

El Legado de Sandor Ferenczi. Lewis Aron.

CHAPTER 9 CLARA THOMPSON. FERENCZI'S MESSENGER WITH HALF A MESSAGE.

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Clara Thompson was one of the most prominent analysts trained by Sándor Ferenczi. She was the Director of the William Alanson White Institute from its inception in 1943 as the New York branch of the Washington School of Psychiatry until her death in 1958. Throughout this period, Thompson was a major figure in the newly emerging interpersonal school of psychiatry. Her writings on women, along with Karen Horney's, represent the first wave of psychoanalytic feminism, and her work on transference and countertransference underscored the contribution of the real personality of the analyst to the therapeutic encounter. Thompson also gave birth to a generation of analysts who, often unknowingly, were deeply immersed in continuing Ferenczi's line of work with countertransference. As much as Thompson enriched American psychoanalysis with a number of Ferenczi's insights, there were several other areas, equally significant, that she neglected to communicate. These areas, and the possible reasons for their omission, are the subject of this chapter.

Clara Thompson first captured my attention as a feminist thinker, a major woman in the field, and my psychoanalytic grandmother. For these reasons, several years ago, I began work on her biography, a project that has been frequently interrupted by both personal and professional obligations. In recent years, my main interest has been working with survivors of childhood sexual abuse. In the course of my writing in this area, I read Ferenczi's clinical diaries. These were fascinating for many reasons—initially because of Ferenczi's clinical descriptions and the innovative technical procedures he used with seriously abused patients. But they were also of particular interest to me because, on the third page of the diaries, Dm, the patient whose boast to a colleague that she could “kiss papa Ferenczi whenever I want” had been repeated to Freud, is identified as Clara Thompson, a woman who “had been grossly abused sexually by her father, who was out of control” (Ferenczi, 1932, p. 3). Suddenly, two seemingly disparate interests of mine had come together: a biography of Clara Thompson and work with survivors of sexual abuse. How was it possible that this hadn't been clear earlier? Why had I seen and heard nothing about sexual abuse in my previous readings and interviews about Clara Thompson?

Many of Ferenczi's important contributions arose from his work with so-called hopeless cases, most of whom had been seriously abused. Many of his patients would today be diagnosed as borderline; thus, Ferenczi's observation regarding the frequency with which these patients had endured actual childhood trauma is consistent with Stone (1989) and Herman and van der Kolk's report (1987) on the frequency with which “borderlines” have been sexually abused. These “hopeless cases” came to Ferenczi both because of his reputation as the best clinician of his generation and because of his determination to treat anyone who came to him for help. To this end, he made a number of experiments with technique. In addition to creating an atmosphere of affection and respect, Ferenczi challenged himself to find new ways to communicate with his patients. He realized that much of the material that needed to be remembered and worked through occurred either preverbally or nonverbally, and he utilized a variety of nonverbal means, similar to children's play, to reach these memories (Ferenczi, 1931). Ferenczi, increasingly attentive to bodily expressions of emotions, noted that frequently one part of the body comes to contain an otherwise dissociated memory (Ferenczi, 1913, 1919b, 1920, 1930). He also realized that patients who had been seriously abused as children frequently become exquisitely sensitive to the moods of others in ways that could seem magical, similar to extrasensory perception. He believed it was essential to listen to patients' criticisms and observations and validate their perceptions to prevent the analyst from repeating the hypocrisy of the initial trauma with their parents (Ferenczi, 1933). It was out of these concerns, and the persistence of his patient RN, that his experiments with mutual analysis began (Ferenczi, 1932).

Much of what Ferenczi did still seems too unorthodox to discuss in traditional circles, and yet these innovations are vital to work with seriously abused patients. Many analysts working with these patients, including Alpert (1988), Davies and Frawley (1992), and me (Shapiro, 1991, 1992), have found similar techniques quite useful. Many contemporary analysts are reluctant to write about their use of alternative techniques (Shapiro, 1992).¹ Frequently, analysts specializing in work with abused patients turn to the nonanalytic literature to become informed about nonverbal, nontraditional means of accessing dissociated childhood memories (e.g., Bass and Davis, 1988; Blume, 1990; Courtois, 1988).

I think that this has been an unfortunate consequence of the discrediting of Ferenczi and that, as analysts, we need to reclaim Ferenczi's technical innovations in order to expand the scope of psychoanalysis. In fact, we need to consider the important question of why his legacy disappeared from psychoanalytic thinking. As Michael Balint said, "The historic event of the disagreement between Freud and Ferenczi acted as a trauma on the psychoanalytic movement" (quoted in Haynal, 1988, p. 33). If even Ferenczi, Freud's favorite son, could be severely discredited for his interest in real childhood seductions and his technical experimentation, then not only Ferenczi's specific experiments, but also all innovative clinical work in the future, had to be approached cautiously, privately, and only rarely brought to public attention. In particular, in this chapter, I would like to address the question of how it was that despite Thompson's efforts at championing her former analyst, she ignored his interest in the reality of sexual and physical abuse and his use of nonverbal techniques.

Having read Ferenczi's clinical diaries, I was curious to learn more about Clara Thompson's pivotal role in selectively bringing Ferenczi's work to America. On the one hand, she clearly defended Ferenczi against his detractors in America and abroad who were claiming that he had become psychotic in his last years (see Masson, 1984, for the dramatic tale of Ferenczi's fall from grace; Jones, 1957; Thompson, 1944). On the other hand, none of the people I interviewed suggested that Clara Thompson had a special interest in the areas of abuse and incest, and many of her former patients and supervisees were, in fact, startled to hear that, according to the Ferenczi diaries, she had herself been abused. I am not in a position to corroborate or refute Dupont's identification of Clara Thompson as Dm (in fact, I was distressed that she had been so identified just a few pages after the editor of the *Diary* explained that they will not break confidentiality),² but even if Thompson herself was not abused, the fact that she was a patient and student of Ferenczi during his final years put her in a unique position to spread the word when she returned to America about the reality of abuse and its impact on children's lives. However, she actually did nothing of the sort—therefore the title of this essay. How, in fact, did Thompson respond to Ferenczi's interest in victims of serious abuse and the technical changes he used while working with them? Why didn't she bring back to the U.S. this concern with overt physical and sexual abuse?

At first, it seems likely that Thompson would embrace Ferenczi's interest in traumatic pasts since, by the time Thompson met Ferenczi, she was already convinced of the impact of parental insincerity and lack of love on a child's development, and she saw personality problems as stemming from real environmental experiences. In this, she showed the influence of both Sullivan and Ferenczi. To Ferenczi's concerns with the impact of the family, she added her own insights into the impact of the prevailing culture on personality development. She recognized the negative impact of bad parenting and believed that treatment should enable patients to be what they would have become if something bad had not happened.

But Thompson failed both in her historical reviews of Ferenczi's work and in her own clinical, theoretical, and supervisory work to address the frequency with which extreme forms of traumatic abuse occur. Similarly, in her unfinished manuscript on women, she does not mention the reality of sexual abuse and sexual harassment as a causal factor in women's discomfort with their bodies and their sexuality and seems to minimize the reality of physical intimidation and abuse on women's development (Thompson, 1964b). In fact, she wrote, "[I]t has often been proved that even rape is not easy without some cooperation from the woman" (Thompson, 1950, p. 251). And in a posthumous paper on masochism, she stated, "[T] here is no such thing as an innocent victim of interpersonal difficulties except in the case of a very young child" (1959a, p. 191). I see in these statements a denial of the full extent of victims' helplessness and an overvaluation of their "contributions." Similar statements are frequently heard from victims of abuse who tend, before therapy, to blame themselves and exonerate their victimizers.

As Thompson's views became clear to me, I felt betrayed by her silence, which led many patients to treatments in which abuse was minimized, ignored, or, as in the case presented by Ehrenberg (1987), left them feeling responsible for their own victimization. In addition, many of Ferenczi's more radical clinical innovations, which are quite useful and relevant with an abused population and which were clearly known by Thompson, were not officially taught at her institute. She did at times, with Fromm's encouragement, refer patients for sensory awareness work, but she did not seem to have integrated this work into her ongoing treatments. I think the reasons for Thompson's failure both to bring back these parts of Ferenczi's message and to recognize a person's helplessness in certain situations can be found in her own life history.

As analysts know all too well, it is difficult, if not impossible, to get beyond the official story to a clear picture of another human being. And it is also somewhat daunting to try to describe someone I never met when many of her analysands and students are still alive, and their various contradictory, transference-enriched views of Clara Thompson are alive as well. While researching Thompson's life, however, I found general agreement on several issues. All the people with whom I spoke agreed³ that Thompson was a very private person, and those people who knew of her private life were reluctant to divulge confidences. Most felt that she suffered a lot from loneliness. Not surprisingly, former patients give a confusing picture of their analyst—one still distorted by the residues of transference and the fog of memory. Additionally, different patients of the same analyst often have different analytic experiences, a phenomenon that was certainly true of Clara Thompson's patients. Thus, while some patients blossomed in the space she gave, others felt abandoned by her detachment and aloofness and longed for more confrontation. With some patients, she openly acknowledged errors whereas with others she did not; with some she was warmly supportive, at times allowing childlike behaviors or physical affection, even in the early years experimenting with neocatharsis, whereas with others she was more removed and pushed for increased autonomy and maturity. Some felt deeply appreciative of the way she allowed them contact as she was dying; others complained of feeling excluded. Some learned nothing of her personal life while others appreciated her confidences.

It seemed to me that a more reliable source of data might be Thompson herself, who, like many analysts, wrote frequently, albeit in disguised form, of the patient she knew best: herself. Using her case histories, the biographical material compiled by Maurice Green (1964), interviews with former patients, supervisees, and friends, the personal notes she left behind, and Ferenczi's clinical diaries, the following biographical material emerges, which helps us understand Thompson's silence on the subject of abuse.

Thompson came from a strict, religious family, and she often came into conflict with her "rigidly righteous" mother (Green, 1964). Thompson was proud of her spunkiness, which was evident from an early age. Thus, she often told of splashing around during her baptism and needing to be hauled out of the pool when the ritual was over. Thompson was a tomboy and very athletic in elementary school. She became increasingly serious when she reached high school, when she asserted that she wanted to grow up to be a medical missionary. We can imagine Thompson's difficulties at puberty when we read her frequent descriptions of the impact of menarche and menstruation, a difficulty also mentioned by Ferenczi (1932, p. 132) in discussing Thompson. Here is Thompson's (1959a) description of this time in a patient's life—it is my reading that the patient may be Thompson herself:

a young girl blossoming into adolescence who was presented with a problem which seemed to change her whole way of life from one of outgoing friendliness and popularity to one of introversion and withdrawal. She had been brought up under the influence of a Protestant sect which taught the necessity of denial of the pleasures of the flesh. In childhood, this had not particularly affected her... she was a good sport and a leader and enjoyed deserved popularity until she reached the age when sex became a factor in relationships... she had been taught that dancing was wicked and she had never questioned this teaching... in describing her first dance that evening she experienced, with horror, the feeling that she was a wallflower, and from that day she could not regain her old self-confidence. It was not so much that her friends proceeded to drop her as that she lost confidence in her ability to interest them and she withdrew from their advances. She was confronted with a whole reconsideration of her beliefs. Before she would be able again to feel that she belonged, she would have to think through her convictions about attitudes she had accepted without question up to that point. This is an example of a subculture attitude making a person an outcast [p. 195].

Descriptions of Thompson from college friends suggest a lonely, embittered, brilliant young woman, with a cold, dominating mother and a handsome, proud, and impatient father. At this time, Thompson had a good friend to whom she confided her conflicts over the differences between the world of her family and the intellectual world to which she was now exposed. Thompson struggled with these conflicts and decided to leave the church, precipitating a 20-year estrangement from her mother. Her life at college triggered the first of several rumors of lesbian relationships.⁴ In her senior year, Thompson became engaged to a man who insisted that she choose between marriage and medical school. She chose medical school and never married (Green, 1964).

In her college yearbook, Thompson described her future plans to be a doctor and, in a sentence that initially puzzled me, stated that her goal was “To murder people in the most refined manner possible.” This statement suggests to me the underlying rage and hostility that Ferenczi saw beneath Thompson’s more conventional, appropriate façade. Thompson also stated in the yearbook that her chief virtue was “supreme faith in myself.” Harry Stack Sullivan might well have agreed with this statement since he would say that while most people in this society were poor caricatures of what they might have been, Thompson had more than lived up to all her potentialities.

In 1916, Thompson attended Johns Hopkins Medical School. In 1923, during her residency at the Phipps Clinic, Thompson presented her first scientific paper while suffering from a very high fever—the topic was schizophrenic suicide attempts. Sullivan, who was in attendance, was not only impressed by her interest in schizophrenia but by his perception that she was very ill, from which he concluded that she must be schizophrenic and he must get to know her. Although Thompson was not schizophrenic, I agree with Helen Swick Perry (1982) that Sullivan was responding to some similarities between them—Thompson at the time was quite lonely, isolated, and very private. Several of her patients felt that she was quite disturbed—as one person said, her body and self were not on good terms.

Sullivan and Thompson became lifelong colleagues and friends, and he became the main influence on her clinical work. In addition to weekly meetings of what they called “the miracle club,” when they primarily discussed patients, Thompson had Sullivan and his companion Jimmie to dinner once a week. According to Perry, Thompson was one of the few colleagues with whom Sullivan felt really comfortable. In 1926, Sullivan heard Ferenczi’s talk at the New School on the current status of psychoanalysis, and subsequently Sullivan suggested to Thompson that one of them should have a proper analysis. He said that the only analyst he trusted was Ferenczi and that since Thompson had more money than he, she should go to Budapest and then come back and analyze him. It isn’t altogether clear that this was a choice based solely on theoretical compatibility. Perhaps Sullivan felt that both he and Clara needed someone who was willing to work with the deepest layers of difficulty and someone who held less conventional attitudes about legitimate outcomes of treatment. It may have been important that Ferenczi’s attitudes toward homosexuality were more liberal than many of his European colleagues were. We know from Perry’s (1982) biography of Sullivan that he was very private about his past and current personal life, which in various ways diverged from the conventional.

A series of dreams that Clara Thompson had in 1928 suggests that at this time she was struggling, at least unconsciously, with issues of sexual preference and abuse. She was showing signs of detachment and dissociation, and she was in considerable distress.⁵ Thompson spent the summers of 1928 and 1929 in Europe in treatment with Ferenczi. By the time she moved there for more intensive treatment in 1931, she was already president of the newly formed Washington Psychoanalytic Society. Thompson worked intensively with Ferenczi from 1931 until his death in 1933.

All who knew Clara Thompson agree that the years in Budapest were of major significance and point to changes in photographs of her before and after to substantiate that assertion. In fact, we could say that this relatively brief treatment, by contemporary standards, was enormously successful. Izette de Forrest wrote, “I first met CT in 1929 in St. Moritz. She was enjoying life with great gaiety, having rescued herself with Ferenczi’s help from a life of dried-up intellectual and puritanical spinsterhood.”⁶ The clinical notes Thompson made before and after this treatment also differ considerably.⁷ People with whom I spoke often remarked on how nonjudgmental Thompson could be. I’m not certain this is true, but her clinical notes do indicate that she became less judgmental after her treatment with Ferenczi. Elizabeth Cappel (1989) notes

that Thompson's attitudes toward career women changed dramatically in these years. I believe this change occurred as Thompson became more accepting of her own difficult life choices. For example, at the time of her graduation from Connecticut College for Women, Thompson had been faced by a suitor with the choice of marriage or medical school and chose medicine.

Although Thompson seems to have been determined in the choices she made, one detects a rebellious, counter dependent streak that at times masked her ambivalence and vulnerability. Some of this ambivalence is evident in her early papers and in her subsequent differential treatment of women who were her peers. After her treatment with Ferenczi, we find a change in her attitude toward men as she became less contemptuous and more playful. While in Budapest, she had an affair with an American businessman named Teddie, who was also a patient of Ferenczi. Upon her return from Budapest, Thompson resumed contact with her mother after an estrangement of 20 years.

From Ferenczi, we know that Thompson's was a difficult treatment. Thompson tested the boundaries repeatedly—moving from resistant distancing, to sexualized affection, to humiliating disclosure and distortion of her analyst's behavior, and frequent acting out of her transference through triangulation with his other patients. Reading the diaries, I wondered how Thompson unconsciously reacted to the intensity of Ferenczi's relationship with his patient RN⁸. Could envy or competition have contributed to her more drastic efforts to get Ferenczi's attention? From the diaries, we learn that Ferenczi and others noted Thompson's strange odor, which Ferenczi felt came from unexpressed rage. Later, Thompson wrote and taught movingly about a seriously disturbed patient who smelled very bad. In Ferenczi's care, Thompson was able to become increasingly open and direct with her feelings and lost her offensive somatic symptom.

I do not know at what stage in her treatment Thompson was confronted by Ferenczi's illness and death. The diaries give the impression that the two were far from finished with their work. Although Ferenczi's clinical diaries describe major abreactive experiences with other patients, he does not mention this in his work with Thompson, and I wonder whether they had not yet reached this point.

Another possible source of difficulty at this time was Ferenczi's limited understanding of women, a limitation of theory of which he was aware. Thus he wrote of Clara Thompson, "She wants only a man who recognizes that a woman has other desires beyond genital gratification—which only a mother is capable of satisfying. (Longing for a triangle without envy or jealousy)" [Ferenczi, 1988, p. 133]. I suspect that she might settle for attention as a sexual object (see Dimeu, 1986), but in fact longed for full recognition as a person in her own right.

In his last diary entry on Thompson, Ferenczi (1988) wrote in answer to his question: "Must every case be mutual? Thompson made herself independent—feels hurt because of the absence of mutuality on my part. At the same time, she becomes convinced that she has overestimated father's and my importance. Everything comes from the mother" (p. 213). Is this Thompson's acquiescence to him that only mothers can give recognition? I think Ferenczi and Thompson colluded in denying her relational needs and overvaluing her seeming independence and autonomy. Throughout her subsequent life, Thompson maintained a persona of independence and strength while in private she tried to control her insecurities and dampen her unexpressed feelings and needs. According to some who knew her, she often abused alcohol in this struggle.

In a letter to Ilona Vass, Thompson wrote of her difficulty getting over Ferenczi's death:

Yes, I feel now that I can stand alone without support. For a long time after Dr. Ferenczi died, I clung to Teddie and he to me, but gradually it became apparent that one of us must get free because we were, in a way, holding each other down. So I have done a lot of self-analysis this winter, and I think that I am today better than I ever was in my life. I do not say that my life is solved exactly as I would have it solved if there were a good fairy somewhere who would give me just what I want. But perhaps it is solved as well as it can be. Anyway, I don't feel I have reached the limit of my development yet. I am going next week to spend part of my vacation with my mother. I could never have wanted to do that before, and now I rather look forward to it. I have had some nice times with men this winter too. It seems that I have lost my contempt for them, and I used to have contempt similar to your own.
[18/3/34]

Space does not permit me to say much about Thompson's life and career in New York except that upon her return in 1934, she joined the faculty of New York Psychoanalytic, where she remained until Horney's forced resignation in 1941. Thompson then became vice president of the newly formed Association for the Advancement of Psychoanalysis. She remained active there until tensions arose in 1943 between its founder, Karen Horney, and Erich Fromm. Thompson, Fromm, and others left and subsequently formed the New York branch of the Washington School of Psychiatry, later to become the William Alanson White Institute, which Thompson directed until her death in 1958. While in this position, Thompson continued to teach and write, primarily about the psychology of women and issues regarding transference and countertransference. This was a period of enormous vitality and heartfelt disagreements in American psychoanalysis. The economic and social realities confronting the new profession in the America of the '30s and '40s, such as the economic depression and the influx of European psychoanalysts fleeing Hitler, influenced both the new theoretical emphasis on the adaptive capacities and security functions of the ego as well as policy decisions of psychoanalytic organizations. For example, who could be a training analyst and the legitimacy of nonmedical psychoanalysts. Over this last issue, Thompson made many enemies as she steadfastly insisted on the rights of nonmedical analysts to receive training, a position that Ferenczi too had championed.

Thompson is described by students and colleagues from this period in New York as private and detached, at times even "spacey," but also friendly and generous. She often opened up her homes in New York and Provincetown to patients, students, and friends. She gave many people a feeling of comfort and a nonjudgmental space. Despite her paper "An Institute is Not a Home"⁹ (Thompson, 1958), she seems to have looked to the White Institute for just such comfort and community. Despite significant work on the psychology of women, many of her patients, both male and female, felt that Thompson was generally warmer, more supportive, and less demanding of her male patients, and more critical and demanding of women—whose need for support she either did not understand or could not tolerate. She made an exception to this behavior for younger women who came to her struggling to find themselves, looking in part for a role model. These women felt enormous gratitude toward her and felt she changed their lives. In her writings, Thompson would emphasize and idealize nonconformity, stressing the need for greater openness to alternative lifestyles (Thompson, 1947, 1949, 1959b). But in her actual practice, she could be fairly conventional. For instance, she believed it was preferable to be heterosexual and thought she could convert her homosexual patients. Her own emancipation, she confided to a friend,¹⁰ was "very thin." Perhaps, like many people, she was able to be more daring in her writings and in her lifestyle while abroad than she could be in her everyday life.

Evidence suggestive of Thompson's unresolved transference to Ferenczi can be found in her ambivalence toward Ferenczi's work and perhaps in her primary love relationship with a married Hungarian painter, Henry Major, whom she referred to as "her Hungarian." This relationship, which began in 1937 and lasted until Henry Major's death in 1948, was clearly the love of her life, but it carried with it limitations, most notably, that he never left his wife.

Thompson's writings on Ferenczi show both her warm appreciation of her former analyst and some strong criticisms. While she was clearly aware of and articulate about the relevance of the analyst's personality on the developing transference, most of her patients do not recall her open acknowledgment of countertransference issues even when they, the patients, were strongly convinced of them. She was at times willing to encourage patients' exploration of her countertransference (Thompson, 1964a, p. 70), but she did not generally confirm her patients' hypotheses—an early and attenuated version of Blechner's (1992) working in the countertransference. Thompson was openly critical of Ferenczi's efforts at mutual analysis, which she felt went too far and burdened the patient. In addition, she felt he confused neurotics' demands for love with their need for love.

Thompson's most serious reservations arose in relation to Ferenczi's use of regression. Unlike Izette de Forest (1954) and Balint (1968), Thompson questioned the importance of regression and was critical of Ferenczi's emphasis on repeating early trauma. She wrote:

"It is important to remember that for the analytic patient, the analyst is the symbol of normality, if you like, his contact with the world of reality. If then the analyst joins in the patient's unreality, in

feeling like a child, the patient's link with reality is broken. Ferenczi would make therapy too fantastic and the opposite of what it should be. The patients went deeper and deeper into reliving childhood situations. Went farther and farther from reality, so they became sicker and sicker in the course of his cure. Ferenczi's idea was apparently that when the last trauma was relived miraculously somehow the patient would again get in contact with reality. I believe this was an entirely erroneous concept." [unpublished notes on Ferenczi, p. 531].

Those analysts who work with an abused population might counter Thompson's remarks by asserting that although such patients initially go through a stage of getting worse, they do indeed improve if the analyst and patient persevere in the treatment.

In general, I would argue that Thompson's positions on these theoretical and technical issues are based partly on her own continued discomfort with herself. She was too private and concealing of her own life to engage in mutual analysis, and perhaps too insistent on her own culpability for her victimization as a child to appreciate fully a child's helplessness.

Although Thompson was critical of Ferenczi's allegiance to Freud, she also chose her battles carefully. Some of Thompson's students suggest that she became more conservative after Sullivan's death. Certainly, the atmosphere of the 1950s—the era of McCarthyism—combined with her mission to establish a viable alternative psychoanalytic institute, may have contributed to her cautiousness. For example, one former patient reports informing Thompson of a friend whose therapist had sex with her. Despite the patient's alarm, Thompson was not in favor of reporting this incident because psychoanalysis was new in this country and she did not want to tarnish its reputation. In addition, Thompson had lived to see the rumors spread about Ferenczi and the efforts by the psychoanalytic movement to discredit him. Thus, although she could be forthright about the need for greater general tolerance of alternative behaviors, she was circumspect in discussing her own solutions and her own remaining conflicts about her past. We are left with hints of her deeply painful childhood in her suggestion to a friend that she tell her disobedient child, "When I was a child, my mother punished me by breaking my arms."

I have presented data suggestive that some of Clara Thompson's personal history and her unresolved transference to Ferenczi contributed to her inability to carry his full message to the new world. As I came to understand Clara Thompson better, I realized that my anger at, and sense of betrayal by, Thompson had diminished. I am left instead with respect and compassion for this woman who struggled to be more than she should have been and, at the same time, because of the times she lived in, was less than she had a right to be. She feared openly acknowledging her family history; she kept those past demons locked away, and they surfaced in physical symptoms and in difficult and at times damaging relationships. And, like many great women of her generation—Margaret Mead, Georgia O'Keeffe, Eleanor Roosevelt—Thompson kept her insecurities, longings, and need for comfort from other women closeted as well while working for a day when that would be unnecessary. Ultimately, she was a realist and as such carefully avoided Ferenczi's fate while preserving something of his legacy.

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Notas al final

- 1.- In fact, most technical innovations are communicated cautiously through word of mouth long before they make their way into print. At times, several versions of a paper exist, one for distribution among friends and the other for the analytic world at large.
- 2.- I wonder if the decision to identify Clara Thompson after specifically stating that this would not be done reflected some ongoing anger about Thompson's identification of Ferenczi to Freud—the cause of the famous December 13, 1931, letter from Freud to Ferenczi rebuking him for letting his patients kiss him.
- 3.- I conducted interviews with many of Thompson's former patients, supervisees, and friends, including Gerard Chrzanowski, Emmanuel Ghent, Geneva Goodrich, Maurice Green, Bernie Kalinkowitz, Florine Katz, Betty Kean, Ruth Lesser, Edgar Levenson, Ruth Moulton, Clara Rabinowitz, Deborah Schachtel, Bertram Schaffner, Charlotte Selver, Natalie Shalness, Rose Spiegel, Alexandra Symonds, Edward Tauber, Earl Witenberg, Benjamin Wolstein, and Miltiades Zaphiropoulos. People were often reluctant to be directly quoted, and I have used information only if two or more informants gave me the same version of events.
- 4.-'Letter to Maurice Green from Edith Sprague Field, William Alanson White Institute (1963)
- 5.- A series of Clara Thompson's dreams from this period were presented anonymously to an ongoing analytic peer supervision group that has been meeting for over 10 years. The group was told nothing about the identity of the dreamer. There was surprising unanimity regarding the depth of psychopathology, the presence of abuse, and confusion about sexual orientation.
- 6.- Letter from Izette de Forrest after Thompson's death, William Alanson White Institute.
- 7.- I am grateful to the William Alanson White Institute for allowing me access to Thompson's unpublished papers, which included clinical notes from her work at St. Elizabeth's, personal letters, and notes for classes she taught.
- 8.- Elizabeth Severn, the patient with whom Ferenczi explored mutual analysis.
- 9.- This paper is often referred to by this name although, in fact, it was originally printed as "A Study of the Emotional Climate of Psychoanalytic Institutes" (Psychiatry, 21:45-51). The paper seems to have been renamed "An Institute Is Not a Home" and become part of "family" lore at the White Institute. The actual paper, as against the reputed paper, actually seems to suggest that an institute can be a better home than most families provide—it can encourage its children to leave home and to be individuals with their own thoughts, with no hard feelings.
- 10.-Letter from Seymour Fox to Maurice Green, William Alanson White Institute.