Ferenczi's Turn in Psychoanalysis

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Mutual Analysis: A Logical Outcome of Sándor Ferenczi’s Experiments in Psychoanalysis

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In the early days of analysis, people were very casual about things that we’re very careful and nervous about today. In fact, they did things that we would consider crazy today. They didn’t know what we know about the transference. They didn’t know its dangers. They were like Marie Curie, who didn’t know about the dangers of radiation, and who got leukemia from treating it casually.

— “Aaron Green,” in Janet Malcolm, 
Psychoanalysis: The Impossible Profession

All analyses end badly. Each “termination” leaves the participants with the taste of ashes in their mouths; each is absurd; each is a small, pointless death. Psychoanalysis cannot tolerate happy endings. . . . Throughout its history, attempts have been made to change the tragic character of psychoanalysis, and all have failed.

— Janet Malcolm, Psychoanalysis: 
The Impossible Profession

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Psychoanalysis has a history of advancing through artful failures. For example, the fact that a number of Freud's case histories, notably Dora and the Wolf Man, are literary successes but therapeutic failures has not reduced their importance to psychoanalysis.

Sándor Ferenczi's recently revealed experiment in mutual analysis (Ferenczi 1985), in which he agreed to be analyzed by one of his patients, is generally viewed as a psychoanalytic misadventure—a rash and radical act by an overzealous and undisciplined "wild analyst." As Arnold Modell writes: "Today this experiment now strikes us as naive and imprudent" (1990, 143).

What possessed Ferenczi, this talented pioneer of psychoanalysis, Freud's closest friend for twenty-five years, to consider such a "crazy" experiment in the early 1930s? Didn't he know that such an analytic relationship was impossible?

With the help of new historical research and present-day psychoanalytic theory and practice, I will attempt to answer these questions and show that in the best spirit of early psychoanalysis, Ferenczi's experiment in mutual analysis was an inspired—albeit, therapeutically flawed—act of following, and learning from, the patient. In mutual analysis, Ferenczi left the protection and safety of classical analytic "neutrality" and confronted himself in the therapeutic relationship. Ultimately unworkable, the experiment was, however, consistent with the thrust of Ferenczi's evolving explorations of analytic technique—extreme, but an inherently logical outcome.

An imaginative technical leap, mutual analysis generated rich analytic results, such as insights into transference, the subjectivity of the analyst, and a revaluation of the trauma theory. Through it, Ferenczi tested the limits of and defined a "two-person" analytic process. In challenging the classical Freudian blank-screen, one-way, or "one-person" analytic process, mutual analysis, along with Ferenczi's other pivotal technical experiments, helped to prepare the ground for contemporary relational theories, including British object relations, American interpersonal theory, self-psychology, and the current notion of intersubjectivity.

Psychoanalysis is only now beginning to assess the historical significance of mutual analysis as part of a resurgence of interest in the complete Ferenczi oeuvre, and of the Hungarian school generally—now recognized

Throughout the 1920s, Ferenczi experimented with psychoanalytic technique. His wide-ranging "revolutionary technical innovations" included activity, passivity, elasticity, and relaxation. Mutual analysis, his last experiment, was the most dramatic and notorious of these therapeutic explorations.

_Mutual Analysis: The Patient, the Analyst, an Impasse, and the Therapeutic Moment_

Ferenczi's 1932 _Clinical Diary_ (1985) introduced a number of his last patients, most notably "R.N.," a critically important yet virtually unknown woman whose analytic treatment dominated his final years (Fortune 1993). "R.N." was Ferenczi's code name for Elizabeth Severn, an early American "psychotherapist" whose chronic symptoms and desperate mental state led her to seek the help of the famous Hungarian analyst. Severn's case—as R.N. (in this chapter, I shall use Ferenczi's case name)—fills the diary's pages and establishes her profound influence on Ferenczi and her role in his final radical challenge to classical psychoanalysis and to Freud himself.

R.N. was not only Ferenczi's patient but his pupil, a colleague and a therapist in her own right. His "principal patient," R.N. was in analysis with Ferenczi in Budapest for eight years—from 1924 until just before his death in 1933. It was during this period that Ferenczi marshalled his most intense critique of classical Freudian theory and therapy. R.N.'s case and her analytic relationship with Ferenczi are an important paradigm, a pivotal point in the history and development of psychoanalysis in the tradition of Anna O. and Dora. Through her initiation of mutual analysis, R.N. was the catalyst for Ferenczi's recognition of the clinical significance of counter-transference (Wolstein 1989). She was also a critical agent in his early understanding of the dynamics of childhood sexual trauma, including his own. This understanding led Ferenczi to reconsider the pathogenic importance of early external trauma, and in doing so, to challenge Freud and to question the emphasis of psychoanalysis on unconscious fantasy. In fact, R.N. may have been the first sexually abused analysand whose actual
childhood trauma was the focus of psychoanalytic treatment since Freud abandoned his "seduction theory" in the late 1890s (Fortune 1989, 1993).

When she began treatment with Ferenczi, R.N. reported having no memory of her life before she was twelve years old. Throughout her life she had been chronically fatigued and suicidal and had experienced multiple personalities. Prior to Ferenczi, R.N. had seen a number of early psychiatrist-analysts in the United States who had little success in treating her difficult pathology. Designated a hopeless case, R.N., in her mid-forties, inevitably found her way to the analyst of last resort—Sándor Ferenczi.

In 1932, near the end of R.N.'s eight-year analysis, Ferenczi (1985) recorded her extreme and challenging case—a "case of schizophrenia progressiva"—in his diary. At first, Ferenczi wrote, he had found R.N. disagreeable. In his diary he admitted to being apprehensive and in awe of her. On May 5, 1932, recollecting his earliest impressions, he wrote, "[She had] excessive independence and self-assurance, immensely strong willpower" (97). Admittedly threatened and defensive, Ferenczi assumed a "conscious professional pose, partly adopted as a defensive measure against anxiety" (97).

Even though Ferenczi wrote that he felt challenged in his masculinity, the analysis had a promising start. For the next few years R.N. divided her time between Budapest and New York, where she maintained a small psychotherapy practice. Several of her devoted and financially well-off American patients even followed her to Budapest to continue therapy with her.

In 1926, after a few years of intensive analysis, R.N.'s treatment stalled. For the next two years, her case showed little progress. In response, Ferenczi (1928) experimented with his indulgence and elasticity techniques and openly overcompensated. He recalled: "I redoubled my efforts . . . gradually I gave in to more and more of the patient's wishes" (1985, 97).

In 1928 a breakthrough came. Utilizing relaxation and regression techniques, including trance states, R.N. and Ferenczi lifted the veil of early amnesia and began to reconstruct the events of her "traumatic infantile history"—a severe case of early abuse. Their reconstruction suggested that R.N.'s father had physically, emotionally, and sexually abused her from the age of one-and-a-half.
As horrendous childhood "memories" flooded her consciousness, R.N.'s condition became acute. Already his most demanding and difficult patient, her case occupied much of Ferenczi's attention. Driven by what Freud called his *furor sanandi* (rage to cure), Ferenczi regularly saw R.N. four to five hours each day, as well as weekends; at her home and at night, if necessary. He even continued her analysis during vacations abroad. (This may sound extreme, but at that time it was not uncommon for analysts to see patients during their vacations.)

Not surprisingly, Ferenczi's attentions convinced R.N. that she had found her "perfect lover." Faced with this development, Ferenczi retreated and began to "limit [his] medical superperformances" (1985, 98). As he did so, he interpreted for R.N. that she now ought to hate him. However, R.N. countered with her own interpretations—that Ferenczi harbored hidden feelings of anger and hate toward her, and that these feelings blocked her analysis. Until she analyzed those feelings in him, she said, the analysis would remain at an impasse. Even though he conceded that R.N.'s interpretations were justified, Ferenczi resisted her demand. Finally, after a year, he reluctantly submitted to her analysis of him (99).

On the couch, Ferenczi confessed "I did hate the patient in spite of the friendliness I displayed" (99). Expecting the worst, he was surprised by R.N.'s reaction. He wrote: "The first torrent of the patient's affects (desire to die, notions of suicide, flight) is succeeded, quite remarkably, by relative composure and progress in the work: attention becomes freer of exaggerated fantasies. . . . Curiously this had a tranquilizing effect on the patient, who felt vindicated" (11, 99).

Ferenczi felt afraid, humiliated, and exposed by his self-disclosures, yet he was intrigued by what they produced: "Once I had openly admitted the limitations of my capacity, she even began to reduce her demands on me. . . . I really find her less disagreeable now. . . . My interest in the details of the analytical material and my ability to deal with them—which previously seemed paralyzed—improved significantly" (99). As a patient, Ferenczi had the valuable experience of being subjected to his own analytic technique (surely, at some point, every analysand's revenge fantasy), aspects of which he didn't like. "The mechanical egocentric interpretation of things by the analyst [R.N.] touched me in a highly disagreeable way. . . . However, this is the method this patient has learned from me" (96).
In summary, through mutual analysis, Ferenczi found that honesty, even admitting his dislike for R.N., increased her trust, deepened the therapy, and made him a better analyst for all his patients. He was less sleepy during sessions and made “sincerely sensitive” interventions. Ferenczi concluded that the “real” relationship between analyst and analysand can be therapeutic and strengthen the therapeutic alliance. “Who should get credit for this success?” (99–100), he asked. His answer? Himself, for risking the experiment, but “foremost, of course, the patient, who . . . never ceased fighting for her rights” (101).

Although mutual analysis brought analytic progress and yielded significant clinical insights, Ferenczi decided there was some risk in putting himself “into the hands of a not undangerous patient” (100). As well, he recognized that the central concern of the analysis might be jeopardized; that by analyzing the analyst, the patient could deflect attention from herself. Needless to say, there were other practical difficulties. Ferenczi concluded that mutual analysis could only be a last resort. “Proper analysis by a stranger, without any obligation, would be better,” he cautioned (xxii).

Toward the end, Ferenczi tried to return to a traditional analytic relationship with R.N. It proved to be impossible. On October 2, 1932, in his final diary entry headed “Mutuality—sine qua non,” discouraged and exhausted (he was to die of pernicious anemia within the year), Ferenczi recorded these fragments: “An attempt to continue analyzing unilaterally. Emotionality disappeared; analysis insipid. Relationship—distant. Once mutuality has been attempted, one-sided analysis then is no longer possible—not productive” (213). Finally, anticipating future interest in the analytic relationship, Ferenczi asked: “Now the question: must every case be mutual?—and to what extent?” (213).

**Mutual Analysis: A Present-Day Theoretical-Clinical Aside**

Theoretically and clinically, how might R.N.'s demand that Ferenczi not only disclose himself but also submit to her analysis, and her ensuing response to this eventuality, be understood today? To pick only one of a number of possible theoretical perspectives, R.N.'s challenge could be understood as an early example—albeit extreme and seemingly conscious—of the Mt. Zion group's Control-Mastery theory (Weiss and
Sampson 1986) of the “test” of an analyst. Interpreted within this framework, Ferenczi passed R.N.’s test by being honest and admitting his therapeutic failure. As Weiss and Sampson would have predicted, once Ferenczi passed her test, R.N. not only produced new analytic material, but this was accompanied by a decrease in her anxiety. In addition, it does not seem far-fetched to suggest that in confronting what she perceived as Ferenczi’s unexpressed hostile feelings toward her, R.N. attempted to establish what Weiss and Sampson identify as “conditions of safety.”

The outcome of mutual analysis confirmed Ferenczi’s early belief in the inherent therapeutic value of the analytic relationship, a notion with much clinical support today. Morris Eagle affirms aspects of the Mt. Zion perspective: “Passing tests and establishing conditions of safety . . . facilitate insight and awareness (i.e., the emergence of warded-off contents) and constitute direct relationship factors which may be anxiety-reducing and thereby ameliorate symptoms” (1984, 105). Echoing an idea contained in Ferenczi’s clinical diary and last papers—later defined as “corrective emotional experience” by Alexander and French (1946)—Eagle notes: “The establishment of conditions of safety can itself be seen as an implicit interpretation to the effect that the patient is not in the original traumatic situation and that the therapist is different, in important respects, from traumatic figures of the past” (105).

Eagle links the Mt. Zion work with G. S. Klein’s (1976) idea of “reversal of voice”—from passive to active—as a prime factor in the therapeutic process. This notion can be used to interpret R.N.’s (and Ferenczi’s) ultimate analytic “role reversal”—mutual analysis. While it may stretch the original idea of “reversal of voice,” it is difficult to dispute that by turning her analyst into her patient, R.N. exerted an incredible degree of active mastery in therapy. Again to some extent mirroring Ferenczi’s diary, Eagle writes: “The patient’s active role in presenting tests, in determining whether or not conditions of safety exist, and in deciding whether or not to bring forth traumatic material all can be seen as instances of attempts to reverse passively endured traumatic experiences into active attempts at mastery” (105).

Ferenczi’s readiness to establish the analytic conditions whereby R.N. could shift from a passive to an active therapeutic role was the result of a
complex number of critical factors in Ferenczi's personal and professional background.

**Mutual Analysis: Ferenczi's Logic**

Whatever his motivations—therapeutic chutzpah, desire to heal, personal pathology, or their mix—there is little doubt that Ferenczi's success with difficult patients was due in part to his "psychotherapeutic personality" (Federn 1990).² Ferenczi had an indomitable therapeutic zeal. As he wrote in "Child Analysis in the Analyses of Adults":

I have had a kind of fanatical belief in the efficacy of depth-psychology, and this has led me to attribute occasional failures not so much to the patient's "incurability" as to our own lack of skill—a supposition which necessarily led me to try altering the usual technique in severe cases with which it had proved unable to cope successfully. (1931, 128)

Ferenczi's shift of the burden of responsibility for analytic failure from the intractable patient to the analyst's "lack of skill," including countertransference weaknesses and blindspots, marks a turning point in analytic therapy, and is still clinically relevant today. For example, extending the implications of the Mt. Zion view, and again echoing Ferenczi (1933, 1985), Eagle suggests that "therapist failures of tests put forth by patients—perhaps frequently because of the therapist's own countertransference reactions and difficulties—may be the most frequent reason for therapeutic failures" (1984, 184).

Ferenczi challenged Freud's limiting of psychoanalysis to healthy neurotics. In his diary entry of August 4, 1932, he criticized Freud because he "sacrifices the interests of women [and] ... makes deprecating remarks about psychotics, perverts and everything in general that is 'too abnormal' " (1985, 187). Galvanized by what he saw as Freud's disparaging attitude and constricted view of the patient population, Ferenczi set out to expand the bounds of psychoanalysis and to prove Freud wrong. Throughout the 1920s he experimented with analytic technique, at times as though impelled by a missionary calling. Ferenczi wrote:

It is only with the utmost reluctance that I ever bring myself to give up even the most obstinate case, and I have come to be a specialist in peculiarly difficult cases,
with which I go on for very many years. I have refused to accept such verdicts as that a patient’s resistance was unconquerable, or that his narcissism prevented our penetrating any further, or the sheer fatalistic acquiescence in the so-called “drying-up” of a case. I have told myself that as long as a patient continues to come at all, the last thread of hope has not snapped. (1931, 128)

As Janet Malcolm has paraphrased: “[Ferenczi] simply refused to give up when the key didn’t fit and, if necessary, kicked down the door” (1981, 132).

Ferenczi’s “all-comers” therapeutic approach led to a caseload weighted with seemingly untreatable patients. Other analysts were only too happy to send him their “hopeless incurables.” In contrast to most analysts of the time, Ferenczi treated severe cases of hysteria, obsessional neurosis, borderlines, and multiple personality.

However well intentioned he was, the relentless demands of his severely needy patients inevitably exhausted Ferenczi, physically and emotionally. In letters to his good friend, doctor, and fellow “wild analyst” Georg Groddeck, Ferenczi wrote: “I am afraid that the patients . . . are literally trying to overwhelm me. . . . Analysis, the way I practice it, requires a lot more self-sacrifice than what we were used to up until now” (Ferenczi and Groddeck 1982, 81, 83).

What was Ferenczi trying to prove? What drove him to such extremes—including mutual analysis? Ferenczi’s revelations in his clinical diary, and the Freud-Ferenczi correspondence, provide insights into these questions.

As these sources reveal, in light of his complicated relationship with Freud, Ferenczi’s motivation to risk mutual analysis was also personal. He blamed Freud, his analyst, for failing to love him enough and analyze him completely—specifically his negative transference. Years after his brief analysis—consisting of a total of five to six weeks of treatment in 1914 and 1916 and a subsequent correspondence—an intense transference to Freud, common among early (as well as more recent) analysts, was still active. Mutual analysis was, in part, Ferenczi’s response to his own unresolved transference-countertransference issues with Freud.

Ferenczi’s patchy analysis with Freud was typical of the training of the day—“rapid, fitful analyses, often undertaken abroad, in a foreign language, during walks or travels together or visits to the home of analyst or patient”
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(Dupont 1985, xxii). Ferenczi suggested that these inadequate training analyses "may lead to an impossible situation, namely, that our patients gradually become better analyzed than ourselves" (1933, 158).

To some degree, mutual analysis helped to convince Ferenczi that the best protection from countertransference problems was an analyst's own thorough analysis. In his last paper, "Confusion of Tongues between Adults and the Child," he insisted that "above all, we ourselves must have been really well analysed, right down to 'rock bottom'" (1933, 158). Clearly drawing on his coanalysis with R.N., he added: "We must have learnt to recognize all our unpleasant external and internal character traits in order that we may be really prepared to face all those forms of hidden hatred and contempt that can be so cunningly disguised in our patients' associations" (158). In his ongoing critique of analysts, analytic training, and therapy, Ferenczi extended this idea of the analytically experienced patient. "The best analyst is a patient who has been cured," he noted in his diary (1985, xxii).

Ferenczi's passionate therapeutic rhetoric, aspects of which he self-critically confessed were exaggerations, can, in part, be seen as barbs directed at Freud. Ferenczi was determined to shift psychoanalysts' attention to a deeper, more subjective and relational experience of the patient—an experience he himself was immersed in at that moment. It was not lost on Ferenczi that Freud, as the original analyst, was unanalyzed beyond his "self-analysis." Freud was never a patient, cured or otherwise. For Ferenczi, who saw analysis as an inherently social act, a thorough "self-analysis" was an impossibility. In his diary, he does not mince words as to what he sees as the result: "[Freud] is the only one who does not have to be analyzed" (188). "He only analyzes others but not himself. Projection" (92).

Mutual analysis was a part of Ferenczi's personal and professional struggle to clarify his enmeshed and ambivalent relationship to Freud. His observations and criticisms of Freud in the diary, frequently charged with the hostility of accumulated grievances, yet laced with startlingly accurate insights garnered over many intimate years, should not be used to devalue the objective validity of Ferenczi's clinical insights.

Mutual analysis was not mentioned in any of Ferenczi's last published papers, only in his clinical diary; in fact, he seems to have tried to keep it a
secret (Fortune 1993). Ferenczi knew that he was pushing the therapeutic edge, at times beyond the possible, and certainly beyond the classically acceptable. He knew he needed room to experiment without having prematurely to defend his methods. Though he was aware that Freud resolutely disapproved of his clinical and theoretical directions, in his letters Ferenczi continued to plead his case to him, often clouded in a vague, metaphorical language. In September 1931, Ferenczi wrote to Freud:

[I am] immersed in extremely difficult “clarification work”—internal and external, as well as scientific—which has not yet produced anything definitive; and one cannot come forward with something that is only half completed. . . . In my usual manner, I do not shy away from drawing out their conclusions to the furthest extent possible—often to the point where I lead myself “ad absurdum.” But this doesn't discourage me. I seek advances by new routes, often radically opposed. (Quoted in Dupont 1985, xiv)

In a May 1932 letter, in the middle of the mutual analysis, Ferenczi hinted to Freud: “[I am] immersing myself in a kind of scientific ‘poetry and truth.’” In his reply, Freud reproached him for isolating himself on an “island of dreams which you inhabit with your fantasy children [probably Ferenczi’s patients]” (xvi).

In September 1932, when Ferenczi read to Freud his aptly titled “Confusion of Tongues” paper, Freud noted that Ferenczi was silent on the technique with which he had gathered his clinical material supporting the reality of patients' early traumas (Gay 1988, 584). Had Freud read Ferenczi’s diary, he would have seen that not only did Ferenczi believe his patients’ “memories,” but that coanalysis with R.N., one of his most deeply disturbed patients, had, in part, led him to reconsider the pathogenic role of external trauma in mental disturbance. As Ferenczi noted in his January 31, 1932, diary entry: “The first real advances toward the patient’s gaining conviction [of the external reality of the childhood trauma] occurred in conjunction with some genuinely emotionally colored fragments of the . . . analysis of the analyst” (1985, 26).

Following the presentation of his paper at the 1932 Wiesbaden Congress, Ferenczi’s estrangement from Freud and the wider psychoanalytic community increased. Possibly for the first time in his psychoanalytic career,
Ferenczi was alone (outside of his intimate Hungarian circle) with his difficult clinical and theoretical explorations. Also, it was no longer a supportive and encouraging Freud, but the specter of a stern, disapproving father, that hovered in the wings. Since the more moderate avenue of sounding out his clinical directions through discourse with Freud was closing, Ferenczi may have been driven to radical alternatives, such as mutual analysis, to satisfy his desire to explore legitimate clinical questions—particularly aspects of the analytic relationship (Eagle 1991).

On October 10, 1931, after an exchange of letters in which he tried unsuccessfully to gain Freud's understanding of his work, Ferenczi wrote to Freud affirming his path and throwing in his lot with his patients: “I am, above all, an empiricist. . . . Ideas are always closely linked with the vicissitudes in the treatment of patients, and by these are either repudiated or confirmed” (quoted in Dupont 1985, xv).

The Experienced Patient and the Desire to Complete an Analysis

What was it about R.N. and her analysis that convinced Ferenczi to risk mutual analysis with her? In his diary, Ferenczi wrote of the underlying clinical conditions that led up to mutual analysis. After years of treatment, R.N.'s analysis had been at an impasse for at least two years. It is clear from his diary that Ferenczi undertook mutual analysis as an experiment in this specific context (1985, 97–98). Opinions differ as to the number of patients with whom Ferenczi engaged in mutual analysis. While the diary seems to indicate that he attempted mutual analysis with at least one other patient, “Dm” (15), Judith Dupont suggests that, besides R.N., there was also the patient named in the diary as “S. I.” (1993, 153). In any event, Ferenczi did not advocate mutual analysis as a standard practice.

For Ferenczi, R.N. was an unusual analysand, one whom Bálint describes as a “‘worth-while’ patient” (1968, 112).³ In The Basic Fault, Bálint characterized Ferenczi's intense work with an unnamed female patient—whom I identify as R.N.—as a “grand experiment” (112). Although Ferenczi was ambivalent about her exceedingly strong will and demanding nature, Ferenczi admired R.N. and respected her as a therapist in her own
right. As she was his pupil and colleague, R.N.'s analysis was also a training analysis during which she and Ferenczi discussed their work together and its broader implications.

R.N. seems to have embodied Ferenczi's ideal of the experienced patient. Prior to the years with Ferenczi, R.N. had been treated by a number of early analysts. Given the immense amount of time Ferenczi devoted to her—it is hard to imagine how he had time for other patients—R.N. may have been the most extensively analyzed patient-analyst of her day. Ferenczi must have recognized that, as a patient, R.N. had a breadth of therapeutic experience lacked by most analysts—including Freud. In R.N., Ferenczi may have cultivated his notion of the ideal analyst as "cured" patient. In December 1930, an unduly optimistic Ferenczi wrote to Groddeck that through his work with R.N., he would "soon, or in the not too distant future, finally be able to say what it means to complete an analysis" (Ferenczi and Groddeck 1982, 83). Did Ferenczi wish to "complete" R.N.'s analysis to prove to Freud and the psychoanalytic community the efficacy of his clinical techniques, and to convince them that early actual trauma was a critical factor in the etiology of mental illness?

**Mutual Analysis: Historical Perspectives**

R.N.'s intensive, long-term, experience as both patient and therapist, coupled with her personal strength, allowed her to perceive and confront Ferenczi's countertransference and their "real" therapeutic relationship. Benjamin Wolstein argues that Ferenczi's willingness to take seriously his part in R.N.'s analytic impasse, and their subsequent mutual analysis, marks the birth of the recognition of the clinical importance of countertransference (1989, 676).

The experiment in mutual analysis has other historical implications for psychoanalysis. Through all his cases, but particularly his work with R.N., Ferenczi stepped outside Freud's influence and gained new perspectives, many of which are now receiving the most lively attention of psychoanalysts. For example, Ferenczi grasped the critical importance of the analytic relationship and its potential to promote therapeutic change. He expanded the range of psychoanalytic therapy to include countertransference disclo-
sures and interpretations. Although this experiment in mutual analysis was extreme, Ferenczi anticipated the current emphasis on the role of the analyst's subjectivity and the value and risk of the analyst's self-disclosure. Ferenczi addressed the significance of the analyst's personality, particularly with respect to stalemates in treatment. As a result, he highlighted the idea that a patient's resistance could itself be a function of the analyst's countertransference.

In today's psychoanalytic literature there is considerable controversy concerning the significance of Ferenczi's late work, which, albeit tacitly, inextricably includes mutual analysis. Ferenczi's influence can be heard in many of the new psychoanalytic voices of the past sixty years. Some acknowledge their debt to Ferenczi, while others do not. Through his Clinical Diary, many in psychoanalysis are only now becoming aware of Ferenczi's final radical ideas. Lewis Aron writes:

Contemporary relational psychologies may rightfully be traced back to the technical experiments of the Hungarian psychoanalyst, Sándor Ferenczi. . . . Bátint, Ferenczi's student, elaborated on Ferenczi's work in his notion of "two-body psychology," and this played an important role in the development of British object relations theory . . . American interpersonal theory, self-psychology, and currents within contemporary Freudian theory. (1990, 477)

Completing the quotation given at the outset of this paper, Modell pays tribute to Ferenczi on a number of specific issues: "Although this experiment [mutual analysis] now strikes us as naive and imprudent, Ferenczi was struggling with therapeutic dilemmas that are still very much with us. . . . The matter of equality between analyst and analysand is still a current therapeutic issue" (1990, 143). Modell notes two present-day examples whose lineage clearly goes back to Ferenczi's mutual analysis: "Echoes of Ferenczi's egalitarian concerns can be heard in Kohut's advice that the analyst acknowledge his own empathic failures, and Gill's objection to the concept that transference distorts, which assumes that it is the analyst who is the judge of what is real" (143).

Links between Ferenczi's mutual analysis and a wide range of nonpsychoanalytic approaches, while not direct, are also apparent. For example, the therapeutic attitude embodied in mutual analysis reminds one of Carl Rogers's (1951) client-centered therapy. Rogers's egalitarian approach, par-
particularly as reflected in his “leaderless” encounter group and its values of “immediate expression of interpersonal feelings, confrontation, . . . and receiving feedback—even negative” (1970, 7), evokes Ferenczi’s encounter with R.N.

Conclusion

As the most brilliant therapist of the early circle of analysts, acknowledged by Freud as a “master of analysis,” Ferenczi knew the bounds of classical psychoanalytic therapy—both what it had accomplished and its limits. In fact, since meeting Freud in 1908, he had been one of its prime architects. Ferenczi’s unquenchable therapeutic optimism, and his willingness to treat extremely disturbed patients, converged to draw him to the analytic edge. Courageously, and as circumspectly as his nature would allow, he expanded the horizons of psychoanalysis. Like a poet or an artist, he adapted himself to his materials, his patients—at times even following his “not undangerous” ones (1985, 100). They and their pathology became his teachers. In allowing his patients to shape aspects of his therapeutic approach, Ferenczi was, in spirit, an empirical (and alchemical?) researcher, no longer dependable as a loyal soldier of the Freudian army. He was determined to engage his patients, to descend with them into his own psyche to see what emerged in the analytic encounter. What he discovered has enriched all of psychoanalysis. However, it was both a hero’s and a fool’s journey. Sándor Ferenczi caught therapeutic fire, and tragically it ultimately consumed him.

Given his passionately held views that the best analyst was a thoroughly analyzed patient, and his growing awareness of the gaps in his own personal analysis, Ferenczi’s decision to submit to mutual analysis with R.N., while highly unusual, was not only inherently logical but, in light of his professional isolation from Freud, pragmatic. Although it uncovered rich personal and clinical insights, it also proved to be impossible.

Notes

1. Morris Eagle summarizes the Mt. Zion view: “A patient comes to therapy, not to gratify unconscious instinctual impulses, but to master certain conflicts,
wishes, irrational beliefs, and anxieties originating from childhood traumas and experiences. With mastery as his basic goal, the patient presents tests to the therapists. The passing of tests constitutes conditions of safety which then make it safe for the patient to lift repression and bring forth warded-off contents" (1984, 100).

2. In writing of his father, Ernst Federn attributed Paul Federn's success in treating psychotic patients to his "psychotherapeutic personality" (1990, 125–40). Like Ferenczi, Paul Federn (1952), in contrast to Freud's pessimism, was optimistic about the potential of psychoanalysis to treat psychotics.

3. Bálint does not define what he means by this term. He seems to imply an analyst's subjective view of a highly regarded patient.

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