contrast the narrative tradition, or narratology, with the dramatic approach to life, disorder, and therapy, and to name this method and paradigm shift *dramatology* (Lothane, 2009), a word I did not find in the dictionaries I consulted. I later found on the internet that the words *dramatology* and *dramatological* were used by Alessandro Serpieri, a prominent Italian Shakespearean scholar. Serpieri focused on “recent developments of *dramatology* as a specific method for tackling texts which are not to be considered only as literary texts in the way novels or poems are.” However, Serpieri is concerned with literature and what he refers to traditionally goes by the name of *dramaturgy*, the art of writing and performing drama. My concept of *dramatology* is clinically oriented. The paper was published in *International Forum of Psychoanalysis*, volume 18 (N° 3, 2009), the entire issue subtitled “*Dramatology and Interaction*.” My paper focuses on action and conduct, character and conflict, encounter enactment, emotion and embodiment, on expressions of emotion by the face and the body, in gestures and utterances, as happens in the interpersonal dramas of ordinary and extraordinary lives, and as replayed in the psychotherapeutic situation. Whereas a number of authors made various references and analogies to drama and dramatic encounters with patients, both inside and outside the analytic situation, they have not formulated *dramatology* as a consistent methodology. Furthermore, *narratology* and *dramatology* reflect different epistemologies and a different approach to transference, to be continued in a future study.

Dramatology in Freud

Dramatology in Freud comprises two kinds of dramatization: (1) dramatization in dream and day-dream, or fantasy; and (2) dramatization in act.

(1) “Dreams,” writes Freud, “think predominantly in visual images, but not exclusively...The transformation of ideas into hallucinations is not the only respect in which dreams differ from waking life. Dreams construct a situation out of these images, represent something as an event happening in the present, ... they *dramatize* an idea ... [I]n dreams ... we appear not to *think* but to *experience* ... we attach complete belief to the hallucinations. Not until we wake up does the critical comment arise that ... we have merely been thinking in a particular way” (Freud, 1900, pp. 49-50). Similarly, the scenarios of day-dreams become re-enactments of prior life encounters and events.

(2) In the waking state day dreams can also be expressed in actions. Under the influence of the medical model, Freud wrote analogically about ‘symptoms’ of neurosis, as is customary to write about a disorder of the body. The difference is between bodily *conditions* and human individual and social *conduct*. Later, Freud redefined neurosis both psychologically and sociologically as an interactional continuum in health and disease: “symptoms -and of course we are dealing with psychical (or psychogenic) symptoms and psychical illness- are *acts* detrimental, or at least useless, to the subject’s life as a whole . . . ‘being ill’ is in its essence a practical concept...you might well say that we are *all* ill -that is, neurotic- since the preconditions for the formation of symptoms can also be observed in normal people” (Freud, 1916-1917, p. 358; my italics) (cited in Lothane, 1997). Clearly, “symptoms” and “illness” are here used as analogies, while acts are actions and *communications* in real-life dramas between the *dramatis personae*. The concept of interpersonal was implicit in Freud: he only lacked the word, not the concept (Lothane, 1997). This is clearly evident in his book on wit and jokes: as in dancing the tango, it takes two to share a joke (Lothane, 2008).

Furthermore, in human development there is no original autistic state or phase that magically turns interpersonal in some imaginary future. Words with the prefix co- and con- express togetherness, or reciprocal action, i.e., complementary interaction. Mother and child function as an interactional-interpersonal pair from the very first, according to some, already in utero. After birth, what starts as *contact*, touching together, continues as nonverbal *communion*. *Communion* is already a form of communication via the body, like a

melody without words. With the appearance of language, grunts and gestures become *conversation*, talking together with words (Lothane, 2007a). In the mature form of social intercourse, communication becomes the basis of a *contract*. Psychotherapy in all its forms is *conducted* according to rules of ethics (Lothane, 1998, 1999a).

The most important interpersonal relationships are plots of love (Lothane, 1982, 1992a, 1992b, 1997, 1998b, 1999b; Lothane, 2010a -in press): in the life with parents and spouses, between unmarried lovers young and old, the subject of ancient epos and drama, the Bible, the songs of the troubadours, the works Shakespeare and Goethe, learned treatises, as well as plots of many a novel, tragedy or comedy, opera, film, television sitcom, newspapers and magazines, and advertising. We are surrounded by calls to love and still have so much to learn about it.

Ferenczi as interpersonalist and dramatist

The founder of psychoanalysis formulated two distinct sets of theories: (1) a dyadic, or interpersonal *method* of therapy, e. g., free association and transference (Freud, 1895, 1900); and (2) *monadic*, or intrapersonal theories of disorder, e.g., his libido theory (Freud, 1905a, 1911). Over the years Freud and most followers indiscriminately conflated method and theory. As a result, there has persisted in Freud and others a perennial confusion between the theory of disorder and the theory of treatment. Sullivan, on the other hand, even though influenced by Freud, developed an interpersonal theory of disorder as a disturbance of communication and a corresponding interpersonal therapeutic method of treatment rooted in participant observation and empathy. Ferenczi may have also inspired Sullivan, while Ferenczi's analysand Clara Thompson influenced the interpersonal ideas of my teacher Leo Stone, my other significant teacher after Otto Isakower, whose concept of analyzing instrument, like Theodor Reik's listening with the third ear, is a metaphor for the reciprocal free-association work done by the analysand-analyst team (Lothane, 1984, 1994, 2006).

The first to make the interpersonal concept explicit was Ferenczi, who joined as Freud's disciple after Jung but who, unlike Jung, never swerved from Freud's libido theory and yet differed from Freud from the very first on a number of significant issues: he emphasized emotions vs. ideas, external trauma vs. internal drives, and dyadic concepts vs. monadic models of symptom formation. In his 1912 paper, "Transitory symptom-constructions during the analysis" Ferenczi describes a woman who expressed her "repressed infantile-erotic phantasies in the form of a declaration of love addressed to the physician, and received by way of a reply -instead of the hoped for response- an explanation of the transference character of this access of feeling. Thereupon she immediately felt a curious paraesthesia in the mucous membrane of the tongue, crying out: "My tongue suddenly feels as though it were scalded ("*abgebrüht*"). After "the startling and sudden disappearance of the paraesthesia she presently admitted that I had been right in my surmise" (p. 198). The paraesthesia, a transient sensation, was an enactment of the woman's preemptory sexual desire. But if it happens during analysis then it can happen in any other interpersonal situations as well.

Sullivan (1956) similarly saw symptoms as dramatic enactments, embodiments and expressions of an "hysterical dynamism":

a man has married, perhaps, for money, and that his wife cannot long completely blind herself to a certain lack of importance that she has in her husband's eyes. So she begins to get even. She may for example develop a never-failing vaginismus, so that there is no more intercourse with him. And he will ruminate whether this vaginismus that is cutting off his satisfaction is directed against him, [an example of] interpersonal phenomena. He will suffer terribly from privation and will go to extravagant lengths to overcome the vaginismus that is depriving him of satisfaction. But he fails again and again. Then one night when he is worn out, and perhaps has a precocious ejaculation in his newest adventure in practical psychotherapy, he has the idea, "My God, this thing is driving me crazy." He wakes up at some early hour in the morning, probably at the time when his wife is notoriously most soundly

asleep, and has a frightful attack of some kind. His wife will be awakened, very much frightened, and will call the doctor. But before the doctor gets there, the husband, with a fine sense of dramatic values, will let her know, in some indirect way that he is terribly afraid he is losing his mind. She is reduced to a really agitated state by that. So when the doctor comes, the wife is in enough distress -in part because of what led to her vaginismus (pp. 204-205).

It comes to this: hysteria is no disease, it is historia and histrionics, expressed in disturbed or frustrated communications. This notion of symptom as disordered communication was elaborated by the forgotten American psychiatrist Jurgen Ruesch in a book he published jointly with anthropologist Gregory Bateson in 1951.

Like Breuer, Ferenczi was also explicit about dramatics in his 1913 paper, "Belief, disbelief, and conviction":

psycho-analysis allows the patient's affects (positive and negative) to be expressed in words in the form of the transference (... of the patient's own doing and hardly ever provoked by the doctor), it makes it possible for the patient really to express dramatically complexes whose conscious traces are lost and no longer recoverable, and which seemed to him utterly extraordinary, and to *convince himself* of their existence in a manner precluding all dubiety. Psycho-analysis evokes the patient's confidence quite simply; it forces nothing upon the patient, neither its authority nor, by means of its authority, its teachings. ... When the patient perceives that he may also be distrustful, that his thoughts and feelings are being in no way interfered with, he also begins to consider the possibility whether there might not be something worthwhile to be made of the doctor's statements (pp. 448-449; emphasis added).

Here the analyst is described in the traditional role of an Aristotelian unmoved mover.

The issue of conviction is revisited in 1932, the last year of his life, for Ferenczi now includes the analyst as a participant in the therapeutic drama. He doubts the therapeutic effectiveness obtained by means of a "speculative reconstruction" of the traumatic-dramatic "event" and suggests one would have

to take seriously the *role* one assumes... that is actually to transpose oneself with the patient into that period in the past (a practice for which Freud reproached me for, as being not permissible) ... [According to Freud,] we are dishonest if we allow the events to be acted dramatically and even participate in the drama. But if we adopt this view, and continue right from the beginning to present the events as memory images that are unreal in the present, he may well follow our line of thought but will remain on the intellectual level, without ever attaining a level of conviction (pp. 24-25; emphasis is Ferenczi's).

Here the analyst comes perilously close to psychodrama and mutual analysis, techniques polarizing analysts today. However, as Ferenczi made it so clear, there has been a growing consensus, as others and I set forth (Lothane, 2009), that mutual conscious/unconscious enactments are necessary and welcome events in the analytic setting and that their successful analysis combining the reciprocal free association (Lothane, 1983, 1984, 1994, 2006; Lothane, 2010b - in press) and confrontation (Lothane, 1986).

The traumas and dramas of love: Freud and Ferenczi compared

Love is forever discovered, repressed, and rediscovered in each generation of psychoanalysts. In the lives of persons two great lessons are taught by every mother: language and love. Only later does one discover the meaning of love: everybody in his own way. I became aware of the meaning of love in a presentation at a conference sponsored by the Washington Square Institute in a paper I published in its organ

in 1982, “Dialogues are for dyads.” Ten years later I corrected Freud’s misinterpretation of Paul Schreber’s traumas, dreams, and dramas of love: they had to do a great deal with his career and childless marriage, his relationships, not just with his father, as claimed by Freud, but also with his wife and mother, whom Freud did not mention at all, his elder brother and sisters and two younger sisters (Lothane, 1992b).

Comparing the ideas and attitudes of Freud and Ferenczi towards love shows significant differences. Freud dealt with love writ large in ways both ambivalent and reductive: he reduced love to libido, happiness to pleasure, and will to wish, and at times seemed to neglect love altogether, bequeathing this repression of love on his followers. However, the repressed always returns, and it returned most tellingly in the work of Ferenczi.

Love was very much on the mind of Ferenczi, the most gifted and most maligned of Freud’s students, whose revival is now a tidal wave. The marginalization of Ferenczi started with Freud, the maligning was accomplished by Ernest Jones, Ferenczi’s former analysand and translator of the first volume of Ferenczi’s collected essays titled “Contributions to Psychoanalysis” and “Sex and Psychoanalysis.” It is thus timely to cite the early efforts of vindicating both love and Ferenczi by Izette de Forrest (*The Leaven of Love*, 1954) and Michael Balint (*Primary Love and Psychoanalytic Technique*, 1965). The torch has been carried by Hungarian-descent Judith Dupont and André Haynal, and many others since. A high water mark was the posthumous publication of Ferenczi’s *Clinical Diary* (1932).

Before Freud formulated his *monadic* theory of neurosis based on the libido theory, Freud was a *dyadic* practitioner of hypnotic suggestion, a method of *psychotherapy* “for [treating] purely functional nervous disorders” for “the true therapeutic value of hypnosis lies in the *suggestions* made during it.” After replacing hypnosis with dialogue in the waking state, Freud at first acknowledges the role of love. He describes “the psychotherapeutic procedure [as] laborious and time-consuming for the physician. It presupposes great interest in psychological happenings, but personal concern for the patient as well. I cannot imagine bringing myself to delve into the psychical mechanism of hysteria in anyone who struck me as low-minded and repellent, and who, on closer acquaintance, would not be capable of arousing *human sympathy*. ... One works to the best of one’s power, as an elucidator (where ignorance has given rise to fear), as a teacher, as the representative of a freer or superior view of the world, as a father confessor who gives absolution, as it were, by *continuance of his sympathy and respect* after the confession has been made. One tries to give the patient human assistance, so far as this is allowed by the capacity of one’s own personality and by the *amount of sympathy* that one can feel for the particular case. ... there is an affective factor, the personal influence of the physician, which we seldom can do without,... no different from what it is elsewhere in medicine and there is no therapeutic procedure of which one may say that it can do entirely without the cooperation of this personal factor” (Freud, 1895, 265-266, 282-283; emphasis added). Sympathy in German is a synonym for love writ large, whereas the word *Liebe* can also mean, as it does in English, sexual lust and its gratification. By 1905 Freud wrote his overtly monadic *Three Essays on the Theory of Sexuality*, classically monadic and in places covertly dyadic. He never wrote three essays on the theory of sympathy; however, in 1906 he wrote to C. G. Jung: “essentially, one might say the cure [“Heilung”= healing] is effected by love ... and transference,” where love certainly did not mean satisfying the patient’s sexual demands. Rather, it pointed to sympathy, i.e., love writ large, as I have shown in the aforementioned publications. It was love, not sex, that helped Jung cure Sabina Spielrein and if they ever engaged in sex, which is to be doubted in the light of archival material I found, it occurred long after treatment was terminated (Lothane, 1999b).

However, in the spirit of the monadic sex theories developed in 1905, Freud introduced

two technical terms: the person from sexual attraction proceeds as *the sexual object* and the act towards which the instinct tends the *sexual aim*,” to show by “scientifically sifted observation ... [the] numerous deviations occur[ing] in respect of both of these ... [in] relation [to] what is assumed to be normal” (Freud, 1905a, p. 135-136; emphasis added). Incidentally, calling an act an aim is perhaps a lesser evil than speaking of persons as objects. For whereas people can be used as sexual objects, love objects (Freud 1910, 1912), or become, in a person’s thoughts and feelings, objects of imagination

and desire, the locution “object relations theory,” to mean interpersonal love relations, is a dated and dispensable misnomer that should be scrapped: objects have no relations, people do. Moreover, sexuality may be treated as monadic in a quasi-physiological theory, but in real life it is definitely dyadic in nature (Lothane, 1992a).

Indeed, Fairbairn’s locution is a misnomer, for persons may become involved in diverse relationships with inanimate objects, animals, and other persons. In sex without love persons are reduced to bodies or body parts as objects of desire and used in the pursuit of pleasure. In wars waged on enemies, in hateful persecutions of all manner of undesirables, people are depersonalized as objects and variously destroyed.

From confusion of tongues to confession of blunders and mutual analysis

Ferenczi pursued love more than libido, and combined love therapy with trauma therapy. Another difference was rooted in Ferenczi’s character and temperament: he was a gentler and kinder man, tended toward emotionality verging on sentimentality, did not strive to wield power over others. Consequently, while Freud first listened to his patients and then lectured them, Ferenczi was the more receptive analyst who tended to revere the child and the child-in-the adult as a repository of important truths at a time when Freud only bowed to the authority of adult reason and logic; Freud seemed to forget, or repress, his own ideas about love in the therapeutic relationship he had expressed in his chapter, “The psychotherapy of hysteria” (Freud, 1895): He could only treat persons “capable of arousing human sympathy [in German: synonym for love, *Z. L.*]” (p. 265), “one works to the best of one’s powers as an elucidator, as a teacher, ... as a father confessor who gives absolution, as it were, ... One tries to give the patient human assistance, so far as this is allowed by the capacity of one’s own personality and by the amount of sympathy one can feel for the particular case” (pp. 282-283).

The differences between Ferenczi and Freud began to emerge in Freud’s 1909 paper, “Introjection and transference,” an elaboration of his remarks on erotic transference as a resistance in psychotherapy in *Studies on Hysteria* (Freud, 1895, pp. 301-304) and the case history of Dora, whom Freud treated in 1898 and 1900 (Freud, 1905b). It should be noted that in those two works Freud’s explanatory model was monadic even though he gave numerous descriptions of interactions. Ferenczi, on the other hand, while still beholden to Freud in regarding “an unconscious sexual element” as the core of neurosis, foreshadowed Freud’s later, more fully interactional, ideas about transference in the works published in 1912-1915: “*transference is a psychological mechanism that is characteristic of the neurosis altogether, one that is evidenced in all situations of life, and which underlies most of the pathological manifestations*” (1909, p. 36; italics Ferenczi’s). Here “life situations” implies dramas of everyday life and focuses on the dramatic-interpersonal interactions in life and therapy. Ferenczi proceeded to apply interpersonal dynamics to explain “the part played by transference in hypnotism and suggestion”: both the readiness in the patient and the ability of the therapist to influence the patient by means of hypnosis and suggestion and as explaining the currents of sympathy and antipathy operating in the patient-therapist dyad. But another element is discernible here as well: “the repressed thoughts” are not only “of sexuality” but also of “violence and apprehension that relate to the nearest relatives, especially the parents. It is thus manifest that the child with its desire for love and the dread that goes with this, lives of literally in every human being,” a precursor of “all later loving, hating, and fearing” (Ferenczi, 1909, p. 63). We see how early on Ferenczi is more open than Freud to the interpersonal and traumatogenic role of aggression that Freud first acknowledged, then denied, under the sway of the libido theory, to rediscover it after the Great War in *Beyond the Pleasure Principle*, but still in the guise of an abstract death instinct, an idea for which he expressed his indebtedness to Sabina Spielrein (Lothane, 1996, 1999, 2007b), rather than in the context of rage and revenge. Furthermore, in connection with hypnosis as a model of love and power relations, Ferenczi is also sensitive to gender characteristics of the parents in determining the form of such love and power relations:

There are two ways and means at our disposal in hypnotising, or giving suggestions to others, *dread and love*. ... The hypnotist with an imposing exterior, who works by frightening and startling, has certainly a great similarity to the picture impressed on the child of the stern, all-powerful father, to believe in, to imitate whom, is the highest ambition of every child. And the great stroking hand, the pleasant monotonous words that talk one to sleep: are they not a re-impression of the scenes that may have been enacted many hundred times at the child's bed by the tender mother, singing lullabies and telling fairy-tales? (Ferenczi, 1909, p. 69-70).

As I noted (Lothane, 1998b), "in the above passage [Ferenczi] prefigures the parting of the ways between master and disciple, both in theory and in practice. Freud would remain committed to the monadic model of disorder and view it as determined by inner conflict and instinctual drives, [to be mastered by] logic and reason. Ferenczi would further develop the dyadic-traumatic model of disorder, centering on the role of the mother and assigning a pathogenic-traumatogenic role to parents and other adults in the genesis of the child's suffering in his now famous paper of 1933 ["Confusion of tongues between adults and the child"] whose original title was "the passions of adults and their influence on the sexual and character development of children," that led to a further deepening of the rift between Freud and Ferenczi (pp. 27-28). ((Where is the end of this quote))

Ferenczi's 1933 paper, first published in German and in English only in 1949, details the pathogenic influence of dramas of sexual abuse of children, when adults misunderstand the child's need for tender love and thus

mistake the play of children for the desires of a sexually mature person or even allow themselves to be carried away. The real rape of girls who have hardly grown out of the age of infants, similar sexual acts of mature women with boys, and also enforced homosexual acts, are more frequent occurrences that has hitherto been assumed. ... These children feel physically and morally helpless, [they] *subordinate themselves like automata to the will of the aggressor, to divine each of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor*. Through the identification, or let us say, introjection of the aggressor, ... *the introjection of the guilt feelings of the adult ... makes hitherto harmless play appear as a punishable offence* (pp. 161-162).

Freud, busy analyzing his own daughter, whom he thus exploited emotionally, not unlike the legendary Anna O. who was roped in to take care of her ailing father, who bound daughter Anna to himself rather than letting her find a man and get married, was unable to understand Ferenczi's putting the responsibility for sexual seduction and abuse on the adult rather than, as Freud did with Dora, blaming the child or young person for seducing the adult. As a result, Freud poured ridicule on Ferenczi: "God the Father Ferenczi gazing at the lively scene he has created will perhaps say to himself: may be after all I should have halted in my technique of motherly affection *before* the kiss. In this warning I do not think I have said anything you do not know yourself. But since you like playing a tender mother role with others, then perhaps you may do so with yourself" (Jones, 1957, pp. 163-164; emphasis in the original). Ferenczi remonstrated with Freud in a gentlemanly fashion in a series of letters (one is reprinted in the *Diary*, on page 4).

The most important concern of Ferenczi was "with the analysis of the analyst," seeing that the patients' analyses last longer than those of analysts, as was the case then, "our patients gradually become better analyzed than we ourselves" (1933, p. 158). Therefore

it may happen that we can only with difficulty tolerate certain external or internal features of the patient, or perhaps we feel unpleasantly disturbed in some professional or personal affair by the analytic session. Here, too, I cannot see any other way than to make the source of the disturbance in us fully conscious and discuss it with the patient, admitting it perhaps not only as a possibility but as a fact.

It is remarkable that such renunciation of the ‘professional hypocrisy’ -a hypocrisy hitherto regarded as unavoidable- instead of hurting the patient, led to a marked easing off in his condition. ... [the] frank discussion freed, so to speak, the tongue-tied patient; the admission of the analyst’s error produced confidence in the patient. It would almost seem to be of advantage occasionally to commit blunders in order to admit afterwards the fault to the patient. The advice is, however, quite superfluous; we commit blunders often enough, and one highly intelligent patient became justifiably indignant saying: ‘It would be much better if you could have avoided blunders altogether. Your vanity, doctor, would like to make profit even out of your mistakes.’ ... The willingness on our part to admit our mistakes and the honest endeavor to avoid them in the future, all these go to create in the patient a confidence in the analyst. *It is this confidence that establishes the contrast between the present and the unbearable traumatogenic past*, the contrast which is absolutely necessary for the patient in order to enable him to re-experience the past no longer as hallucinatory reproduction but as an objective memory (pp. 159-160; emphasis in the original).

The idea of analysis of the analyst had already been discussed at great length in 1932 in the *Diary*, where it is called *mutual analysis*, of which the pros and cons are fully discussed and exemplified in working with the woman called R. N., later identified as Elisabeth Severn (pp. 10-14), and a woman called S.I. It entailed allowing the patient to enact all her sensations and emotions and the analyst to enact his counter-transferences, both submitted to mutual analysis. Such ideas were foreign to Freud’s methodology as expounded in 1916-1917 and in 1937. There were thus major differences between Ferenczi and Freud: between the practitioner and the professor, the healer and the hero, the pragmatist and the philosopher. Moreover, Ferenczi was more honest and humble in confessing his mistakes while Freud, a German professor *par excellence*, more haughty and authoritarian, did not show much readiness to revise ideas once set, e.g., in the case of Schreber, which leads me to the following digression.

In the summer of 1910, while traveling with Ferenczi in Sicily, Freud suggested they collaborate in writing on Schreber; but it turned out he only wanted Ferenczi to take down his dictation, which Ferenczi adamantly refused.) In 1926 Freud wrote to Marie Bonaparte about Schreber’s last severe depressive episode that began in 1907 and led to his death in 1911: “It may be guessed that the motive for his illness was the turning away from his wife and his dissatisfaction over her not bearing any children. With [her] apoplexy feelings of guilt and of temptation returned” (Jones, 1957, p. 447). In 1907 Sabine Schreber was 50 years old and past her childbearing age, Schreber was 65. Freud’s continued theorizing about Schreber’s homosexual temptation is sheer nonsense, not to say a scientific delusion. Freud did say, perhaps facetiously, that “remains for the future to decide whether there is more delusion in my theory than I should like to admit, or whether there is more truth in Schreber’s delusion than other people are as yet prepared to believe” (Freud, 1911, p. 79). In a different vein, Ferenczi (1932) wrote that “certain of the doctor’s theories (delusions) may not be challenged; if one does so nevertheless, then one is a bad pupil, one gets a bad grade, one is in a state of resistance,” unafraid to refer to his “new theory (new delusion) [of] the theory of relaxation” (p. 94). Earlier in his career, regarding the theory of paranoia and homosexuality, Ferenczi also surpassed Freud: in 1911 (misdated in the English edition as 1912), he published a number of clinical cases in “On the part played by homosexuality in the pathogenesis of paranoia,” whereas Freud’s 1911 essay on Schreber was merely an exercise in applied analysis of a book. Freud acknowledged Ferenczi’s contribution anonymously: “I can nevertheless call a friend and a fellow-specialist to witness that I have developed my theory of paranoia *before* I became acquainted with the contents of Schreber’s book” (Freud, 1911, p. 79; emphasis added), in discussions and letters not only with Ferenczi but with Jung as well that preceded writing his essay on Schreber.

Ferenczi’s dramatological ideas were confirmed and elaborated in a moving testimonial by his analysand, psychoanalyst Izette de Forest (1954). Her opening quote of Ferenczi reads: “Psychoanalytic ‘cure’ is in direct proportion to the cherishing love given by the psychoanalyst to the patient; the love which the psychoneurotic *needs*, not necessarily the love which he thinks he needs and therefore demands” (1954, p. 15). She described Ferenczi’s technique as follows:

1. An emotional relationship between the analyst and the patient must be allowed to form and must be constantly maintained. This is initiated by relieving the patient's anxiety by encouraging discussion of the analyst, discussion of the patient's most patent characteristics, and discussion of their mutual relation; and it is continued by maintaining a changing and highly charged situation between them, primarily by the use of *dramatic dialogue* rather than by the usual passive explanations and interpretations of the teacher-pupil relation. During this dialogue the analyst should, when occasion arises, express his own natural feelings to the patient in response. This serves to draw a further expression of the patient's feelings. Such *dramatic interplay* must in no way be artificially induced; nor should any element of insincerity or inappropriateness enter into it. It must arise spontaneously and naturally. In continuing the drama, all is grist that comes to the mill ...

2. Constant effort must be made by the analyst to pull the patient's emotional reactions back into the analytic setting. ... Although this occasionally creates resistance, it eventually strengthens the patient's belief in the endurance and sincerity of the analyst, and gradually concentrates the entire *analytic drama* upon this central figure. ...

3. In order to bring to the surface the *critical dramatic moments* of the analysis, care must be taken to avoid the alleviating the emotional tension. ... Throughout the treatment an effort is made to stimulate and maintain dramatic tension in proportion to the increasing strength and the emotional health of the patient. This is for the purpose of cutting open the road to the deeply hidden cause of sickness, upon the secret existence the whole neurotic organization is built (pp. 22-24; emphasis added).

De Forest notes further:

Ferenczi firmly believed, however, that the neurosis could not be permanently eradicated unless the patient not only recaptures the memory of the early trauma but eventually brings into the analytic framework a *dramatic situation* between the analyst and himself which perfectly duplicates the original experience. This duplication must be a situation which does not *imitate* [the only emphasis in the original] the original scene ... it must instead be the introduction into the analytic relationship of an actual set of circumstances which have to do only with the analyst and himself, but which have, however, the identical emotional tension and emotional setup that originally existed...

[Furthermore, with regard to counter-transference] We are asked: "Is not the dramatic element a dangerous threat to the success of the technique?" "May it not get out of hand, or seem to the patient as a playful game or artificial trick?" ... Certainly this dynamic type of analysis is more dangerous in unskilled, unwise, and unsure hands than is a more intellectual and didactic type. Analysts, like their patients, tend to seek refuge in mental concepts and to function therapeutically on a mental level. They do this as a protection, for the fear to participate in an emotional drama. Undoubtedly they thereby obtain therapeutic results. But could they not approach more closely to the kernel of the illness if they used the emotional language of the unconscious, if they attempted to work on its own dramatic level? (pp. 71-73; other emphases added).

I fully endorse the above exposition of de Forest and have achieved results working in this manner in my own practice (Lothane, 2009). We all owe a great debt of gratitude to Ferenczi, the great healer in the history of psychiatry and psychoanalysis. The lessons of this rich clinical tradition and legacy continue to be an inspiration for clinicians today and for generations to come.

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Published in: *Psychoanalytic Perspectives*, vol. 7 N° 1, pp. 165-182, 2010

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