



## **SÁNDOR FERENCZI, A CLASSICAL AND CONTEMPORARY PSYCHOANALYST (with particular reference to transference and countertransference)\***

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The article intends to show how Ferenczi is a genuine precursor for many of the themes which lie at the center of the current psychoanalytic debate and, for this reason, how he is the classical and the contemporary psychoanalyst par excellence, especially by the way he has progressively understood and learnt to operate with the patients focusing on working-through the mutual feelings engendered by the therapeutic process.

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### **ON OUR ANCESTORS**

Although we encounter and choose our own predecessors starting from the tastes and sensibilities of the years in which we work, with each of us finding points of consonance and similarity with our own way of understanding psychoanalysis and psychoanalytic practice (revisiting, so to say, the figures and the works in the light of the present time), Sándor Ferenczi is a genuine precursor for many of the themes which lie at the

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center of the current psychoanalytic debate. Why do I say “genuine”? Because, if we look at our history, what we find in our “pet” analysts in après coup does not always have any real correspondence in their works and writings. Consequently, they seem, at times, to have been invented and recreated, rather than discovered and rediscovered, through a sort of family romance which “ablates” (to adopt a personal take on the concept of “ablation”, introduced by Charles Rycroft in 1965) (Rycroft, 1965–1973) the chosen ancestors, stripping them of their actual characteristics and substituting these with others that are more congenial to our own purposes. It is difficult to explain (because it is excessively complex) why we psychoanalysts continue, even today, to proceed in this manner, falsifying our history, and do not instead consider the numerous criticisms by colleagues and historians of psychoanalysis to which we have repeatedly been subjected over the course of time. This is obviously neither the time nor place to tackle this, but the subject of the anti-historical turn of psychoanalysis will have to be addressed sooner or later.<sup>2</sup>

Coming back to our own topic, i.e. to Ferenczi, we can surely state that he doesn't fall into the above category, even though, also in his regard, in these days we may observe an excessive idealization of and emphasis on certain aspects of his myriad audacious intuitions, and especially of some of those to be found in his *Clinical Diary* (1932), in the “Notes and Fragments” (1920 and 1930–1932) and in his final writings from 1927 to 1932.

### FERENCZI BEFORE HIS ENCOUNTER WITH FREUD

Rather than limiting myself to Ferenczi's later works, as has been the custom for the past few decades, in this paper I intend to map out his unique journey as a clinician and psychoanalyst in its entirety: a journey that—we must at once state—begins with “Ferenczi the psychiatrist,” who had yet to encounter Freud and psychoanalysis (Ferenczi, 1899–1908). And who, at the turn of the century, with an unaffectedness innate to him, stood side by side with the weakest individuals, maintaining that their suffering needed a voice and inviting them to speak about their own pain and anxiety, which he believed to be rooted in love (Ferenczi, 1901). To his mind, love was something being neglected by all of the specialists in the “psi” fields of parapsychology, with the exception of the poets and writers; and yet, as he himself had already noted, love should have been their focus, since it is the source of every emotional “turbulence” and “catastrophe”. Certainly, it is the source, that is to say, of every “change in form” for better or worse, or to use a more familiar phrase, the source of every psychic transformation.

In these pre-analytic years, amongst the thoughts that accompanied this underlying supposition was the idea that we each carry with us a “subjective truth” (Mészáros and András, 1999), that, however eccentric, senseless and indecipherable it might appear, is nonetheless based on a painful real-life experience, which needs to be sought out and imagined, encouraging the patient himself to help us understand the nature and origin of his mental condition, about which he himself often knows more than the specialists (Rosa K is a case in point: Ferenczi, 1902). Indeed, Ferenczi observed that specialists were often over-hasty to rest on the laurels of their successes and were far from keen to explore their failings and errors (Ferenczi, 1903). Yet if, rather than hushing them up, we addressed these failings and errors with honesty and courage, we could surely establish firmer foundations for our skills and knowledge. Notwithstanding this, Ferenczi asserted, although doctors start out in the service of their patients with passion and enthusiasm, they soon get bored and run out of patience, placing their own interest in money and the convenience of social status ahead of the need to listen, respond, and dedicate themselves to the patient (see the letter from George Dumas to “a young person who wants to become a doctor”, translated by Ferenczi in 1906, in Lorin, 1983). There also takes place, as Ferenczi already maintained in those years, a dialogue between the unconscious of the patient and that of the analyst. And—if we were only to pay attention to that which is reciprocally transmitted in the course of this exchange—how much we could learn! Not only about the patient and the therapeutic process, but also about ourselves as analysts and patients.

Beyond the fact that right from his very first analytical reflections he was not so much an observer-participant as rather a participant who retained his capacity to observe, what is then to be gleaned from Ferenczi’s beginnings, as I have summarized here in my own words? That his vision right from the outset was largely bi-personal, involving both the patient, who needed to be reawakened through whichever treatment was taking place, and the caregiver who needed, simultaneously, to pay the greatest possible attention to the treatment being offered and to his own attitudes in its pursuit. In sum, even before Ferenczi became a psychoanalyst he believed that the patient and the therapist could be reciprocally activated and influenced unawares, albeit that the responsibility for this influence fell primarily to the therapist and not to the patient.—to the therapist who Ferenczi, even at this early stage, constantly called out and questioned, deeming this to be the best way to consolidate our understanding of psychic events and to render our efforts in the service of those whom we wish to help more effective and substantial.

### FERENCZI ENCOUNTERS FREUD: HIS WRITINGS BETWEEN 1908 AND 1919

Next, let us focus on Ferenczi just after his encounter with Freud, with whom he forged a reciprocal and intimate “fellowship of life, thoughts and interests” (Freud and Ferenczi, 1920–1933, 11 January 1933). Below, I list writings which most clearly reveal Ferenczi’s modernity, outlining their most salient arguments and aspects.

#### 1908

Just a few months after meeting Freud, Ferenczi wrote about “premature ejaculation” (Ferenczi, 1908a). Rather than concentrating on the origin of the symptom and its pathological traits, he turned his attention—in a manner that was astonishing at the time—to its effects on the partner, declaring that a failure to take into account the woman’s specificity, needs and rhythms and the time required by her for coupling will generate suffering, depression and anxiety. The analyst’s “premature ejaculation”, and/or his “masturbation”, in only relating to himself and his own theories and not to the other, would prove to be a central concern through Ferenczi’s career. This is a point I have emphasized on numerous occasions since 1998, when I wrote the introduction to the Italian version of the anthology edited by Aron and Harris (Borgogno, 1998). Ejaculators and onanists, as Ferenczi noted in “On Onanism” (Ferenczi, 1912a), swiftly tire of the object and hence unconsciously shorten the moment of their encounter with the other.

#### 1909

This was the year in which Ferenczi first wrote about “introjection,” a term which he introduced into psychoanalysis, alongside projection, thus giving an egalitarian dimension to both the mother–child and the analyst–patient relationship (Ferenczi, 1909). The relevant aspects of this work, however, range far beyond those which have been commented upon thus far. I will mention just a few. Children and individuals in a state of need yearn and seek for objects to introject, and since they are extremely dependent, they easily remain at the mercy of their caregivers. Ferenczi believed that caregivers could not be considered “good” by definition and herein lies the “revolutionary” aspect of his argument: he thought caregivers might take advantage of their superiority and exploit the weaknesses of their partner to bind them to themselves out of self-interest through love and fear. In brief, the analyst is, essentially, not only a “revenant” of figures from childhood and the past, or a “catalytic ferment”, attracting the patient’s affects to himself, but also (albeit, perhaps unconsciously) a veritable “hypnotist” who

sends out hypnotic commands which often remain in an undissolved state, with the result that these often gestate unrecognized and unnamed within the subject.

## 1912

Rather than dwell on the various forms of maternal and paternal hypnosis which Ferenczi perceived to be at work during psychoanalytic treatment—an issue that merits further consideration—let’s look at another particularly insightful publication from 1912 called “Transitory Symptom-Constructions During the Analysis” (Ferenczi, 1912b). It foreshadows the modern psychoanalytic technique based on transference and countertransference and on the reciprocal relationship between patient and analyst. Broadly, for me, what is particularly prescient about this publication is Ferenczi’s perception that any in-session events, including various bodily or other symptoms, are responses—of ill-being or well-being—stimulated by analysis and by the analyst. For him, if we read analytic events in these terms, asking ourselves what we have or have not done, while also paying attention to our own thoughts and sensations, we can definitely understand how the dialogue is evolving and, beginning with whatever is happening in the *hic et nunc*, we can trace “en miniature” that which happened in the past, thus formulating a *theoretic conception of the [interpersonal] dynamics of disease* and of the constitution of a peculiar psychic world. This innovative and creative clinical reading, based on transference and counter-transference, was carried forward in many of Ferenczi’s other writings of this period, such as the 1915 “The Dream of the Occlusive Pessary” (1915a) and “The Analysis of Comparisons” (1915b), “Dreams of the Unsuspecting” (1917) and, later, *The Clinical Diary* (1932), together with another real gem of an essay, entitled “Review of Rank O.: The Technique of Psycho-Analysis” (1926) to which we will return below.

## 1918–1919

The 1918–1919 essay “On the Technique of Psycho-Analysis” (Ferenczi, 1919) collects together all of the ideas which I have highlighted thus far. The essay was written in concomitance with his contemporary, Karl Abraham, who also wrote on the subject (Abraham, 1919) and discusses treatments of those patients who “resist” analysis by refusing to engage in free association. While Abraham is unequivocal in ascribing the rejection and negativity of the patient to envy and destructiveness of all the good things being offered by the analyst and analysis, Ferenczi adopts quite another viewpoint. He reads such outcomes as a reaction on the part of the patient to some

improper behavior, itself resistant to analysis, in the analyst's affective coupling with him—an engagement which should be generous and unhindered by qualms or prejudices. In such cases the problem would in fact be created by the narcissistic components of the analyst himself, which the patient intercepts (the patient reads and unmasks “the doctor's unconscious,” as Ferenczi puts it) (1919) converging with the analyst in an anti-evolutionary collusion. From such passages the temptation might arise to envisage a rather sugary-sweet Ferenczi, but such a perspective would be inaccurate since in this very same essay Ferenczi writes that the analyst must be firm and act like an “obstetrician” (1919), who assists the patient without rushing or impeding birth but, if necessary, intervenes and does so forcefully.

#### THE DEVELOPMENT OF PSYCHO-ANALYSIS AND ITS “SURROUNDINGS”

Let's jump to his essay, the 1924 “Development of Psycho-Analysis”, which was co-written with Rank (Ferenczi and Rank, 1924). I say “jump” because in the course of the 15 years discussed above, Ferenczi produced many other writings in which he dwelt in detail on other equally important topics. For example, on the functions and the person of the analyst; on the definition of “trauma” and the response thereto; on the traumas of war and their consequences; on—in particular—the primitive defenses and identifications brought into play by patients who, in analysis, Ferenczi affirms are always “children”; and, finally, on the technical experimentations through which, in my opinion, Ferenczi sought to prevent the analyst from breaking away from the processes of working-through and thought and instead to mobilize and awaken the participation of the patient at times when the treatment seems to have come to an impasse. All of these are aspects which, I would also note, are an undercurrent throughout Ferenczi's oeuvre and become increasingly visible during the last five or 6 years of his life.

What are the most relevant points for our purposes in this 1924 study? Here, Ferenczi argues that (a) the analysis being practiced in those years was too cognitive and pedagogical, suggesting that (b) changes only take place when psychic events are lived and repeatedly worked-through in present experience (“fully-relived”, as Ferenczi puts it, not only by the patient but also by the analyst) because it is “the feeling” that leads to “believing” (Ferenczi, 1913) and to the past being remembered instead of being repeated, as Ferenczi had already maintained as early as 1913;<sup>3</sup> that (c) reciprocal influence produces specific unconscious interactions (“enactments!”) that can only be redeemed if we identify and become aware of them; and that (d) the analysts must, always be prepared, firstly, to take on,

temporarily, the various roles that the patient's unconscious of the patients "prescribes" them to personify (roles corresponding to the two parental imago: mother and father) and, secondly, to recognize that the reasons for any impasse are not necessarily connected to the patient's narcissism and negative transference, but may in fact be attributed to the analyst's own negative and narcissistic countertransference, as Ferenczi had already declared in 1918–1919.

### THE LATER FERENCZI

Having been as concise as possible in dealing with the earlier part of Ferenczi's career, we now come to Ferenczi's final writings, the *Notes and Fragments* (1920 and 1930–1932) and *The Clinical Diary* (1932). Nonetheless, before providing a short overview of these texts and limiting myself to indicating the new contributions he brought forward in those years, which, incidentally, anticipated modern psychoanalysis, I wish to briefly outline Ferenczi's vision at this point in his career. I would summarize his position thus: (1) although, for Ferenczi, "every dream, every gesture, every parapraxis, every aggravation or improvement" is "an expression of transference and resistance" in the relation of the patient toward the analyst, as he argues in "Contra-indications to the 'Active' Psychoanalytical Technique" (1925, p. 225), he does not define everything as transference, since the analyst, as well as being an object of transference, is also a real object and, to the same extent, a symbolic (or symbol) object; (2) Ferenczi's focus on the *hic et nunc* is not necessarily exclusive since the historical element and the construction of the childhood and adolescent past continue to represent the essential pillars on which the therapeutic process and the subjectivization of the individual rest. [See Ferenczi's admirable critical commentary, written in 1926 on the dreams of one of Rank's patients (1926, pp. 95–97), described in Rank's *Technik der Psychoanalyse* book.]; (3) interpretation should not be frequent and excessive but should rather be dealt out in carefully-monitored doses, with prudence and patience, paying the greatest possible attention to that which is thereby "surreptitiously introduced" (Ferenczi, 1924a) into the other. It is through what is said or unsaid, and the way in which we say it that, Ferenczi believed, we prescribe a certain kind of behavior, suggesting what our patients should or should not think and feel in order to satisfy us (note his continuing preoccupation with the hypnotic commands to which he referred at the beginning of his career!). This is something which needs to be monitored, not only in the present time of the relationship, but also in what I term "the long wave" of transference and countertransference; (4) and lastly,

another point with regard to interpretation: we need to construct “a bridge” together with the other so that this connection might be characterized by the mutual identification and flexibility which are also to be reached in “felicitous” sexual intercourse (Ferenczi, 1924b).

In the later Ferenczi we will now directly analyze the ways in which his final works fit into our discussion. Generally speaking, he increasingly foregrounds the figure of the child, with whom the analyst must imaginatively identify, remembering his own childhood and the fact that he himself, like the patient—to quote my own phrase—“comes from afar” (Borgogno, 2014), also in the sense that he himself has been, and perhaps still is, a patient. For Ferenczi, an authentic understanding of and experience with analysis and, along with that, the possibility of rendering physiological and normal that which initially appears catastrophic (and not infrequently produces a pathological response) should derive from our remembering the suffering (and the joy) of our past. It should also derive in part from remembering what happened between us and our parents (including our personal analysts) at the crucial turning points of our existence. Consequently, in the perspective which enables us to trust in and open up to the future (and not only to the past) in a confident way, the analyst must place himself at the service of the patient and be “elastic” in his encounters with him, knowing that it is down to him to perform the groundwork in order to develop trust in the analytic method and in the work being carried out together. It is precisely from such a psychological stance on the part of the analyst, made up of modesty, humility, honesty and sincerity, that the “contrast” between past and present, required to lend momentum to a new evolution of transference (what Michael Balint would later term a *new beginning*) (Balint, 1932), can be established, gradually dismantling—through the working-through of painful memories—the tendency to virulently repeat and reproduce originary conflicts (which were initially with the outside world but have now become internal).

Ferenczi’s later writings evince a growing conviction that the spark indispensable to generate a new intrapsychic relation is to be found in the development of a new interpsychic connection. This is especially evident in “The Adaptation of the Family to the Child” (1927), “The Elasticity of the psycho-Analytic Technique” (1928), “Child-Analysis in the Analysis of Adults” (1931) and—with regard to the above-mentioned “contrast”—“The Principles of Relaxation and Neocatharsis” (1930). This belief becomes even more pronounced in his subsequent works, namely the *Notes and Fragments* (1920 and 1930–1932) and *The Clinical Diary* (1932), where he comes to focus on patients suffering from severe and composite cumulative traumas of various natures. For Ferenczi, these individuals—and here we are in the borderline area, in the area of “before I was I”, of “dissociation”



(when the individual lacks a growth context that would allow him to fully insert himself as a subject in a human context)—more than other patients (the neurotics), require a special breed of analyst. One who, on the one hand, has no qualms about allowing himself to be constructed, deconstructed and destroyed by the patient and, on the other, has no reservations about offering himself up, above all, in contexts in which—due to a non-providing environment—they appear “to be empty and lacking of their selves” (E. Balint, 1993, pp. 39–55) and withdrawn into or lost in a world of “thinking without feeling and feeling without thinking” (Ferenczi, 1932, p. 86). For example, firstly, such an analyst might offer positive vital impulses, motivations to continue living and little or unknown and unexperienced affects-concepts-values to those patients who, in becoming subjects, have been mortified by parents who were psychically absent, standoffish and who had themselves been reared as if they were “orphans” and were consequently incapable of rearing their own offspring (see “The Unwelcome Child and his Death Instinct”, 1929). Or, he might be willing to refrain from leaving patients alone with their pain, as had been the case in their past when their parents failed to see, disavowed, or denied the traumas which they themselves had provoked through an essential disbelief in their children’s accounts and a failure to be close to them in their suffering. (Ferenczi stressed, right from the beginning of his career, that what is traumatic is not so much events in themselves but their denial and the sense such children come away with of having been “left alone.” Ferenczi, 1908b). Or he might be capable of creating a “benevolent atmosphere” lacking the pulsional excesses of “too much” or “too little” that might have characterized the parent–child relationship (the double form in which the “confusion of tongues” is manifest) and knowing how to speak the language of achievement and not that of blame, even when put to the test with repeated, although not always conscious, hateful and angry provocations. Again, with regard to that “something” which the analyst must bring into the field, Ferenczi calls on us to allow ourselves to be penetrated and parasitically fed upon by our patients, working together with them to identify the best solution to the drama being played out. In such moments the courage lies in one’s ability to accept remaining in the schizoid-paranoid position, in PS, feeling nonexistent and devoid of any skill or utility, for an extended period of time. Nor should we take refuge, in the course of this uncertain and inescapable journey, from the risk that we might become “re-perpetrators of the trauma” and new “soul murderers”. In spite of ourselves, and far from recognizing our own powerful defenses and limits, as Ferenczi observes, we often provoke transference in many

different ways, cheering ourselves by turning our patients back into children, but subsequently becoming insensitive and indifferent and not infrequently irritated if this means that we have to live in the world of childish dependence and especially of that connected to those essential psychic needs which have been disregarded. Herein, incidentally, lies the principal leitmotiv of the *Clinical Diary* (i.e. “the terrorism of suffering”, Ferenczi, 1932, pp. 47, 211). He would, ultimately, evince an untiring perseverance in continuing to seek to bring the patient and the analytic couple back to life without allowing himself to be terrorized by the fear of suffering and without abstaining from experiences of countertransference strongly marked by decidedly negative and unpleasant emotions.

In closing, it is noteworthy to add that during the final years of his career (see *Notes and Fragments*, 1920 and 1930–1932) and the *Clinical Diary*, 1932), Ferenczi came to ask the patient, who, in 1919 he discovered to be the reader of the analyst’s unconscious, to become his “partner” in analysis (“reciprocal analysis”), not having found in current psychoanalytic technique or amongst his colleagues anything or anyone able to support and help him in his singular approach method. He also observed that, in putting this procedure into place (cf. all the passages in the *Clinical Diary* referring to his analysis of RN, alias Elizabeth Severn), the analyst may admit that—if he willingly agrees to embody the “good,” or, preferably, an ideal or idealized object, “growling” if he personifies the bad object and growling even more when he realizes that he himself elicited this object with his own less than praiseworthy behavior—he has no intention whatsoever of incarnating the traumatized and intensely suffering child. This is simply a part that he must unconsciously play, at least temporarily, since the patient has totally disassociated it from himself and has come to unconsciously identify himself with the depriving-destructive object. (This is known as “role reversal,” and is an issue I have been studying since 1994 and have been considering in collaboration with Massimo Vigna-Taglianti since 2005) (see: Borgogno and Vigna-Taglianti, 2008). Only in this way—by viscerally living it on his own guts—may the analyst (1) perform the function of “witnessing” that has been absent from the patient’s existence and that is terribly fundamental to his overcoming of trauma and its repercussions; and (2) bring into being that very “proof of reality” for which the patient yearns, often without knowing what he is looking for (in effect saying to his analyst, “you, my analyst must really go through the pain and suffering which are gripping me and you must be willing to combat viscerally for me and with me against my agony, my sense of unreality and my withdrawal”). In conclusion, having accepted the heuristic value of errors when they have

been identified and corrected, the analyst should show himself to be not only different from the mother and father with whom the patient found himself, but also to embody a child and an adolescent who does not give up and compromise but who rather rebels against and transforms his destiny—to be, in other words, the child and the adolescent who the patient could not and cannot be.

### CODA

And now, by way of an afterthought, I would like to propose a final consideration. Ferenczi was a man of his time, but his way of thinking neither corresponded to that of his historical period nor adjusted itself to its assumptions. He perceived something which escaped others at that time, and in his non-conformity he kept his distance, maintaining a constant vigilance towards that which did not convince him. He recognized the brilliance of his period, but he also observed its darkness and obscurity and was able, unlike his contemporaries, to avoid being dazed and blinded thereby. One might say that the darkness of his time never ceased to throw up questions to which he tirelessly sought to reply.

I believe that it is exactly for these reasons that Ferenczi has gradually come to epitomize the kind of intrepid colleague to which we aspire, and that this is the reason why, for many of us today, he is at once the classical and the contemporary psychoanalyst par excellence: because he glimpsed—beyond the enlightened vision of Freud's psychoanalysis—that which Freud and his pupils, despite their extensive experimentation, experience and thought, neither lived through nor thought of. For this same reason, and for no other, Ferenczi was punished for a long time, first and foremost in not seeing any full recognition of his value and his contribution every time he distanced himself from the pack and refused to "howl with the wolves" (Gaburri and Ambrosiano, 2003).

In refusing to howl with the wolves, Ferenczi inevitably condemned himself to solitude—to solitude and to the sense of not having fully grasped and recognized that which he so tirelessly and incessantly sought. And herein lies another aspect of Ferenczi that we should consider—a characteristic common to the lives of all those who are ahead of their time in their own disciplinary field: the fact that, aside from the envy and jealousy to which the creativity of such individuals will inevitably give rise, the people close to them, who remain a step behind, are really incapable of understanding and following their masterly intuitions.

## NOTES

1. Franco Borgogno, PhD, Full Professor of Clinical Psychology at Turin University (Retired), Training and Supervising Psychoanalyst of the Italian Psychoanalytical Society, Full Member of the International Psychoanalytical Association, Member of the boards of many international psychoanalytic journals and Author of many books, such as *Psychoanalysis as a Journey* (London, Open Gate Press, 2007); *The Girl Who Committed Hara-Kiri and Other Clinical and Historical Essays* (London, Karnac, 2013); and editor (with P. Bion-Talamo & S. Merciai) of *W. R. Bion: Between Past and Future* (London, Karnac, 1999), and (with A. Luchetti & L. Marino Coe) *Reading Italian Psychoanalysis* (London/New York, Routledge New Library of Psychoanalysis, 2016). In 2010 Professor Borgogno received the Mary S. Sigourney Award for his lifetime contributions to psychoanalysis, particularly his theoretical and clinical work on the exploration of the relevance of the psychic environment (both parental and analytic environment) as a key factor of health and illness.

2. I will consider the highly important theme of the “anti-historical turn” characteristic of some areas of psychoanalysis in a forthcoming study. For Rycroft’s “ablation,” instead, see: Borgogno F. (Ed.) (2010).

3. Incidentally, shortly before his death Ferenczi carried this even further, claiming that, for many of his patients, mental events can only be recognized and represented when they are “objectified” “as something that happened to another person” (Ferenczi, 1933, p. 180). Could this objectification imply that someone else carries them into the present, making them incarnate, so that they can acquire an affective meaning? I believe this to be the case, bearing in mind Ferenczi’s description of his work with Elizabeth Severn (1932).

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