

TRAUMA—REVISITED: FERENCZI AND MODERN PSYCHOANALYSIS.

André Haynal^(*)

SUMMARY

The notion of Trauma emerged in all of its importance in Ferenczi's work. Subsequent papers by Freud and after the Second World War by post-Freudians such as Winnicott, Balint, Klein, Heimann, Fairbairn, Bion, Ogden, and others have become our travelling companions. With reference to scattered remarks in Ferenczi's (1932) *Clinical Diary* and in some of his less known works, this account reconstructs the dramatic process of the analysis of Ferenczi's highly important patient, his colleague "R.N." (Elizabeth Severn). It shows how much we can learn from these historical documents and from the experience that underlies them. Comments, remarks and questions take us to the very heart of Ferenczi's psychoanalytical thinking. They may well provide a stimulus for thinking again about some important topics that have to do with psychoanalysis as it is practiced in contemporary society and the problems of human relationships and emotions in general.

Key words: Clinical Diary, Ferenczi, Elizabeth Severn, Orpha, Trauma, Confusion of tongues, Fragmentation.

I

Ferenczi treated many patients whom other analysts were unable to help. These cases closely resemble some of the people who nowadays consult psychoanalysts. In this article, I evoke one of the most important of those patients: Elizabeth Severn, alias "R.N." Ferenczi's (1932) *Clinical Diary* and some of his other notes have helped me to reconstruct the history of that analysis.

Splitting, disavowal, the defensive manoeuvres leading to dissociation, and the *coexistence of split-off states* are all widely used terms nowadays. A large part of them originate from Ferenczi or was already studied by him. As he was considered a specialist of the impossible cases; he early on dealt with very regressed patients, among others those analysts today call borderline.

ELIZABETH SEVERN (R.N.): FIRST MEETINGS

In 1923, Ferenczi met a woman who said that she was a psychotherapist. That meeting would initiate a period of work that lasted until Ferenczi died, ten years later.

In his initial meetings with Elizabeth Severn—"R.N."—he was impressed by her "excessive independence and self-assurance, immensely strong willpower as reflected by the marble-like rigidity of her facial features, ... a somewhat sovereign, majestic superiority of a queen, or even the royal imperiousness of a king" (Ferenczi 1932, p. 97). He commented also: "In R.N. I find my mother again, namely the real one, who was hard and energetic and of whom I am afraid. R.N. knows this, and treats me with particular gentleness" (Ferenczi 1932, p. 45).

She "suffered [from] chronic, often debilitating, psychological and physical symptoms -including confusion, hallucinations, nightmares and severe depression, which often left her suicidal." (Fortune 1994, p. 104).

THE STORY OF ELIZABETH

R.N. was born in the heartland of the United States, in one of the southern states. She was a psychotherapist whose training was eclectic and, at times, mystical. Before being analyzed by Ferenczi, she had written two books, and she took up writing again after Ferenczi's death in 1933. She had emigrated to London at the beginning of the century, then returned to the United States for the duration of the First World War and then for a second time after her lengthy stay -10 years- in Budapest.

In her analysis, memories of sexual abuse in early childhood emerged; she experienced being drugged and subjected continually to sexual and emotional traumatic assaults (Ferenczi 1932; Fortune 1994). Initially, neither Severn nor Ferenczi thought of these instances of abuse as having actually occurred; they attempted to verify the validity of those memories. Even Severn herself noted that she felt doubtful and did not know whether all of these memories were true or not (Ferenczi 1932). Were they fantasies, inventions, or actual facts? No one would ever know the answer to that question. Was all of this delusional, as it often happens in psychoanalysis? Bion would go on to say that if emotional experiences can be converted into alpha-elements, they can become dream thoughts (Bion 1962). Or, in another development of Bion's, could one say that all of this was just a matter of beta-elements? Created in some way, based on memories that may or may not be verifiable, that kind of delusion remains with one all through psychoanalysis. Memory always works on constructions, not with reproductions, as analysts are well aware nowadays thanks to the neurosciences (it must be said, nevertheless, that psychoanalysis always knew this to be the case).

FRAGMENTATION

After several years of thinking and nine years of treatment, in a note in his *Clinical Diary* Ferenczi (1932) built up a clinical picture of the very deep fragmentation typical of that fascinating woman. "The enormity of suffering, plus helplessness and despair of any outside help, propel her toward death; but as conscious thought is lost, or abandoned, the organizing life instincts ('Orpha') awaken" (Ferenczi 1932, p. 8).

According to Ferenczi, these Orphic powers, the "organizing life instincts," helped her during the years in which her analysis was developing. That maternal fragment of the analysand's personality played the part of a "guardian angel", as he put it (Ferenczi 1932, p. 105).

Ferenczi employed the term *Orpha*¹ to designate a fragment of Severn's personality made-up of the intelligence to survive. The word *Orpha* has its etymological roots both in the classical Greek legend of Orpheus and Eurydice, with which Ferenczi was very familiar, and in the Orphic religion that Severn had studied. The myth of Orpheus and Eurydice ends with Orpheus being torn to pieces (like Ferenczi in his countertransference) -literally fragmented. According to the legend, however, Orpheus's head survived as a kind of fragmented intelligence. His head, separated from his body, was preserved and revered as an oracle of wisdom, just as Severn preserved and revered her own fragmented intelligence, like Ferenczi's "wise baby" (Ferenczi 1932, p. 82).

In that analytical couple, Ferenczi the analyst became Orpheus, and Severn was Orpha, the woman without a body. Ferenczi explained how fear and anxiety were transformed into that Orphic intelligence. "[At] moments of extreme danger it is possible for the intelligence to detach itself from the ego, and even perhaps from all affects" (Ferenczi 1932, p. 105). Fantasies of a desperate Orphic consolidation implied the creation and preservation of a certain sense of self that was in the throes of complete fragmentation.

One can feel, in an almost palpable way, the despair lurking behind the tenacity with which Severn went on the attack with her points of view on the unconscious, the intellect, imagination and memory, willpower, emotions, sex, and the self -points of view that she made use of to avoid painful emotions. Her solitary Orphic murmur -that of an infant- was filled more and more with despair.

The Internal Persecutor. In these various fragments, it was not only Orpha who was functioning, but also the cruel internal persecutor whose aggressiveness reawakened the intrapsychic conflict by creating a kind of splitting. Perhaps the outbreak of World War I in 1914 (which forced Severn to leave London, where

she appeared to be living happily, and return to the United States) reawakened in her some earlier internal conflicts. Underneath the thin veneer of confidence that she displayed in her 1917 work, she suffered from confusion, hallucinations, nightmares and [suicidal] depression. Her Orphic functioning was no longer able to give her proper support. Those failures in Orphic functioning meant, all the same, that the work of analysis could begin. In 1924, Ferenczi was of the opinion that it was Severn's Orphic part that had chosen him as a last-resort analyst (Ferenczi 1932, p. 121).

Understanding Fragmentation. Trauma often arises in the context of surprise; the settingoff of the anxiety signal is facilitated by the fact of the ego's lack of preparation. In the ensuing fragmentation and shattering, with the depersonalization that is set up to counter these -resulting in anxiety about chaos, not about nothingness- the therapist may come to be a replacement object. Negation of dissatisfaction or the absence of satisfaction, compensated for via a narcissistic relationship, produces a kind of cacophony that adds to the chaos.

Ferenczi described Severn's fragmentation, first of all, as a form of distress that she was experiencing in her unconscious, something of which, in her waking state, she was unaware. He added that it was very difficult for the analyst to get in touch with that aspect "who can perhaps only groan, who must be shaken awake mentally and sometimes also physically" (Ferenczi 1932, p. 9). Second, there was Orpha, the maternal fragment of the analysand's personality, which played the part of a guardian angel. Ferenczi said that this "produces wish-fulfilling hallucinations, consolation fantasies; it anesthetizes the consciousness and sensitivity against sensations as they become unbearable" (Ferenczi 1932, p. 9). Third, he described a "soulless part of the personality, that is to say, with a body progressively divested of its soul, whose disintegration is not perceived at all or is regarded as an event happening to another person, being watched from the outside" (Ferenczi 1932, p. 9).

Ferenczi, a Precursor in Today's Thinking About Fragmentation. Ferenczi was, indeed, the precursor of all subsequent psychoanalytical ideas about the fragmentation of the self and of object relations, as one can find them again in the work of Fairbairn, Winnicott, and Guntrip (all probably influenced by Balint), Rickman (a friend of Balint's), and by the fact that Ian and Jane Suttie were familiar with Ferenczi's work. Winnicott probably came closest to the Orphic phenomenon when he spoke of the "protective function" of what he called the false self or when he borrowed from one of his female analysand's the term "caretaker self" (Winnicott 1965, p. 142). But Winnicott's point of view was, all the same, different, because he emphasized the role of the "false self." For Ferenczi, however, Orpha was neither a pathological ego nor a false self. Ferenczi's work on Orpha enables one to see how a severe trauma can activate a libidinal drive held in reserve, enabling survival to be maintained whenever attachment becomes impossible because of the trauma involved. Orpha enables the individual to go on -breathing life- in a personal manner that avoids, as far as possible, the need or the absolute necessity for attachment. Orpha does not come from an interpersonal/intersubjective matrix, but from a private sphere that is beyond the reach of the punitive self or any other destructive power. The main function of Orpha lies in the preservation and revival of the fragments of the self that have survived the trauma.

Although Orpha makes the self come alive again and preserves it, it does not regenerate or heal it. Orpha does not possess the means whereby the self can be renewed. Nevertheless, as Ferenczi proved through his work with Severn, Orpha can adapt to a new set of circumstances whenever the external environment changes. I think that Ferenczi's papers on his work with -and experience of- his analysands toward the end of the 1920s were profoundly influenced by the difficult challenges that he had to face in his treatment of Elizabeth Severn. In addition, they were the result of her strong recommendations and demands addressed to him when he was trying to deal with the Orphic aspects of her personality. For example, in his 1929 paper, "The Principles of Relaxation and Neocatharsis," he seems to be describing one way of setting up the function of a guardian angel which, up to that point in the analysis, the exhausted Orphic fragment had to carry on its shoulders, all by itself, to sustain life.

People who have regressed as much as R.N. did are, to a great extent, very childlike; for them, the methods employed in psychoanalytical treatment at that time proved inadequate. "*What such neurotics*

need is really to be adopted and to partake for the first time in their lives of the advantages of a normal nursery” (Ferenczi 1929, p. 124, italics in original). What Ferenczi is advocating here is not the indulgence of a good-natured mother-analyst, but the gradual development by trial and error of a new choreography of the analyst–analysand interaction in the treatment. This is not a kindly attempt to give satisfaction, which at times can be felt to be illicit or shameful, but an integral part of the treatment. By continuing to ally himself with Severn’s Orpha, Ferenczi discovered “important information about dissociated parts of the personality” (1929, p. 119). “Sometimes a ‘bit of intelligence’ in the patient remains in contact with me even during the repetition of the trauma, giving me wise guidance as to how to handle the situation.” (Ferenczi 1932, pp. 106–107).

“MUTUAL ANALYSIS”

That decisive analysis was both interrupted and furthered by the famous -some critics would say infamous-concept that came to be known as mutual analysis. This new setting led him to understand that his inner movements are constantly part of the analysis, following all the happenings. It is the discovery of the standing presence of countertransference in vivo.

It is not easy to manoeuvre between the Charybdis of condemnation and the Scylla of tolerance: Ferenczi well understood that as he navigated through the difficult straits of mutual analysis. Terrified by Severn, risking personal, and professional humiliation, he became Severn’s patient. As Judith Dupont points out in her Introduction to Ferenczi’s *Clinical Diary* (1932), he certainly did not take the easy way out, and he did later offer some degree of self-criticism. Ferenczi had to acknowledge and analyze the anger and hatred that Severn detected in him to continue treating her. I think that Severn was the first person who helped Ferenczi to tolerate the truth about himself and his relationships with his mother, with his patients, and with Freud. Perhaps Severn was able to do something that Freud had not succeeded in doing in his analysis of Ferenczi. “Mutual analysis will also be less terribly demanding, will promote a more genial and helpful approach in the patient, instead of the unremittingly all-too-good, selfless demeanour, behind which exhaustion, unpleasure, even murderous intentions are hidden” (Ferenczi 1932, p. 16).

Ferenczi put himself almost in the situation of a pupil with respect to Severn as he struggled, in all honesty, as well as he could with his countertransference reactions. Collaborating with her in that boldly experimental manner, staying with her through the regressive states that he called trance or semitrance leading to regression -a “relaxation” was how he put it- coming up against new transference/countertransference enactments in the mutual analysis, Ferenczi’s idea was to enable Elizabeth “to partake for the first time ... of the advantages of a normal nursery” (Ferenczi 1929, p. 124). It was perhaps the case, too, that by putting Ferenczi, via her suggestion of mutual analysis, into a situation of dependence, by creating that situation, Elizabeth Severn was making him feel the suffering that she, herself, experienced through her own dependence. Perhaps one ought not to see in that enactment simply a technical manoeuvre; it may well have played a part in the dynamics of the transference/countertransference field.

In any case, as far as Ferenczi was concerned, the aim of analysis could be stated thus: “One must repeat the trauma itself and under more favourable conditions one must bring it *for the first time* to perception and to motor discharge. ... the feeling of ability to re-live the trauma (i.e. to encourage the patient to repeat and to live it out to the end—which often only succeeds after innumerable unsuccessful attempts and at first usually only piecemeal)” (Ferenczi 1933c, p. 240). This takes place in the heartening presence of the Other. I shall come back to this point.

“MURDER”

Elizabeth could thereupon become a young woman with a body, driven by love to discover the broken aspects of a murdered soul: Eurydice herself contained in the trauma. The psychoanalytical treatment of trauma cannot be brought to an end without going all the way to that distressing reenactment, just as in the legend of Orpheus and Eurydice.

In that myth, Eurydice was hurt by fragmentation, separation, and the pain caused by rape, as well as by an attempt at recuperation motivated by love. Orpheus's music and singing are at the heart of this latter, as was case of Orpheus-Ferenczi's very tactful -and touching- interventions. In mourning, Orpheus cried in the upper world then dared to go down to Hades via the dark gateway.

Like Orpheus, the analyst's presence in the sharing of an experience, the fact of being alive, and the urgency of his or her concern for the broken Eurydice aspects of the self become the factors that enable progress to be made.

Henceforth, and for the first time, Orpha became aware of the relation-based dimension of intersubjectivity. She began to think, with the analyst, about the encapsulated aspects of her self which, in the past, she had anaesthetized so powerfully when she felt that no help would be forthcoming from those in her immediate circle.

At that point, the analysand had an experience of longing that she had never before felt in her life. Armed with her emotional music of reclaiming, the analysand -not the analyst- became an apparition of Orpheus. When a traumatized individual reaches that point in the analysis, the process really does become a matter of life or death.

In the treatment of trauma, ideas such as delightful new beginnings and curative reparenting are always doomed to failure. Such attempts are based on a deplorably inadequate understanding of the nature of severe trauma. The analysand enters into the black hole of what one could call that part of the mind where trauma lingers on, because the terror of the trauma is henceforth an intensely powerful experience. But in truth, Ferenczi was not there to save her, but simply to bear witness to memory, to be the guardian of time and, in the end, the holder and the one who, full of compassion, stuck back together again the fragments of the self of which the analysand "recollected" the memories (cf. Ferenczi 1929, p. 119).

Orpha had to go into "regions filled with fear" to face up directly to past events and the damage caused.

I have finally come to realize that it is an unavoidable task for the analyst: although he may behave as he will, he may take kindness and relaxation as far as he possibly can, the time will come when he will have to repeat with his own hands the act of murder previously perpetrated against the patient. In contrast to the original murder, however, he is not allowed to deny his guilt. [Ferenczi 1932, p. 52]

All of this led to communication problems that repeated a tragic moment in her childhood -and in that of Sándor also, when his mother said to him, "You are my murderer" (p. 53).

The memory of those childhood events led Ferenczi to

the image of a corpse, whose abdomen I was opening up, presumably in the dissecting room; linked to this the mad fantasy that I was being pressed into this wound in the corpse. Interpretation: the aftereffect of passionate scenes, which presumably did take place, in the course of which a housemaid probably allowed me to play with her breasts, but then pressed my head between her legs, so that I became frightened and felt I was suffocating. This is the source of my hatred of females: I want to dissect them for it, that is, to kill them. This is why my mother's accusation 'You are my murderer' cut to the heart and led to (1) a compulsive desire to help anyone who is suffering, especially women; and (2) a flight from situations in which I would have to be aggressive" (Ferenczi 1932, p. 61)

and "finally exaggerated reactions of guilt at the slightest lapse" (Ferenczi 1932, p. 61).

According to Ferenczi: "It is not within the capacity of psycho-analysis entirely to spare the patient pain; indeed, one of the chief gains from psycho-analysis is the capacity to bear pain" (1928, p. 90).

DREAMS AND BEING IMMERSSED IN A TRAUMATIC PAST

The Orpha fragment of the personality (the intellect split off from the affects) must be given the means whereby it can reunite with the affects -that, according to Ferenczi, is the aim of the analysis of people who suffer from particularly severe disorders: "While following up the connexions, it strikes us more and more that the so-called day's (and as we may add, life's) residues are indeed repetition symptoms of traumata." (Ferenczi 1933c, p. 238).

[E]very dream, even an unpleasurable one, is an attempt at a better mastery and settling of traumatic experiences, so to speak, in the sense of an *esprit d'escalier*² which is made easier in most dreams because of the diminution of the critical faculty and the predominance of the pleasure principle.

I would like the return of the day's and life's residues in the dream not to be considered as mechanical products of the repetition instinct but to presume that behind it is the functioning of a tendency ... towards a new and better settlement, and the wish-fulfilment is the means which enables the dream to achieve this aim more or less successfully. Anxiety dreams and nightmares are neither wholly successful nor even almost entirely unsuccessful wish-fulfilments, but the beginnings of this are recognizable in the partially achieved displacement. Day's and life's residues are accordingly mental impressions, liable to be repeated, undischarged and unmastered; they are unconscious and perhaps have never been conscious; these impressions push forward more easily in the state of sleep and dreaming than in a waking state, and make use of the wish-fulfilling faculty of the dream. [Ferenczi 1933c, pp. 238–239]

If one sees in the white background of a dream an oneiric representation of the breast, the empty dreams of people who have been traumatized would, by contrast, be linked to a negative hallucination of the breast, bereft of any other representations, which is accompanied by some unpleasant affect or other.

"In a case, observed for many years, each night brought two and often several dreams. The first dream ... had no psychic content; the patient awoke from it with a feeling of great excitement with vague recollections of pain, of having experienced both physical and mental sufferings and with some indications of sensations in various organs of the body. After a period of remaining awake she fell asleep with new, very vivid dream images which turned out to be distortions and attenuations of the events experienced in the first dream (but even there almost unconsciously). Gradually it became clear that the patient could and must repeat the traumatic events of her life, purely emotionally and without any ideational contents, only in a deep unconscious, almost comatose sleep; in the subsequent less deep sleep, however, she could bear only wish-fulfilling attenuations. Theoretically important in these and similar other observations is the relation between the depth of the unconsciousness and the trauma, and this justifies the experiments of searching for the experiences of shock in an intentionally induced absorption in trance.³ An unexpected, unprepared for, overwhelming shock acts like, as if it were, an anaesthetic. How can this be? Apparently by inhibiting every kind of mental activity and thereby provoking a state of complete passivity devoid of any resistance.

The absolute paralysis of motility includes also the inhibition of perception and (with it) of thinking. The shutting off of perception results in the complete defenselessness of the ego. An impression which is not perceived cannot be warded off. The results of this complete paralysis are: (1) The course of sensory paralysis becomes and remains permanently interrupted; (2) while the sensory paralysis lasts every mechanical and mental impression is taken up without any resistance; (3) no memory traces of such impressions remain, even in the unconscious, and thus the causes of the trauma cannot be recalled from memory traces." [Ferenczi 1933c, pp. 239–240]

Here, the concept of figurability (*Darstellbarkeit*) may be of some use to us.

THE OUTLINE OF AN EXPERIENCE

All of this enables “one [to] sink completely into the traumatic past” (Ferenczi 1933c, p. 237). In a note published posthumously, Ferenczi gave what amounts to a summary of his experience with R.N.

A surprising but apparently generally valid fact in this process of self-splitting [*Selbstzerreissung*] is the sudden change of the object-relation that has become intolerable, into narcissism. The person⁴ abandoned by all gods escapes completely from reality and creates for himself another world in which he, unimpeded by earthly gravity, can achieve everything that he wants. Has he been unloved, even tormented, he now splits off from himself a part which in the form of a helpful, loving, often motherly, minder commiserates with the tormented remainder of the self, nurses him and decides for him; and all this is done with deepest wisdom and most penetrating intelligence. He is intelligence and kindness itself, so to speak a guardian angel. This angel sees the suffering or murdered child from the outside (consequently he must have, as it were, escaped out of the person in the process of ‘bursting’), he wanders through the whole Universe seeking help, invents fantasies for the child that cannot be saved in any other way, etc. But in the moment of a very strong, repeated trauma even this guardian angel must confess his own helplessness and well meaning deceptive swindles to the tortured child and then nothing else remains but suicide, unless at the last moment some favourable change in the reality occurs. This favourable event to which we can point against the suicidal impulse is the fact that in this new traumatic struggle the patient is no longer alone. Although we cannot offer him everything which he as a child should have had, the mere fact that we can or may be helpful to him gives the necessary impetus towards a new life in which the pages of the irretrievable are closed and where the first step will be made towards acquiescence in what life yet can offer instead of throwing away what may still be put to good use.” [Ferenczi 1933c, pp. 237–238]

The ego brings home the object in its net -but it is an empty object, a ghost-like object. In such a case, projective identification is called upon to reconstruct the object by creating an internal complementarity. However, the negative of the one is more real than the positive of the other, i.e., that of any replacement object. There is a really painful sight -an *algo-vision* or *pain-sight*- that is intolerable. It is an experience of being cut off from life that disturbs the unconscious. Constructing a kind of neo-reality via projective identification with the analyst (Ferenczi) can help one to see that being delusional may be a way of not experiencing pain. Projective identification may lead to a kind of happy-end reemerging -one that is, at the same time, close to the wish to die.

COMMENTS ABOUT WHAT PRECEDES

Like Orpheus, analyst and analysand have to experience the analytical situation and be observant. Psychoanalysis consists in listening and in observing. As the observer looks at the fantasies, there gradually comes a more complete realization of what has been lost forever: childhood, innocence, youth, time, opportunities, love. All of this is buried in suffering about what might have been. The psychoanalytical treatment of trauma cannot restore what fate so rapidly undid, but can help to live after all these experiences.

In these phases of an analysis, mourning is based on the unsettled nature of the life one has been subjected to -it is fundamentally focused on the self, with no creative aspect directed outwardly.

Ferenczi and Severn have powerfully contributed to the understanding of the dark and relentlessly complicated character of trauma. That analytical couple choreographed a complex form of treatment that attempted to set up some kind of balance between several dimensions: the intersubjective/interpersonal world and its intrapsychic counterpart, the possible existence of a trauma in reality and pathological fantasy, the need for a comforting kind of treatment full of empathy and a cruel collapse into inconsolable sorrow consequent upon the losses that the trauma entailed, and finally new psychical growth able to take its place beside the permanent destruction that the trauma left behind. That kind of treatment reminds one of both the promise and the limitations of art and of science⁵.

II

SILENCE

Ferenczi, himself traumatized—by his nurse, by a chum, and later by life, as is now known -wondered how life, itself, or psychoanalysis could cope with such issues. He emphasized the seriousness and the importance of these phenomena. Not only did he refuse to deny them, in addition he felt that it was essential to acknowledge the fact that silence is an integral part of the problem. From that point of view, trauma is not a single event, but -more to the point- something that is not expressed in words or talked about. That, for example, was what happened from a transference point of view at the Wiesbaden Congress in September 1932. The argument about trauma that took place between Ferenczi and Freud could be seen as a transference repetition of Ferenczi's traumatic scene, i.e., of a scenario in which, for him, it was important that the intergenerational tension between himself and Freud could be put into words, whereas Freud did not want to discuss it at all. Indeed, strangely enough -but these issues are always somewhat strange- in those moments of tension between Freud and Ferenczi, the trauma with his nursemaid seemed to be repeated: the pleasure of being in contact with her ample breasts and the sudden fear of being smothered were very much a part of the nourishing relationship with Freud also, who, in advising him, yes asking him, not to talk about his work during the Wiesbaden meeting, tried to stifle Ferenczi's voice -and breath.

Indeed, the very choice of the title of his presentation -to give some indication of the main thrust of the lecture- gave rise to a muddle of embarrassment and avoidance. The real subject was, in fact, trauma; but in one version, the title is given as *Sprachverwirrung*, what this talk really becomes; the English translation is "Confusion of Tongues," *Confusion de langues*, in French, and the title that was finally chosen for Ferenczi's presentation was *Die Leidenschaft der Erwachsenen und deren Einfluss* (The Passions of Adults and Their Influence on Development). There is, indeed, an allusion to Freud's passion for his science and to his influence -at times traumatic- on Ferenczi's development.

METHOD AND ATTITUDE

For posterity, that lecture -one could even say that *manifesto*- was Ferenczi's final major message, his last will and testament, as it were. For some years, that legacy went unacknowledged as such. In it, he spoke of "the recent, more emphatic stress on the traumatic factors in the pathogenesis of the neuroses, which had been unjustly neglected in recent years" (Ferenczi 1933b, p. 156).

In reflecting on his experience of psychoanalytical treatments, Ferenczi devised a method aimed at analyzing more deeply both patient and analyst. In that way, analysts could open themselves up even to the analysand's repeating of aggression, i.e., to consequences of traumatic situations. He was, therefore, in favor of a change of attitude on the analyst's part, so as to be more open and receptive towards that kind of material.

Theoretical understanding goes hand-in-hand with developments in the analyst's attentive listening and theoretical perspectives. Ferenczi worked from experience. One of Freud's greatest gifts was the invention of the psychoanalytical situation, the creation of a time for reflection that enabled listening by means of the "third ear" (Reik 1948), bringing the dreams of the night into the light of day in the presence of a travelling companion whose listening would accompany the adventure. For Ferenczi, that moment in time became a repetition of the trauma and a space in which it could be overcome. It is not by chance that Ferenczi's (1932) *Clinical Diary*, an informal testimony to his way of listening and thinking, is also a book about trauma.

Among the features that Ferenczi explores and invites his readers to explore, the most important is his reassessment of the analyst's basic attitude. Everything else follows on from this. Keeping an open mind enables the analyst to free up his or her imagination and empathy, thereby influencing the analytical space in such a way that the analyst's feelings can echo those of the analysand. What the analyst then experiences will modify his or her way of thinking and, ultimately, his theoretical standpoint. Freud had already put it very clearly: "This technique is the only one suited to my individuality; I do not venture to deny that a physician quite differently constituted might find himself driven to adopt a different attitude to his patients"

(Freud 1912a, p. 111). As a result, the psychoanalytical technique that he proposed was the one that best suited his own personality; one could therefore, perhaps, draw the conclusion that it is perfectly legitimate to look for the best possible match between who one is and one's way of working.

Following on from Greenberg and Mitchell (1983), it has become customary to contrast a relation-based approach with that derived from drive theory. Although many would see in Ferenczi a pioneer in object-relations theory, one has to remember that he was always aware of the fact that object relations referred to objects of the drives, so that he was not abandoning Freud's legacy.

THE ANALYST'S PARTICIPATION

The radical experiment called *mutual analysis*, of which particular nature Ferenczi also acknowledged, took those developments further. This evolution can be seen in the scheme of Hegel (1806–1807). The thesis would be mutuality in its original form; the antithesis the evidence that some degree of asymmetry is also needed (cf. Axel Hoffer 1985). The synthesis is the exigency of the analyst's innermost participation by constantly monitoring his counter-transference, in a kind of interpsychical mutuality.

The affects, and even seemingly futile thoughts, of the analyst are hitherto seen as part of the countertransference, i. e. mutuality. This precious analytical instrument would prove to be a lasting feature of post-Freudian psychoanalysis. Later, Bion (1967) expressed this in more radical and idealistic terms: no memory, no theory, no desire. This is an encouragement not to have any preconceived opinion when entering into a session, so as to keep one's mind free and open, uncontaminated.

With respect to the question of disclosure -a topic that is often talked about nowadays- it may be helpful to remind oneself that, after six or eight years of an analysis, it is hardly likely that the analyst has not, *nolens volens*, already disclosed a great deal about the way in which he or she functions. It is, however, quite legitimate to ask oneself why an analyst should suddenly want to mention something personal -indeed, that kind of question has to be present in the analyst's mind before making any such intervention.

WE ALL ...

It is quite obvious that, for Ferenczi, trauma was by no means an exceptional occurrence. All analysts have been traumatized; they are the victims of disturbing and conflictual influences which, in their past, they were unable to overcome and about which they never later managed to talk. These wounds come from their parents or other external influences; they disrupt their narcissistic equilibrium and affect their future relationships with the other people in their lives by bringing to the fore the nether regions, the world of darkness that is primitive aggressiveness. One can see this in the very early stages of life, for example, when separation with the mother figure becomes a threat and the fear of strangers arises (Spitz and Cobliner 1965). Defensive and narcissistic aggressiveness is triggered in every human being, who may as a result turn into something like a human beast. The importance of those factors began to be understood in post-Freudian psychoanalysis, particularly after the Second World War, and especially to some extent in borderline cases -but it is already adumbrated in some of the cases that Ferenczi (1932) evokes in his *Clinical Diary*. As in the case of R. N., that sadistic aggressiveness is often aimed at other people, and it may also turn into an attempt at finding the object. If this does not happen, its masochistic dimension takes over and ruins one's life, as it did in Ferenczi's case.

Ferenczi, traumatized, was fascinated by everything that had to do with reparation, restitution and what is nowadays called *resilience*. He was constantly trying to analyze his patients better, to focus on them, to get in touch with his countertransference and to maintain his receptiveness. No preconceived opinions, no recommendations. He did not, however, have the notion of the setting, which would later be seen as significant. In his dedication -was it masochism?- he visited R. N. in her home, gave her several or longer sessions per day, having no limits to his sacrifice in the service of his analysand.⁶ That idea was called into question by Balint (1939a), who argued that every analyst should be able to practise with a certain degree of comfort.

The psychoanalytical establishment, influenced by Jones,⁷ was somewhat overawed by the tension between Freud and Ferenczi in the final years of the latter's life, in spite of the reconciliation that did, in the end, take place between them.

MODERN TIMES

Times have, however, changed and many of the ideas that modern analysts owe to Ferenczi have resurfaced in developments of post-Freudian theory. I underline some aspects of the obvious continuity between Ferenczi's initiatives and later developments. In the British Group there was, as early as the 1920s and '30s, a therapeutic tradition among those whose thinking anticipated to quite a considerable extent that of Ferenczi -Margaret Little and Charles Rycroft, for example. In addition, there were those analysts who were influenced by Melanie Klein's ideas -she was analyzed by Ferenczi too- such as Paula Heimann, Herbert Rosenfeld, and Wilfred Bion; and there are those who were influenced by Michael Balint, who himself was close to Ferenczi -Winnicott, Masud Khan, and John Rickman, for example. Also, in North America, there was the group of Sullivan's followers -he held Ferenczi in great esteem- such as Clara Thomson, Isette de Forest, etc. Those analysts were not part of mainstream American psychoanalysis; many of them are mentioned under assumed names in Ferenczi's (1932) *Clinical Diary* (cf. Brennan 2011).

Winnicott's "holding" (Winnicott 1960, p. 589) and Bion's "containing" are already present in Ferenczi's approach, and Rosenfeld's (1987) idea of the "impasse" draws on this also. Indeed, the "now moments" that Stern (2004) has recently described can be found in Ferenczi's work too: mutative encounters in which the participants come mentally very close to each other and reach understandings that seem to be obvious. Ferenczi's inclination for improvisation and playfulness (cf. Winnicott) is illustrated in the following extract:

[A] patient ... resolved, after overcoming strong resistances, and especially his profound mistrust, to revive in his mind incidents from his earliest childhood. Thanks to the light analysis had already thrown on his early life, I was aware that in the scene revived by him, he was identifying me with his grandfather. Suddenly, ... he threw his arms round my neck and whispered in my ear: "I say, Grandpapa, I am afraid I am going to have a baby!" Thereupon I had what seems to me a happy inspiration: I said nothing to him for the moment about transference, etc., but retorted, in a similar whisper: "Well, but what makes you think so?" As you see, I was entering into a game, which we might call a game of questions and answers. [Ferenczi 1933a, p. 129]

Nowadays, would one call that an enactment or a psycho-dramatization of the situation? That scene evokes what Franz Alexander (Alexander & French 1946) called a *corrective emotional experience*; the psychoanalytical community criticized the artificial and exaggerated role-playing that was present in Alexander's technique and was not part of Ferenczi's ideas. Ferenczi would not have agreed with the lack of authenticity -which he referred to as insincerity (1933a, p. 133)- implied in that approach.

REPETITION OF THE TRAUMA

Nevertheless, a corrective emotional experience in a situation of authenticity leads the analyst not only to a moment of reparation, but also to the repetition of trauma. In the transference, the analyst, therefore, becomes the perpetrator of abuse and, in Ferenczi's thinking, the person who committed the act of [symbolic] murder, with all the inducing of guilt feelings that goes with it. The temptation for the analyst to abuse the analysand -not exclusively in a sexual manner, for abuse can be narcissistic as in the master slave relationship studied by Hegel- will play an important role in the analyst's involvement with the analysand's internal life and authenticity. One example would be the wish common to many psychoanalysts that one or other of their analysands may turn out to be excellent and reputable in that profession.

It will be remembered that Ferenczi began his *Clinical Diary* by describing the analyst's sensitivity; after

reviewing all his experiences, both personal and professional, in the course of his book, he concluded by saying, apropos of the end of R. N.'s analysis, that "what will *remain* [...] is a *reciprocal* [...] recognition of mutual achievement" (Ferenczi 1933b, p. 214). What is a mutual achievement? It is the construction of a kind of third "object" by the two partners in an analysis, each of whom will keep it in mind for some considerable length of time.

CONCLUSION

As I have showed, the trauma experienced by Ferenczi's patients, as well as by Ferenczi himself (Haynal 1989, 1993, 2001) -in his relationship with Freud and his psychoanalyst colleagues- that he writes about in his *Clinical Diary* (1932) let one consider that manuscript as a project for a book about trauma. It establishes Ferenczi as one of the forefathers of the post-Freudian practice and views of psychoanalysis (Haynal 1987). Time has given proof of the fertility of his ideas through the work of all of those who followed him, or whom he implicitly inspired. Many are part of them. Starting with Freud's cognitive teaching model, Ferenczi transformed the practice of psychoanalysis into an unfolding experience based on emotions and memories as we practice it nowadays. "It is impossible to believe that the history of our science will ever forget him" (Freud 1933, p. 229).

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I dedicate this article to the memory of Nancy Smith (Los Angeles). Our mutual supervisions and other discussions were of tremendous benefit to the ideas that I develop here (I am, in fact, using the notes that I made at that time). Her untimely death prevented me from asking her to coauthor this article; I would have been so proud had she been able to do so.

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REFERENCES

- Alexander, F., & T. M. French. (1946), *Psychoanalytic Therapy. Principles and Application*. New York: Ronald Press.
- Balint, M., and A. Balint. (1939), On Transference and Counter-Transference. In: *Primary Love & Psychoanalytic Technique*. London: Tavistock, 1965, pp. 201–208.
- Bion, W. R. (1962), *Learning from Experience*. London: Heinemann.
- . (1967), Notes on Memory and Desire. *Psychoanal. Forum*, 2: 271–286.
- Brennan, W. B. (2011), *Decoding Ferenczi's Clinical Diary: Biographical Notes on Identities Concealed and Revealed* (Private manuscript). New York: Conference at the New School of Social Sciences.
- Eros, F., J. Szekacs-Weisz, & K. Robinson. (2013), *Sándor Ferenczi–Ernest Jones: Letters 1911–1933*. London: Karnac.
- Ferenczi, S. (1928), "The elasticity of psycho-analytic technique". In: *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. M. Balint. London: Karnac, 1980, pp. 87–101.
- . (1929), The Principles of Relaxation and Neocatharsis. In: *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. M. Balint. London: Karnac, 1980, pp. 108–125.
- . (1931), Child-Analysis in the Analysis of Adults. In: *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. M. Balint & E. Mosbacher. London: Karnac, 1933, pp. 126–142.
- . (1932), *The Clinical Diary of Sándor Ferenczi*, ed. J. Dupont, trans. M. Balint & N. Zarday Jackson. Cambridge, MA: Harvard University Press, 1988.
- . (1932), Confusion of Tongues Between Adults and the Child. In: *Final Contributions to the Problems and Methods of Psycho-Analysis*, ed. M. Balint & E. Mosbacher. London: Hogarth, 1955, pp. 156–167.
- . (1933), Some Thoughts on Trauma. (Included in "Notes and Fragments"). In: *Final Contributions to the Theory and Technique of Psycho-Analysis*, ed. M. Balint, trans. E. Mosbacher et al. London: Karnac, 1980, pp. 216–279.

- Fortune, C. (1994), A Difficult Ending: Ferenczi, 'R.N.', and the Experiment in Mutual Analysis. In: 100 Years of Psychoanalysis, ed. A. Haynal & E. Falzeder. London: Karnac, pp. 217–223.
- Freud, S. (1912), Recommendations to Physicians Practising Psycho-Analysis. Standard Edition, 12: 109–120.
- . (1933), Sándor Ferenczi. Standard Edition, 22: 227–229.
- Greenberg, S. & J. Mitchell. (1983), Object Relations in Psychoanalytic Theory. Cambridge, MA: Harvard University Press.
- Haynal, A. (1987), The Technique at Issue. London: Karnac, 1988.
- . (1989), The Concept of Trauma and its Present Meaning. *Int. Rev. Psycho-Anal.*, 16: 315–321.
- , ed. (1993), Introduction. In: Freud, S., Ferenczi, S.: Correspondence, ed. Eva Brabant, Ernst Falzeder, & Patrizia Giampieri-Deutsch. Cambridge, MA: Harvard University Press.
- . (2001), Disappearing and Reviving. Sándor Ferenczi in the History of Psychoanalysis. London: Karnac, 2002.
- Hegel, G. W. (1806–1807), Phenomenology of Spirit. Oxford, UK: Oxford University Press, 1977.
- Hoffer, A. (1985), Toward a Definition of Psychoanalytic Neutrality. *J. Amer. Psychoanal. Assn*, 33: 771–795.
- Jung, C. G. (1911–1912), Psychology of the unconscious. A study of the transformation and symbolism of the libido. A contribution to the history of the evolution of the thought. In: *Collected Works*. London: Routledge & Kegan.
- Rank, O. (1909), The Myth of the Birth of the Hero. Baltimore, MD: Johns Hopkins University Press, 2004.
- Reik, T. (1948), Listening with the Third Ear. New York: Grove Press, 1956.
- Rosenfeld, H. A. (1987), Impasse and Interpretation. London: Tavistock.
- Spitz, R. A. & W. G. Coblin. (1965), The First Year of Life. New York: International University Press.
- Stern, D. N. (2004), The Present Moment in Psychotherapy and Everyday Life. New York: W. W. Norton.
- Winnicott, D. W. (1960), The theory of the parent–infant relationship. *Int. J. Psycho-Anal*, 41: 589.
- . (1965), The Maturation Processes and the Facilitating Environment. London: Hogarth Press.

(*) André Haynal (1930-2019) was a Swiss psychiatrist of Hungarian origin, psychoanalyst, and honorary professor of psychopathology and medical psychology at the University of Geneva. He was one of the most important figures in the Ferenczi Renaissance. He studied philosophy at the University of Budapest and later medicine at the University of Zurich. He held a chair at the Faculty of Medicine at the University of Geneva and was a visiting associate professor at Stanford University in California on two occasions. Haynal published several books on psychoanalytical subjects, particularly on technique, which have been translated into multiple languages. Notably, he published in French the correspondence between Sigmund Freud and Sándor Ferenczi.

For more detailed information, you can refer to his extensive biography in Spanish: Biography of André Haynal <https://www.alsf-chile.org/Alsf/News-23/Biografia-Andre-Haynal.pdf>

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Notas al final

1.- Many analysts referred at the time to mythological narratives to translate unconscious contents, see Oedipus complex by Freud. See also Jung (1911/1912) and Rank (1909). As far as Jung's possible influence on Ferenczi's interest in mythological metaphors, remember that Ferenczi's first contact with psychoanalysis (and maybe his first personal bit of analysis) the year before meeting Freud, was an encounter with Jung in Burghölzli (cf. Aniela Jaffé's interview with Jung, Library of Congress, courtesy of Dr. Ernst Falzeder).

2.- French for slow reaction.

3.- i.e., a regression (note added).

4.- Ferenczi, generalizing his experiences, speaks in masculine.

5.- Let me add that it was when Severn was, indeed, about to become another woman, a woman who could come to life once again, that her analysis was tragically interrupted by Ferenczi's death in 1933.

6.- So with R. N., "in fact I made up my mind not to be frightened off by any difficulty; gradually I gave in to more and more of the patient's wishes, doubled the number of sessions, going to her house instead of forcing her to come to me; I took her with me on my vacation trips and provided sessions even on Sundays" (Ferenczi 1988).

7.- Jones's influence has been recently documented by Ferenc Erös, Judit Székacs-Weisz, and Ken Robinson (2013).