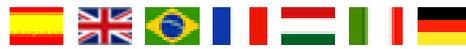


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Review of “The Legacy of Sándor Ferenczi”. (1993).



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Psychology and psychoanalysis are beginning to catch up with Sándor Ferenczi. Renewed concern with the sexual abuse of children confirms Ferenczi's findings. Confusion over the veracity of childhood memories of such abuse makes his observations especially valuable. More than any of the other original analysts, Ferenczi emphasized using the countertransference to understand the patient. He argued forcefully that analytic neutrality was a fiction, which covered a sadistic attitude which recreated psychologically abusive conditions of childhood.

Ferenczi was one of Freud's first disciples and became his “favorite son”. He was a warm enthusiastic person, dedicated to his patients and to Freud. However, his eventual critique of psychoanalysis as overly intellectualized and his analytic experiments (mutual analysis, affectionately touching patients, etc) angered the patriarch of psychoanalysis who warned Ferenczi that he was stepping on a slippery slope, which could lead to sexual affairs with patients. Eventually, Freud rejected him. Ernest Jones, Freud's official biographer and Ferenczi's analyst, maintained that these radical ideas were caused by a mental illness, which caused Ferenczi's death in 1933. This charge has been firmly rejected by friends who saw Ferenczi during his last year, and it is contradicted by the brilliance of his final papers, especially “Confusion of Tongues Between Adults and the Child,” read at the Psycho-Analytic Congress in Wiesbaden, September 1932 (Ferenczi, 1932a). In that paper, Ferenczi argued that abuse, both seduction and punishment, can be psychological as well as physical. It can lead to identification with the aggressor and “traumatic progression” or precocious maturity in which the child becomes finely attuned to the abusive adult and feels compelled to try and alleviate the adult's suffering. Ferenczi maintained that this attitude is transferred to the analyst. The patient represses unconscious criticism and anger and expresses an “exceedingly refined sensitivity for the wishes, tendencies, whims and antipathies of their analyst, even if the analyst is completely unaware of this sensitivity” (Ferenczi 1955, p. 158).

The Legacy of Sándor Ferenczi (1993) includes chapters by 20 analysts and psychotherapists who comment on Ferenczi's work and its significance to psychoanalysis. The book grew out of a number of professional panels and conferences organized by the editors during the past few years to focus attention on and re-examine Ferenczi's contributions to psychoanalysis. His Clinical Diary (1932) which became available in 1988 has also enriched our knowledge about his work, especially his experiment of mutual analysis with Elizabeth Severn, whom he refers to as RN.

None of the contributors to this collection improve on Ferenczi's insights in “Confusion of Tongues” concerning the relationship of patient and therapist, but the collection is especially useful in exploring Ferenczi's differences with Freudian technique and understanding Freud's skepticism about the new techniques.

Arnold Rachman writes that Ferenczi was the first psychoanalyst to argue for a training analysis as

a personal analysis, not a didactic analysis. “He wanted the healers to be as well analyzed as the people they wanted to heal.” (p.93). The purpose was to equip the analyst to use feelings and intuitions as tools, to analyze with heart and libido as well as with intellect. Ferenczi asked Freud to continue his own brief analysis, but Freud refused. The mutual analysis with RN seems to have been motivated as much by the need to understand himself, as it was to help the patient.

Christopher Fortune’s chapter “The Case of ‘RN’, Sándor Ferenczi’s Radical Experiment in Psychoanalysis” describes how Ferenczi’s attempt to open himself fully to RN who was an extremely difficult patient became exhausting and was unsustainable.

Jay B. Frankel who also discusses the “mutual analysis” describes some of the positive aspects for Ferenczi, especially: experiencing the patient’s humiliation and becoming aware of his own hatred of women caused by sexual abuse by a housemaid and his mother’s intense demands. However, as Harold Stewart suggests, Ferenczi was not prepared for the patient’s extreme envy and malevolence. The analysis became all consuming and possibly contributed to Ferenczi’s fatal illness.

Whatever the value of the mutual analysis, it should be emphasized that Ferenczi was not trying to create a “corrective emotional experience.” He was not trying to be the good parent, but rather a humanly authentic psychoanalyst. His goal was to analyze, uncover, and help the patient to experience the past in order to dissolve the distorting lens of the transference. Frankel points out that through analysis RN became able to accept her memories of childhood trauma “which allowed differentiation of Ferenczi from her traumatic father and led to greater acceptance of Ferenczi as a separate person” (p.237). She could understand the cause of her anger and thus give it up.

Ferenczi, it seems to me, tested the limits of analytic practice. If he had not died so soon after the mutual analysis, I doubt he would have ventured into such a relationship again. Not only was mutual analysis consuming, but also Ferenczi had learned so much about himself from the experience that he would not have needed to go through it again. The mutual analysis appears to have been the substitute for the deep personal analysis Ferenczi did not receive from Freud, who probably would not have been able to provide it. Ferenczi had suffered from countertransference feelings, especially with women patients, that blocked his ability to use his whole self in therapy. Once freed, he might have been able to respond authentically and humanly while maintaining the limits and boundaries of a professional relationship.

Finally, Ferenczi’s attempt to analyze with heart and libido as well as intellect raises an interesting question, which is touched on in Marco Bacciagaluppi’s chapter comparing Ferenczi and Erich Fromm.

(I was analyzed by Fromm who was influenced by Ferenczi and by Georg Groddeck who also influenced Ferenczi’s thinking.) What does it mean to analyze with heart and libido? Does it mean to use one’s own experience to understand similar experiences of the patient, or does it mean a direct experience by the analyst of what the patient is feeling? I think Ferenczi meant both of these, but the distinction is not made clear. Both require that the analyst has explored his own unconscious and can differentiate between his own and the patient’s experience. However, one’s experience may be different from the patient’s due to differences in temperament, intelligence, etc. The direct experience of the patient’s feelings is more reliable for understanding and creating trust. However, this requires concentration, receptiveness and perhaps a particular and uncommon empathic capability, which Ferenczi appears to have had.

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