

## THE CONFUSION OF TONGUES AND PSYCHIC TRAUMA.

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### ABSTRACT

‘The confusion of tongues’ characterized the polarized dimensions of the closing Ferenczi/Freud communication, and extended to problems of psychoanalytic formulation and publication. There were manifest and latent issues which remain of historic importance. Ferenczi was dying and assumed Freud was dying when he wrote this classic essay, to relevant to contemporary psychoanalytic thought and controversy. Denying and sometimes acknowledging his progressive, fatal illness, Ferenczi made enduring contributions to the understanding of child abuse and trauma while severely traumatized. Concepts of trauma and countertransference were amplified and expanded. Freud remained remarkably creative while physically declining with oral cancer, Ferenczi manifested progressive and regressive trends, fostering both sublimated innovation and wild analysis. Psychoanalysts tended to avoid, for half a century, confronting the problems of the ill, impaired, and dying analyst. The clarification of ‘The confusion of tongues’ continues in contemporary psychoanalytic discussion and debate. The paper presaged a widened interest in the analyst’s analyzing functions, unconscious communication, countertransference, and the interplay of reality and fantasy inside and outside the psychoanalytic situation.

### RESUMEN

“La confusión de lenguas” caracterizó las polarizadas dimensiones de las comunicaciones finales entre Ferenczi y Freud, y se extendió a problemas de formulación y publicación psicoanalítica. Existieron cuestiones manifiestas y latentes que siguen siendo de importancia histórica. Ferenczi estaba muriendo y asumió que Freud también lo estaba cuando escribió este ensayo clásico, relevante para el pensamiento y la controversia psicoanalítica contemporánea. Negando y a veces reconociendo su progresiva y fatal enfermedad. Ferenczi realizó perdurables contribuciones a la comprensión del abuso infantil y del trauma, de quienes estaban severamente traumatizados. Los conceptos de trauma y contratransferencia se ampliaron y expandieron. Freud siguió siendo notablemente creativo mientras sufría un declive físico debido al cáncer de boca; Ferenczi manifestó tendencias progresivas y regresivas, fomentando tanto la innovación sublimada como el análisis descontrolado. Los psicoanalistas tendieron a evitar, durante medio siglo, enfrentar los problemas del analista enfermo, discapacitado y moribundo. La clarificación de “La confusión de lenguas” continúa en la discusión y el debate psicoanalítico contemporáneo. El artículo anticipó un interés ampliado en las funciones de análisis del analista, la comunicación inconsciente, la contratransferencia y la interacción de la realidad y la fantasía dentro y fuera de la situación psicoanalítica.

The history of psychoanalysis illuminates developmental changes within the field and our evolving concepts and controversies. ‘The best way of understanding psycho-analysis is still by tracing its origin and development (Freud, 1923, p. 235). For this special occasion of the 75th Anniversary celebration of the International Journal of Psycho-Analysis, I have chosen to focus on one of the most important controversial papers of the past, which continues to have a significant influence on present-day analytic interests and issues. The ‘Confusion of tongues’ is also an important issue for the International Journal of Psycho-Analysis and for all analytic journals. The history of the tumultuous reception of Ferenczi’s (1933) paper, ‘Confusion of

tongues between adults and the child is important in its own right as well as because of its later ramifications in psychoanalytic theory and technique. The original title of the paper was 'The passions of adults and their influence on the sexual and character development of children'.

This relatively brief, impassioned paper aroused a storm of protest and a babble (as well as Babel) of confusion and misunderstanding in its wake. Balint reviewed the tragic circumstances surrounding this newly-reconsidered classic and concluded that, 'The historic event of the disagreement between Freud and Ferenczi acted as a trauma on the psychoanalytic world' (1968, p. 152). 'The confusion of tongues' certainly had a dramatic impact upon Freud, Ferenczi, the 'inner circle', and the wider psychoanalytic community, but I do not believe that the analytic group suffered a mass seduction trauma. The paper did not lead to a new school of psychoanalysis, nor was there a split within the field. Some analysts were afraid of challenge to accepted theory, and felt that any threat to undermine the importance of psychic reality might undermine the safety and security of the psychoanalytic 'movement'. There was, however, confusion and contention about manifest and latent issues which are still significant. Controversy about what is a clinical fact, whether seduction is fact or fantasy, the interrelationship of psychic and material reality, how 'clinical facts' are defined, determined, and validated; how authority, identification, and idealized teachers and texts influence concept formation and transformation; whom is cited or ignored in a given context and culture are all relevant to this symposium. A confusion of tongues and profusion of theories pervade the current psychoanalytic scene.

Exemplifying the importance of the inner state of the analyst, this paper will also address the largely unrecognized, historical significance of illness in the analyst and its subtle effects on creative analytic work and interests, as well as the special clinical problems of the analyst with a fatal illness. Such trauma may influence the formation and fate of psychoanalytic ideas. I refer to the fact that the 'Confusion of tongues' paper was written by a dying analyst to his analyst, whom he considered to be dying, and with whom he was identified. Their dialogue would continue in Freud's last papers such as 'Analysis terminable and interminable' (1937), and would transcend their life and death, with repercussions and reverberations, in the contemporary psychoanalytic literature. The regression of the dying analyst often leads to confusion and disorganization, and/or in exceptional analysts, to sublimation and innovation. There is a constant interplay of reality and fantasy in life and within the psychoanalytic situation.

Ferenczi's 'Confusion of tongues' may be used to discuss the transference as genetically determined or co-created in the 'here-and-now', the influence of past and present trauma, the real relationship, the analyst as new object, and the significance and limitations of the interpersonal, intersubjective aspects of the psychoanalytic situation. For Ferenczi, the psychoanalytic situation could never be divorced from the personality of the analyst and the unconscious communications of analyst and patient. Ferenczi must be considered as one of the great exponents of the analyst's role, reactions, and influence upon the psychoanalytic process. His vision of analysis was a two-person process concurrent with a transference-countertransference intrapsychic field. His contributions to the clinical significance of trauma and the consequences of child abuse have a modern character.

Problems of analytic communication (linguistic, semantic, conceptual, translation, transformation, transference, context, politics, etc.) are particularly relevant to the 'Confusion of tongues' paper and to the historical importance of the International Journal. For a variety of reasons, there was opposition to Ferenczi's presentation of the paper at the 1932 IPA Conference at Wiesbaden and to the later publication of the paper. The threatened suppression or imposition of censorship elicits retrospective analytic inquiry. Many leading analysts of the day regarded Ferenczi's paper as apostasy and heresy, or in danger of discrediting analysis and serving no useful purpose, merely increasing confusion. Freud, however, was hardly likely to be seduced or threatened by new or repeated emphasis upon seduction trauma. He had noted, 'Phantasies of being seduced are of particular interest because so often they are not phantasies but real memories' (1917, p. 370), and had stated shortly before the 'Confusion of tongues' paper, 'Actual seduction is common enough' (1931, p. 232).

Freud was both disappointed in Ferenczi, considering his paper 'harmless and dumb', and protective of Ferenczi's work and reputation. Freud wrote to Ferenczi on 2 October 1932,

I did not want to abandon the hope that in pursuing further your work you would recognize yourself the technical errors of your technique and the limited validity of your results. (You seem to concede to my demands not to publish.) But I free you from your promise. I relinquish any influence. I no longer believe a that you will correct yourself as I corrected myself a generation ago (Dupont, 1988,p. xvii).

Reading the history of this paper, one is again struck by the rivalry among the pioneers for Freud's affection, approval, and esteem. This may have contributed to Jones's decision to withhold publication in the *International Journal of Psycho-Analysis* in English, until its publication by Balint in 1949. While Jones may have disparaged Ferenczi as borderline or psychotic, Freud (1933) noted that all analysts were Ferenczi's pupils. Freud was impressed by Ferenczi's ideas when he was shown the clinical diary after Ferenczi's death, and one is reminded of his immediate appreciation of Ferenczi soon after they met in 1908.

It was an immediate affinity, and Ferenczi quickly became an intimate companion, often addressed as 'Dear Son'. Ferenczi was then 35,seventeen years younger than Freud. The following year, in 1909, Freud invited Ferenczi to accompany him and Jung on his voyage to America, and he later noted that it was Ferenczi who, on their walks together, sketched out the lectures which Freud gave at Clark University. They developed a close friendship and collaboration, colored by conflict and disappointment. Freud later described their relationship as a 'community of life, thought, and interests ...', 'And a number of papers that appeared later in the literature under his or my name took their first shape in our talks...' (1933, pp.227-8).

In addition to their analytic collaboration, there was probably some mutual analysis aboard the ship carrying them to and from America, and Ferenczi had two episodes of two to three weeks of 'analysis', or rather of analytic encounters, with Freud in 1914 and 1916. Freud assented to Ferenczi's request for double sessions, and requested of Ferenczi that there should be no analytic discussion during lunch with the family. Mentor, monitor, close friends and travelling companions, they also remained in passionate, intense correspondence, analyst and analysand.

The situation was further complicated by Freud's psychological involvement in Ferenczi's love-life. Freud may have hoped that Ferenczi would marry his daughter, Matilda. Freud visited Ferenczi in Hungary, and Ferenczi entertained Anna Freud. Ferenczi fell in love with the daughter of his own mistress and could not decide about marriage between mother and daughter. His mistress had been his patient and subsequently Ferenczi had taken her daughter, Elma, into analysis. There were a series of mutual psychological 'seductions' (Bokanowski,1992). Struggling with his own neurotic countertransference and vicariously asking for personal analysis, Ferenczi asked Freud to take on her case. For a period of approximately three months, circa 1911 to 1912, Freud analyzed Elma, the daughter, and she then returned to Ferenczi for a brief period of analysis again. Freud had advised Ferenczi to marry the mother, Gizella (a name significant to both Freud and Ferenczi), and this was a further complicating factor. Freud may have inferred that he needed a mothering partner, but this would mean Ferenczi's marriage to an older woman, and his being childless. There were extra-analytic communications and confused roles and relationships. Additional transference significance may have resided in the various names-Ferenczi having an older brother named Sigmund, and an older sister to whom he was erotically attached, named Gizella. Moreover, Gizella Palos had another daughter who was married to one of Ferenczi's brothers.

Ferenczi's communication and analytic collaboration with Freud was repeatedly strained, beginning with, for example, Ferenczi whining for attention and forbidding Freud to dictate his notes on the Schreber Case to him when they were vacationing together in 1910 in Sicily (24 December 1921, in Dupont et al., 1982). Transference and countertransference reactions surfaced. Countertransference was then a daring new formulation, and Freud (31 December 1911, in McGuire, 1974, p. 476) cautiously wrote to Jung: 'I

believe an article on “countertransference” is sorely needed; of course we could not publish it, we should have to circulate copies among ourselves’. Ferenczi’s correspondence with Freud, his clinical diary, and the ‘Confusion of tongues’ paper are all complementary, but until now could not be read together.

Ferenczi’s widow gave his clinical diary to Michael Balint, who wanted to publish the clinical diary and the Freud/Ferenczi correspondence concurrently. The extraordinary correspondence encompassed 1,236 letters over twenty-five years. Since Anna Freud at that time was unwilling to publish the correspondence in its entirety, and Balint would not agree to an edited selection of the letters, neither the diary nor the correspondence was published. However, Balint also engaged in censorship, omitting several paragraphs of the clinical diary; statements by Ferenczi that were critical of Freud. The problems of idealization, denigration, and fear of being critical of or departing from authority and authorized attitudes all contributed to the confusion.

Freud remained the authority and model for analysts during and long after his lifetime. And the trauma that shook the analytic world was not Ferenczi’s paper but the development of Freud’s cancer and fears of his impending death. Freud wrote to Joan Riviere (8 May 1923),

My 67th birthday was celebrated as if it were the last, which seems, in fact, not to be excluded. I am being frank in this communication because I intend it only for you, officially a more harmless version will be put out (Hughes, 1992, p. 273).

There was at least official, initial censorship of the possibility that Freud had a malignant neoplasm. But Freud remained extraordinarily creative during his protracted illnesses. Freud would undergo thirty-three operations prior to his death, while making major revisions and original contributions to psychoanalysis. His jaw prosthesis seriously interfered with speech, and he no longer attended Congresses or gave public papers. He also developed unilateral deafness, requiring that he reverse his position in the chair. Freud did not write of the impact of his illness on himself or on his patients, but when the Wolf-Man was threatened with the loss of his omnipotent object, he decompensated with a paranoid regression (Blum, 1974);(Halpert, 1982).

Except for a few remarks to and by individual patients, we know little of the infantile conflicts and fantasies Freud’s illness must have aroused, and the inevitable anxiety and guilt, along with genuine concern that his patients must have experienced. In one of his letters to Marie Bonaparte, Freud apologized to her for having allowed his preoccupation with cancer to keep him from recognizing a transference phenomenon in her analysis. Freud admonished Eva Rosenfeld for hiding the fact that Ruth Mack-Brunswick had confided her fears about Freud’s condition to her (Schur, 1972, p. 382).

Describing the pleasures in creativity that become possible through sublimation, Freud observed,

this method cannot give complete protection from suffering. It creates no impenetrable armour against the arrows of fortune, and it habitually fails when the source of suffering is a person’s own body (1930,p. 80).

Analytic exploration of the analyst’s illness and of the problem posed by the severely ill, impaired, or dying analyst had hardly begun. Analysts resisted confrontation with their own infirmity and mortality. Analytic papers on this topic did not appear until a half-century later, although there were previous studies of analysts working with the dying patient (Abend, 1982); (Dewald,1982);(Eissler,1977); (Schwartz & Silver, 1990).

Freud’s colleagues as well as his patients reacted to his illness. Freud was suffering a great deal from oral cancer, and Ferenczi had also become dangerously ill, far beyond his typical somatic complaints. Ferenczi wrote to Freud on 20 July 1930,

Though somewhat sooner than you Professor, I too am preoccupied with the problem of death, naturally in regard to my own destiny... Part of my love for the corporeal me appears to have sublimated itself in scientific interests... That was the path which led me to revive the theory of traumatism, apparently obsolete (or at least temporarily pushed aside) (Dupont, 1988, p. xiv).

In September 1931 Ferenczi wrote on the research that would culminate in his clinical diary and 'Confusion of tongues'. He was confused and stated, 'I was and still am immersed in extremely difficult internal "clarification work" -internal and external as well as scientific' (Dupont, 1988). Ferenczi's confusion and regression intensified his envy of and rivalry with other analysts for Freud's attention. He wanted Freud as the idealized parent to show unlimited love and approval, which often resulted in Freud's being annoyed and even exasperated with him. Ferenczi could be the adolescent rebel, the enfant terrible, and the clinging child.

Ferenczi's dependent needs for nurturance were probably insatiable and were at the basis of or at least closely related to the theme of his *Thalassa* (1924). *Thalassa* deals with a theory of genitality, but a central thesis is the wish for the return to the mother and the womb. Ferenczi and Rank converged in their interest in pre-oedipal development and separation anxiety. Freud is the father and Ferenczi has sometimes been called the mother of psycho-analysis. Actually, the 'Confusion of tongues' between the pre-oedipal and oedipal; real trauma and psychic reality; the interpersonal and the intrapsychic also apply to the personal relationships; the professional, social, and economic relationships between Freud and these closest colleagues. Dazzled by Freud's genius, awed by his personality and creativity, the pioneer analysts competed for the attention and appreciation of their idealised hero and collective ego ideal. The problems of idealization, authority, dependency, and loyalty tended to obscure the scientific issues. Psychoanalytic science was too often subordinated to adherence to the cause', and understanding could be replaced by rivalry and a contentious confusion of tongues.

When Freud became ill in 1923, the inner circle of his 'paladins' were personally and collectively threatened. Otto Rank wrote *The Trauma of Birth* (1924) at the time he was concerned with the trauma of Freud's cancer. Rank proposed termination of analysis after nine months in a rather concrete 'cutting of the umbilical cord'. The underlying problem was Rank's destabilization after discovering that Freud was ill, as happened to the Wolf Man. He probably became cyclothymic, with a tremendous need to declare separation and independence from Freud, whom he thought to be dying and about to separate from him. Rank had first to separate in both theory and practice. After leaving, returning, asking to be received as the prodigal son, declaring his independence again, he left the fold. The birth trauma was actually a death trauma, and Freud recognized that Rank's theoretical divergences were based upon an unconscious, regressive reaction to Freud's physical illness and cancer. (Rank would develop his theories, and in some ways anticipated Mahler's concepts of separation-individuation.) Ferenczi struggled ambivalently, with a strong desire to remain closely allied to Freud and to have his protection and sustenance while seeking, at the same time, to gain a new independence.

Reacting to his own illness, Ferenczi's clinical diary is a personal manifesto, which, like his correspondence, is part of his personal analysis with Freud and his own self-analysis. It is also a declaration of independence, an attempt to create while he is in the process of being slowly destroyed. It is a message, in some measure, of his mortality and frailty, his desire to find meaningful renewal for his life and work, to resolve his inner confusion, and to be innovative, without fear of loss of love or criticism. His own unorthodox and rather *ad absurdum* experiments went beyond his earlier experimentation with prohibitions and deprivations, followed by experiments with analytic indulgence and gratification.

Ferenczi, though naive about the evidence of actual seduction, noted the hypocrisy, pathological lies, evasions, and silent collusion of the traumatizing adults. He was concerned with the revival of trauma and its repetition, though not simply in the transference. The analyst might traumatize the patient because of countertransference impediments and enactments of the analyst. Ferenczi stressed the object-relations aspects of trauma and the child's relationship to the traumatizing caregivers which continues after the

traumatic experience. He explicitly recorded sequelae of identification with the aggressor: dissociation, fragmentation, and the split in the child's personality between the observing and comforting self and the dissociated, traumatized self. The child is relatively helpless, desperate for the love and approval of the parent, or surrogates who are abusive. The child cannot protest, and silently submits to authority. 'Tongue-tied', during and after the trauma, the child also introjects or identifies with the parents' unspoken shame and guilt. He recognized the parents' tendency to project blame and guilt on to the child, and that the child is often punished for the parents' misdeeds. He noted the conspiracy of silence, the censorship, blame of the child, and child's self-blame which so often surrounds and follows child abuse. Ferenczi's work anticipated later concepts of strain and cumulative trauma and contemporary concepts of child abuse (Rachman, 1989).

Most remarkably, Ferenczi himself was in a traumatic state when stressing, enlarging, and amplifying the psychoanalytic theory of trauma. Though traumatized with regressive trends, Ferenczi was not mad nor had his mind 'deteriorated'. But it appears that he was both aware and unaware of his illness. With such an illness there is inevitably both knowing and not knowing, splitting of the ego with denial and acknowledgment. Freud did not abandon Ferenczi, and complained that he was withdrawing into isolation. Freud was still hoping that Ferenczi would accept the presidency of the International Psychoanalytical Association, Ferenczi replied:

I must admit quite honestly that when I refer to my present activity in terms of 'a life of dreams', 'day-dreaming', and 'a crisis of puberty', this does not mean that I admit that I am ill. In actual fact I have the feeling that out of the relative confusion many useful things will develop and have already developed (19 May 1932, in Dupont, 1988, p. xvi).

Each of the points about trauma which was discovered in Ferenczi's patients applied to himself and appears simultaneously to acknowledge and defend against the awareness of his own trauma. Many analytic contributions have emerged from the analyst working out his own inner conflicts and traumata, and there is a hidden point-by-point correspondence between Ferenczi's inner traumatization and his fertile analytic investigation of trauma. His regression compromised his ego and was in the service of the ego; his confusion about his own trauma and the patient's trauma was also a spur to his creativity.

We can only surmise Ferenczi's own grief, guilt, anxiety, and rage,

the time will come when [the analyst] will have to repeat with his own hands the act of murder previously perpetrated [by the parent] against the patient (Dupont, 1988, p. 52).

Freud's illness was visible and evident to himself and his patients, but Ferenczi's illness was insidious as it was destructively pernicious. Concerning the conspiracy of silence, we do not know exactly what his doctors told him and his family. Nor do we know with certainty what he actually told his patients of his illness. He wrote his nine-month diary from January to October 1932, while fatally ill. He actually gave up his practice at the end of the year as he developed overt, neurological impairment. He died in May 1933. What did he tell his patients of his life-threatening illness? How did he prepare them for his impending retirement? Was he prepared himself, and how aware was he of his impending death?

Hidden behind the remarkable experimentation, the innovative ideas and formulations, the blind alleys, the blatant errors, and infantile enactments of the Clinical Diary, one can infer the feeling of a frantic search for help. He wanted to be rescued, a fantasy he shared with or which he projected on to his patients. He wanted to give them the same love that he desperately wanted; he wanted from them the tenderness and sustenance that he craved, and he denied in his loving and indulgent attitudes his own rage and hate. Ferenczi did not simply give up and resign himself to death, though there is some evidence of an erotization of death. In fantasy, death could be denied, defied, delayed, and romanticized. Death was silently waiting, a silent presence and preoccupation. Ferenczi seemed to have been concerned to have accomplished his goals before it was too late, to create before his life was 'cut short'. Ferenczi was writing an epitaph of

transcendent triumph as well as silent victimization and hapless resignation to a malevolent fate. He was partly identified with Dylan Thomas's attitude, 'Do not go gentle into that good night. Rage, rage against the dying of the light'.

The pernicious anaemia from which Ferenczi suffered is an illness that progresses over years and involves multiple systems. In addition to fatigue, lethargy, the inability to concentrate—all of which Ferenczi at one time or another complained about—it is perhaps noteworthy that the tongue is frequently inflamed, a telltale glossitis. (He may have denied the significance of the 'traumatized' tongue.) The more serious symptoms involve megaloblastic anaemia, wasting, and severe neurological impairments with combined degeneration of the spinal cord. Ferenczi felt abused and assaulted in body and mind. The disease process exerted a chronic regressive pull, an enormous intensification of his fears, and wishes for dependent gratification. His fatal illness incited his final struggles for independence, and his experiments in mutual analysis and self-disclosure of frailties, weaknesses, and errors to patients. In his reversal of roles with the patient, he enacted his wish to be the patient, to be tenderly cared for, and to have psychotherapeutic support. Ferenczi unconsciously confessed his waning powers, for example presenting his 'small-penis complex', agreeing with patients' complaints about his work (Dupont, 1988, p. 164). His self-criticism increased with his vulnerability and compromised analytic functions and ideals. He struggled with intolerance of patients' aggression towards him and their regressive demands upon him.

The confusion of tongues between adult and child, Ferenczi and his patients, was also evident between Ferenczi and Freud and the rest of the psychoanalytic community. In mutual analysis, he continued his analysis with Freud and self-analytic efforts, with unresolved ambivalence (Aron & Harris, 1993); (Grubrich-Simitis, 1986). Ferenczi deeply wished to be rescued by Freud, his colleagues, and patients. However, he dealt with his own current traumatic situation in terms of his fear of retraumatizing the patient in the analytic situation. He was aware of problems of mutual analysis and knew that this could deflect attention from the patients' conflicts, that patients would miss treatment, and that confidentiality would be broken if the analyst were to speak of other patients to the patient. He did not write about who paid the fee and set the time. He appears to have been unaware, however, of his own inner confusion, denial, and his magical expectation that the patient could both analyze and supervise the analyst. His illness, and his hiding his illness, contributed to his guilt towards the patient, and his need for confession and absolution by the patient. If he did not inform patients of his illness, he may have felt like the hypocrite condemning hypocrisy, while there was a shared denial of traumatization by both himself and the patient. His need to carry on, indeed, expressed his analytic identity and productive work as resistance to regression. It may have been augmented by economic necessities and a fear of not even having funds for his medical and nursing care. He unconsciously dramatized his own need for treatment, both psychoanalytical and medical, and his magical, regressive expectations that the patients would be able to understand him and sustain him through their dedication to his treatment. His need for his wife's support and care and her actual response to her dying spouse could also have been critically important.

The analyst's judgement of theory and technique can be seriously impaired by the onslaught of illness with its attendant narcissistic and castrating injuries. Serious illness imposes the threat of destabilization, disorganization, and regression to abject symbiotic dependency. Concentration, listening, and empathy are impaired. The spontaneity of trial identifications with the patient are replaced by emergency identifications which interfere with capacities for objective observation and the maintenance of relative neutrality and an analytic attitude. Ferenczi projected his own traumata, and in an analogue of projective identification, he identified with the illnesses of his patients and acted out issues concerned with abandonment and rescue, trauma and recovery, destruction and creation. His noting that traumatic experience could not be put into words at the time also applied to himself. He acted out what could not be recognized and verbalized.

Even as Ferenczi believed he was rediscovering the pathogenicity of trauma, the traumatic experiences which he was analyzing in patients also served as his own screen trauma. He used his real illness to see himself as the innocent victim, and then his patients as 'innocent victims'. Psychic trauma persists long after episodes of traumatic physical illness, and may influence the analyst's work ego and analytic stance without

conscious awareness on the part of the analyst. The repetition and re-enactment of trauma which Freud originally discovered is more likely to occur when it is invited and shared within the analytic situation, anchored in transference-countertransference fantasy enactment. Ferenczi's concerns with retraumatizing the analytic patient were related to his tendencies to countertransference enactments, and it was these tendencies which alarmed Freud. They had apparently discussed Ferenczi's seductive 'indiscretions with patients' in the course of their mutual analytic exchanges years before. Ferenczi introduced the concept of regression to permit a 'new beginning', and began to distinguish between regression and developmental arrest. He aroused analytic concerns about inducing excessive regression. He did not recognize the controversy inherent in the notion of regression to 'rock bottom' as in itself therapeutic or a precondition for new development. To begin anew would reverse a tragic end-regeneration instead of fatality.

Ferenczi had idealized Freud, an idealization which broke down over Ferenczi's infantile demands, emerging independence, and diverging ideas and concepts. There had been multiple old and new disappointments which included being denied the presidency of the IPA in favour of Jones; Freud's dismissal of his final paper; and his decline, and anticipated progression of his illness. Though concerned about Ferenczi's diverging ideas, Freud indicated that Ferenczi's presidency had only been delayed, and that he would hate to die before Ferenczi had the presidential post to which he had long been entitled.

On 17 January 1930, Ferenczi wrote his longstanding complaint to which Freud replied in 'Analysis terminable and interminable'. He described Freud as his 'adored teacher and unobtainable model' while reproaching Freud for not analyzing the negative transference years earlier (Dupont, 1988, p. xiii). Ferenczi had hidden his own fears of retaliation for his own aggression, his cravings for Freud's love, as well as his wish to again be the favorite sibling among the 'ring bearers'. Freud was aware of Ferenczi's cravings and had overindulged him as his dearest, favorite, most admired colleague, and adopted son for many years. Ferenczi was the eighth of twelve children, and Freud understood his feeling that he had never had enough of his mother's love. Ferenczi had also noted that his mother would complain that he would be the death of her.

Having described himself as the *enfant terrible* of psychoanalysis, Ferenczi may have fantasized that he was responsible for Freud's cancer and that Freud retaliated by omnipotently inflicting Ferenczi's fatal illness. Blaming Freud for not analyzing his negative transference denied his tragic decline and his wish for omnipotent cure and salvation. Freud was also ill, could not save him, and he was deprived of the continuity of children. In many respects, the corrective emotional experience which Ferenczi wanted to provide to traumatized patients referred to the repair and restitution of his own previous injuries and traumata. His wish to reverse and undo narcissistic injuries, oedipal defeats, etc. were also linked to his unresolved infantile longing for mother's exclusive affection and nurturance. His well-taken warnings about analytic repetition of the original trauma, did not seem to be reconciled with his need to be the child/patient (Hoffer, 1991).

He correctly surmised that traumatized children who had been seduced and abused might also become 'parentified' by adopting a parental, protective role towards their own parents and the sick part of themselves. This led to the syndrome of the 'wise baby' (Ferenczi, 1933), in which the infantile personality, fragmented and tormented, was hidden behind a precociously mature facade. The wise baby was Ferenczi himself, in a state of confusion. He acted out his countertransference, seemingly unaware of the tremendous, regressive vulnerability of the fatally ill analyst. He confided in Jones that he had pernicious anaemia, but could not otherwise disclose his condition. Ferenczi's regression and his experimental induction of regression, his acting out with patients, reminded Freud of these earlier tendencies in Ferenczi. Freud wrote to him on 13 December 1931,

we have hitherto in our technique held to the conclusion that patients are to be refused erotic gratifications... where more extensive gratifications are not to be had, milder caresses very easily take over their role... A number of independent thinkers in matters of technique will say to themselves: 'why stop at a kiss?'... and soon we shall have accepted in the technique of analysis the whole repertoire of demiviergerie and petting-parties, resulting in an enormous increase of interest in psychoanalysis



among both analysts and patients ...Father Ferenczi gazing at the lively scene he has created will perhaps say to himself: maybe after all I should have halted in my technique of motherly affection before the kiss (Masson, 1984, p. 159).

Freud pointed out that such behaviour would only promote resistances and declared in his penultimate sentence,

According to my memory the tendency for sexual playing about with patients was not foreign to you in pre-analytic times, so that it is possible to bring the new technique into relation with the old misdemeanors (pp. 159-60).

Jones reproduced this letter in his biography of Freud, but deleted this last sentence, probably to protect both Ferenczi and possibly himself from historical reference to erotic enactment with patients.

In this final period, Ferenczi was erratic, engaging in 'wild analysis' while making fertile and enduring contributions to the psychoanalytic understanding of countertransference, trauma, and borderline conditions. This was probably both in spite of and because of his own traumatization and countertransference difficulties. Ferenczi was one of the prime originators of our present view of the analyst as participant/observer rather than solely the observer and interpreter of the free-associating, participating patient. The analyst was not simply a mirror who reflected the patient's unconscious conflicts back to him. Countertransference was not limited to blind spots, but could reside in issues affecting the analyst's tact, empathy, honesty, sensitivity, and acceptance of the patient. Countertransference could pervade any aspect of analysis or the entire process. Furthermore, awareness of countertransference thoughts and feelings could be used to facilitate the analytic process. There were now two participants, two observers, and even two interpreters. Ferenczi emphasized the importance of ongoing analytic self-scrutiny and self-criticism:

I started to listen to my patients, when, in their attacks, they called me insensitive, cold, even hard and cruel, when they reproached me with being selfish, heartless, conceited... whether, despite all my conscious good intentions, there might after all be some truth in these accusations (Ferenczi, 1933, p. 157).

Transference does not eliminate the analyst's actual behaviour and communications and can be enmeshed in his countertransference reactions (Gill, 1983). Ferenczi did not indicate the difficulty that may ensue in the admixture and differentiation of negative transference and reality.

Ferenczi's notion of the patients being clairvoyant in their knowledge of the analyst's tendencies, expectations and conflicts, was an attribution of infantile omniscience and omnipotence to the patient. And the patient was no more capable of conducting analysis or self-analysis than the 'wise baby'. In this forerunner of the interpersonal and intersubjective formulations of the analytic process, Ferenczi periodically assumes a capacity of the troubled analyst for autonomous, dispassionate observation. He did not take into account his own subjectivity while appearing to himself to be objective. The dying analyst may believe himself to be an objective observer while denying the gravity of his illness and its fatal outcome. He may rationalize that his illness has made him more sensitive and empathic. Furthermore, each patient reacts to the analyst's regressions, errors and enactments in terms of their own personality and transference. One patient might demand more love, another react by becoming furious with the analyst, a third patient might narcissistically gloat and triumph over the analyst's infirmities and frailties, etc. The infantile past, as Freud reminded Ferenczi, lives on in the adult. The transference, for example, of incestuous fantasy, is not intersubjectively cocreated. Incestuous fantasy evolves in childhood, but may be activated, anchored, and validated by the analyst's regressive responses in the analytic situation.

Ferenczi's own childish repetitions confirm the primary source of transference and countertransference in unconscious infantile conflict. His focus upon external trauma defended against attention to intrapsychic

conflict and unconscious fantasy (Grunberger, 1980). The transference paradigm is influenced by the analyst, and Ferenczi observed that the analyst affects, and is affected by the patient. His ideas foreshadowed the intrapsychic and interpersonal interrelationship in analytic work, but without a stable intrapsychic focus. What Ferenczi also did not elaborate was the confusion of transference and reality, the blurring of analytic boundaries and roles, and the effect of excessive transference gratification. Unanalyzed countertransference could obstruct the analytic process, although, when scrutinized and analyzed, it facilitated analytic empathy and interpretation. However, major parameters and serious technical errors or enactments may not be analyzable.

Ferenczi believed that the patient could be aware of the analyst's whims and wishes, sympathies and antipathies. But the analyst in a state of resistance and regression would not necessarily be able to accept the patient's observations or to utilize a patient's or colleague's 'supervision'. In his formulation of traumatic splitting of the ego, he did not recognize his own split-off tendency to reformulate psychoanalytic theory and technique without universal, unconscious infantile, sexual, and aggressive conflicts. Calling for the avoidance of collusion and total honesty in the analysis of countertransference, Ferenczi may very well have inwardly felt like a silent conspirator as he concealed his illness from colleagues and patients. What was not revealed was of vital significance. He had been shocked that Freud had supposedly stated that he had appeared to be prematurely old and senile, and had in fact remarked that Ferenczi looked older than Freud himself. His passionate plea for the recognition of the reality and frequency of child abuse simultaneously referred to his personal trauma and countertransference.

Freud and Ferenczi did not part with compassionate farewells after Ferenczi read his 'Confusion of tongues' paper to Freud. The paper was presented against opposition and was received with opposition at the 1932 Wiesbaden IPA Congress. Just before this final meeting with Freud, Ferenczi wrote of mutual forgiveness, referring to injuries in their relationship, and to Freud as a judge. His paper and, unconsciously, his regressive dysfunction, would be judged. Ferenczi was also asking for reconciliation in anticipation of death. After Ferenczi had read the paper to Freud, he had written a note on shock, and after the Congress he attempted to recuperate. His last Diary note began,

regression to being dead... Is a new kind of solution... possible after such sinking into the traumatic?  
(2 October 1932, Dupont, 1988, p. 257).

The dialogue between Freud and Ferenczi into and beyond death (Haynal, 1993) continued in the ongoing development of psychoanalytic thought. Freud was too ill to attend the Wiesbaden IPA Congress, did not see Ferenczi again, and possibly believed he and Ferenczi would both soon be dead. On 12 September 1932, Freud wrote to Jones,

Unfortunately the regressive intellectual and affective development seems to have had, in his case, a background of physical decline. His clever and good wife conveyed to me that I should think of him as a sick child (Masson, 1984, p. 174).

And in his obituary of Ferenczi, Freud stated,

Signs were slowly revealed in him of a grave organic destructive process which had probably overshadowed his life for many years already. Shortly before completing his sixtieth year he succumbed to pernicious anaemia. It is impossible to believe that the history of our science will ever forget him (1933, p. 229).

The regression associated with Ferenczi's progressive, fatal illness may never have been within his full insightful awareness as Freud surmised during Ferenczi's final decline and more clearly after his death.

Ferenczi advanced the theory and techniques of countertransference analysis even as he subjectively misunderstood the pivotal fragility of his own life and work. Ferenczi's pre-obituary paper posthumously achieved the analytic influence and recognition he desperately wanted and could not have foreseen. Most importantly, the silence which enveloped the 'Confusion of tongues' has given way to open dialogue and the examination of controversy through theoretical and technical discourse based upon further clinical experience. Ferenczi left a legacy of historical import (Gedo,1986). His work on trauma can be all the more appreciated in the light of his concurrent inner conflicts and trauma. Attempts to clarify the confusion of tongues have contributed to our contemporary awareness of analytic problems in the selection, organization, communication, conceptualization, and validation of analytic observations and inferences.

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