Five

Ferenczi’s Early Impact on Washington, D.C.

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This chapter outlines the four principal avenues by which Ferenczi initially influenced the Washington, D.C., analytic community. These are: (1) his writings, as made available by William Alanson White and Smith Ely Jelliffe (Burnham 1983); (2) his visit to Washington in 1927; (3) his treatment of Harry Stack Sullivan’s close friend and colleague, Clara Thompson (Perry 1982); and (4) perhaps most importantly, his and Georg Groddeck’s impact on their junior colleague, Frieda Fromm-Reichmann (Grossman and Grossman 1965; Fromm-Reichmann 1989). The more I learn about Ferenczi and Groddeck, and about how closely Fromm-Reichmann (1889–1957) worked with Groddeck, the more I recognize the enormous debt of gratitude that Chestnut Lodge Hospital, a private psychiatric and psychoanalytic institution in Rockville, Maryland, owes to Ferenczi and Groddeck. Their enthusiastic belief in the power of psychoanalysis to benefit even the sickest patients, and their courage in flexible experimentation, have inspired many people at Chestnut Lodge over the ensuing years and decades. Their approaches to this work shaped the style and attitudes of Fromm-Reichmann, who agreed with Ferenczi on some points and disagreed with him on others.

As has been widely recognized, Ferenczi wrote presciently on many controversial topics: childhood sexual abuse and other traumata, the emotional involvement of the therapist, and physical contact between doctor and patient. I will emphasize his delineations of the patient's need to cure the doctor so that the doctor can then cure the patient. He developed clear notions of analytic activity, which include playfulness, mutual cueing, and staying with the patient's regression so that it can be understood. He realized that his own affects were vital clues to understanding the patient's difficulties:

I may remind you that patients do not react to theatrical phrases, but only to real sincere sympathy. Whether they recognize the truth by the intonation or colour of our voice or by the words we use or in some other way, I cannot tell. In any case, they show a remarkable, almost clairvoyant knowledge about the thoughts and emotions that go on in their analyst's mind. To deceive a patient in this respect seems to be hardly possible and if one tries to do so, it leads only to bad consequences. (Ferenczi 1933, 161)

In words especially resonant for Chestnut Lodge, Ferenczi said:

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 proved unable to cope successfully.

It is thus 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. (1931, 128)

These were also Fromm-Reichmann's messages and her legacy. She worked at Chestnut Lodge from 1935 until her death in 1957, was a training and supervising analyst and a president of the Washington Psychoanalytic Society, and taught at the Washington School of Psychiatry, where one of her courses resulted in her classic text, *The Principles of Intensive Psychotherapy* (1950). Her comments in the Lodge's staff conferences (Silver and Feuer 1989) and in her supervisory work always focused on the therapist's anxieties and his or her ways of defending against them; meanwhile she resolutely opposed passivity. People who did not know the Lodge would sometimes jeer at their imagined ludicrous image of analysts sitting silently behind couches while patients with florid psychoses free-associated. In contrast,
Fromm-Reichmann counseled a supervisee working with a chronically schizophrenic patient, “You must make each hour with this woman a memorable experience” (Fort 1989, 250).

William Alanson White (1870–1937) and Smith Ely Jelliffe (1866–1945) also deserve our thanks. The two of them, along with Jelliffe’s wife, Helena Dewey Leeming Jelliffe, did more than perhaps any other Americans to bring early psychoanalytic information to the United States. They made frequent trips to Europe, where they attended analytic meetings and visited with participants. The two men had met in Binghamton, New York, when Jelliffe came to the State Hospital there as a summer intern in 1896 while White was serving as an assistant psychiatrist. Some twenty-five years later, in 1921, when White was superintendent of Washington D.C.’s federal mental hospital, St. Elizabeths Hospital, he gave Harry Stack Sullivan his first job in Washington (Perry 1982, 179). Coincidentally, Sullivan grew up only thirty miles from Binghamton.

White credited Jelliffe with launching his writing career (1938, 174–76). He wrote the extremely popular *Outlines of Psychiatry* (1921), whose royalties funded their monograph series, which brought many German analytic works to the rapid attention of an eager American audience (Burnham 1983, 194–96). With White, Jelliffe, based in New York City, founded and edited *The Psychoanalytic Review*, the first American analytic journal. As White recalled, “In 1913, Dr. Jelliffe and I, after a great deal of preliminary consultation with various people—historians, anthropologists, psychologists, etc.—launched *The Psychoanalytic Review*” (1938, 56). (The scope and agenda of this journal would reappear in Sullivan’s journal *Psychiatry*, which was inaugurated in 1937.) The first Washington Psychoanalytic Society was founded on July 6, 1914, with White as its chairman, and met at St. Elizabeths Hospital.

White’s professional identity was based on scrupulous and fervent attention to nuances and details in his patients’ discourses. In his role as superintendent, he taught this skill to his staff and looked for a similar orientation in those he hired. His staff member, Edward Kempf, for example, wrote *Psychopathology* (1920), the first American psychiatric text to apply psychoanalytic ideas to the description and treatment of people suffering from psychosis, and dedicated the book to White. In White’s words:
I was ready for these psychoanalytic concepts because of the work that I had done with [Boris] Sidski in studying the problems of mental dissociation and double personality. I was accustomed to sit by the patient's bedside with pencil and paper and take down religiously everything that he said, hoping to find among these broken fragments of his discourse some leading line that would be of significance and importance. I was accustomed to listening to these delirious utterances and expecting to be able to hitch them up with actual occurrences in the life of the patient, and I even expected that this was, theoretically at least, possible to the minutest detail. I had perhaps never formulated definitely the theory of psychic determinism but I acted as if I had, and the concept was therefore not alien to my way of thinking and acting. (1933, 57)

Recalling her own preanalytic career, Fromm-Reichmann concurred: "When I was an intern at the psychiatric hospital of the medical school of the University in Königsberg, nobody knew yet what psychotherapy was. But I knew it could be done. What I did was sit with the psychotics. Day and night, and night and day, and listen to them and just say a few kind things so that they went on. I got furious when they were mistreated" (1989, 474). White resolutely protected the patients in his hospital, especially when they had been harmed by attendants (Grob 1985, 89–94). While White's and Fromm-Reichmann's careers overlapped for only two years (he died two years after Fromm-Reichmann's arrival in Washington), their common vision and uncommon leadership created an ambience in Washington characterized by a unique combination of humanism and scientific productivity.

Sullivan worked at St. Elizabeth's Hospital from 1921 to 1922, when he began work at the Sheppard and Enoch Pratt Hospital in Towson, Maryland (Perry 1982, 179–88). He remained active in the Washington psychoanalytic community and stayed in touch with White. As Helen Perry has chronicled:

In the fall of 1926, Ferenczi came to the United States for eight months, his second trip to the U.S., lecturing that winter in the New School for Social Research in New York City. On December 9, 1926, Sullivan wrote to White, suggesting that he invite Ferenczi, "the genius of the psychoanalytic movement," to come to Washington for three or four months. Two days later, White wrote denying the request; as usual, he was shrewd in avoiding, for himself and the hospital, financial obligations and intellectual disputes. Without White's sponsorship, Ferenczi gave several lectures in Washington in the spring of 1927. (1982, 228).
Ferenczi delivered five lectures under the auspices of the Washington Psychoanalytic Association.¹

Fortunately for us, White and Jelliffe lived far enough from each other that they communicated by frequent and casual letters, and Jelliffe, formerly a systematic botanist whose first publication was a cataloguing of the flora of Brooklyn's Prospect Park, meticulously kept his correspondence. Their letters from the spring of 1926 contain discussions of the business of translating and publishing Ferenczi's "Genital Theory" (1930), the résumé of *Thalassa* (1924) he provided at the Washington Psychopathologic Society the following April. White commented on May 28, 1926: "His stuff ought to be good material. He is one of the brilliant men of Europe and it is the kind of material of course which we want to get in the Series for the benefit of the American readers."² On June 17, 1926, White wrote, "I have looked over the Ferenczi manuscript and I really think it is [an] exceedingly interesting piece of work and as I like to say provocative, and I think we ought to use it." About a year later, May 9, 1927, Jelliffe reported to White:

Among other things we have had a seminar—about 20, for 10 weeks with Ferenczi. It was quite entertaining and illuminating. He is very clear and stimulating and for myself helped a lot towards getting my notions into a better state of security. I did not learn anything new—conceited as I am—but notwithstanding it was helpful. We started at the 23rd Street joint but it was uncomfortable so I got them to foregather in my front room and we had a grand time. I blew them to a buffet supper at the end having supplied them cigars for 8 weeks—cheap ones I will admit. The only things I myself brought up, organic situations, and theoretical views of libido dynamics in dreams, F. dodged quite nicely—but the discussions were entertaining. F. tried to smoke out the Rankians but got nowhere.

In New York, Ferenczi was welcomed enthusiastically; he was a charismatic speaker who always drew large crowds to his lectures. But, according to Ernest Jones, when he began organizing a psychoanalytic society of his own analysands who were not medical doctors, he was ostracized by the New York analysts (1957, 134).

**Ferenczi’s Influence in the Washington, D.C., Area**

When Ferenczi presented "The Genital Theory" at the Washington Psychopathological Society on April 11, 1927, the formal discussants were
William A. White, Nolan D. C. Lewis, Harry Stack Sullivan, and Philip Graven. The talk was published in *The Psychoanalytic Review*, but copies of the discussions do not seem to have survived (Noble and Burnham 1989, 544).

Ferenczi’s point of view was “in harmony with Harry Stack Sullivan’s evolving concepts of interpersonal relationships both as the causes of psychiatric problems and as the major tools for treating them” (Chapman 1976, 53). Sullivan had begun work in psychiatry in 1920, treating people suffering from psychosis. His close friend, Clara Thompson, has commented, “When Ferenczi was in the United States in 1926, Sullivan met him and found his thinking the most congenial to his own way of thinking of any of the analysts. At the same time, it would be an exaggeration to say that they influenced each other to any extent. Their contact was too brief, and each continued to develop without further communication with the other” (1952, 105).

Clara Thompson became the first elected president of the Washington-Baltimore Psychoanalytic Society, serving for two years, from 1930 to 1932, when she left for Budapest. At that time, Sullivan was vice president of the American Psychoanalytic Association. Thompson has remarked, “I would not have gone to Ferenczi [for my personal analysis] if Sullivan hadn’t insisted that this was the only analyst in Europe he had any confidence in; and therefore, if I was going to go to Europe and get analyzed, I had just better go there. So I went” (Perry 1982, 202). The plan was that, on her return, she would analyze Sullivan, which she did for a relatively short time, stopping after about three hundred treatment hours because Thompson “had such awe of Sullivan’s intellectual capacities that she could not effectively go on with it” (Chapman 1976, 53). Sullivan seems to have been referring to her when he commented that he had proposed to a woman, and she had accepted, but the next morning they each had raced to the phone to call the other and call it off (Perry 1982, 201–2). Neither married or had children. Thompson was treated by Ferenczi in the summers of 1928 and 1929, and then for two years continuously from 1931 until Ferenczi’s death in 1933. She was one of Ferenczi’s patients in his experiment with mutual analysis, and she later commented on his theories and practice:
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In contrast to Freud’s idea that the neurotic problems of childhood develop from the child’s struggle with his instincts, Ferenczi believed that the child became ill as a result of the neurosis of his parents. “There are no bad children. There are only bad parents,” he said. He firmly believed that a person became ill because of what had happened to him. (1944, 246-47)

His orientation may have contributed to Fromm-Reichmann’s notions, later revised, of the schizophrenogenic mother.

Thompson seems to figure in Ferenczi’s Clinical Diary as Dm, the patient who brought down Freud’s wrath on Ferenczi. Ferenczi wrote on January 7, 1932:

See the case of Dm., a lady who, “complying” with my passivity, had allowed herself to take more and more liberties, and occasionally even kissed me. Since this behavior met with no resistance, since it was treated as something permissible in analysis and at most commented on theoretically, she remarked quite casually in the company of other patients, who were undergoing analysis elsewhere: “I am allowed to kiss Papa Ferenczi, as often as I like.” I first reacted to the unpleasantness that ensued with the complete impassivity with which I was conducting this analysis. But then the patient began to make herself ridiculous, ostentatiously as it were, in her sexual conduct (for example at social gatherings, while dancing). It was only through the insight and admission that my passivity had been unnatural that she was brought back to real life, so to speak, as insight does have to reckon with social opposition. Simultaneously it became evident that here again was a case of repetition of the father-child situation. As a child, Dm. had been grossly abused sexually by her father, who was out of control; later, obviously because of the father’s bad conscience and social anxiety, he reviled her, so to speak. The daughter had to take revenge on her father indirectly by failing in her own life. (1985, 2)

Here we have a fascinating vignette in which a woman, abused by her father, takes revenge on him indirectly, in the transference, when she sounds the alarm of potential metaphorical incest, a sequence that is hardly rare in the treatment of those who have suffered childhood abuse. Ferenczi was rebuked by Freud, who had been his analyst and was aware of Ferenczi’s difficulties (Stanton 1991, 48–49). Ferenczi’s work has languished for over fifty years, a heavy price to pay for his having inadequately maintained physical boundaries and thus passively encouraged a potential seduction. This illustrates the principle, emphasized by Fromm-Reichmann, that countertransference involves containing our reactive impulses. Ferenczi had been actively passive, imprudently refraining from setting limits on physical contact.
This episode raises the issue of confidentiality, the revealing of secrets to those not clinically involved in a particular treatment. In a footnote to the *Clinical Diary*, Judith Dupont (in Ferenczi 1985, 3n. 2) officially broke through the confidentiality that Ferenczi attempted to protect even in his private journal and identified Thompson as Dr. Dupont has revealed a secret that Thompson may have told only Ferenczi and possibly Sullivan, who then would have made an astute clinically based referral when he sent her to Ferenczi.

On her return from Budapest, Thompson moved from Washington to New York City, but continued to collaborate with Sullivan as well as with Fromm-Reichmann and their associates, who taught in the Washington School of Psychiatry and its New York City branch, which would become the William Alanson White Institute; they all commuted between Washington and New York as often as once a week.

A dramatic clinical event highlights the teamwork among these analysts, which allowed for hostile rivalry. Thompson once had a patient who developed a paranoid reaction and bought a gun for the purpose of killing her. On the way to her session, the gun in her purse, the patient fell on the sidewalk, having developed a hysterical paralysis. The police discovered the pistol. Thompson directed the patient to Fromm-Reichmann at Chestnut Lodge. As Sue A. Shapiro notes, “In her college yearbook Thompson described her future plans to be a doctor and . . . stated that her goal was ‘To murder people in the most refined manner possible’” (1993, 165). This was the only time that Thompson referred a patient not simply to Chestnut Lodge but specifically to Fromm-Reichmann.

Ferenczi’s impact on psychoanalytically oriented work with the severely mentally ill has been too little acknowledged. I had expected to find frequent references to Ferenczi in the transcripts of the nearly one hundred lectures that Sullivan gave at Chestnut Lodge, but was astounded to discover that he at no time discussed, and only rarely alluded to, Ferenczi or anyone else who had contributed to his thinking (Sullivan 1940, 178).

*Ferenczi’s Influence on Fromm-Reichmann*

I believe that Ferenczi’s major impact on the Washington area occurred with the arrival of Fromm-Reichmann at Chestnut Lodge in 1935. Fromm-
Reichmann had had a close and longstanding collaboration with Georg Groddeck. In 1920, Ferenczi met Groddeck at the sixth International Psychoanalytical Association Congress in The Hague, Holland. They were to become close friends, and Ferenczi frequently visited Groddeck’s sanatorium in Baden-Baden. Edith Weigert notes that Groddeck likewise “played a stimulating role in the group of Heidelberg psychoanalysts to which Frieda Fromm-Reichmann belonged” (1959, v). Fromm-Reichmann dedicated her *Principles of Intensive Psychotherapy* “To my teachers: Sigmund Freud, Kurt Goldstein, Georg Groddeck and Harry Stack Sullivan.”

Fromm-Reichmann was hardly a novice at the time she met Groddeck in the mid-1920s. She had worked closely with Kurt Goldstein treating brain-injured soldiers and had administered a hospital specializing in this area during World War I. From Goldstein, Fromm-Reichmann gained the following benefits: (1) a thorough grounding in neurology, with a special emphasis on aphasia and its treatment; (2) experience in writing scientific papers, some coauthored with him (Goldstein and Reichmann 1914, 1916, 1919, 1920); (3) an opportunity to work in hospital administration and to lead men in a men’s world during wartime (she was a major in the Prussian Army); and (4) a holistic orientation, which released her from the mind-body duality. Goldstein regarded the zeal of psychoanalysts with outspoken skepticism and articulately outlined how theoreticians have a tendency to comb their data for support of their pet theories rather than to look for objective knowledge; this resonates with Ferenczi’s lifelong orientation as a researcher. Goldstein’s most widely known work, *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man* (1939), sets forth his thesis. The Chestnut Lodge Staff Library houses Fromm-Reichmann’s personal copy, which is inscribed by Goldstein: “Frieda, In alter, erneueter Zuneigung [in old, renewed affection]. Aug. 1946 Santa Fe, Kurt.”

In addition to her experience with Goldstein, Fromm-Reichmann had worked at the Weisser Hirsch sanatorium in the mountains near Dresden with I. H. Schultz, whom she identified as the only person doing psychotherapy in hospitals immediately after the war. Still based in Dresden, she started her psychoanalytic training in 1923, at the age of thirty-four, in Munich with Wilhelm Wittenberg, whom Daniel Burston characterizes as “a zealous Freudian” (1991, 15). Fromm-Reichmann said, “My first analyst was Wittenberg, somebody in Munich whom nobody knows. A very
decent fellow. Later, Erich [Fromm] went to him. We had decided when we both would be through, we wanted to take him out for champagne and he should teach us how to eat oysters. But, unfortunately, he died of cancer before that. An awfully nice fellow” (1989, 479). Later she underwent a training analysis with Hans Sachs in Berlin (1989, 480). Thus, she was Sachs’s analysand at the time that he, Karl Abraham, and Max Eitingon vehemently opposed Rank and Ferenczi when they brought out their coauthored book, The Development of Psycho-Analysis (1924).

This complex grounding prepared Fromm-Reichmann to be receptive to and immediately conversant with Groddeck’s and Ferenczi’s ideas and efforts, while remaining keenly aware of their ideological ramifications. In her 1924 paper, “On Psychoanalysis,” which was read at the Society for Natural and Medical Sciences in Dresden, she emphasized the unity of mind and body. Probably she was already working closely with Groddeck, who was twenty-three years her senior. Later, she opened her own sanatorium, with a kosher kitchen, which was nicknamed the “torah-PEuticum.”

There, she met, briefly treated, and in 1926 married and arranged clinical training for the Zionist sociologist, Erich Fromm, who was ten years her junior. That year, they organized a group of nine Frankfurt analysts, who formed an institute in 1920. “By contrast to other psychoanalytic institutes, the one in Frankfurt did not train psychoanalysts, but tried to influence the social sciences by taking part in the university teaching program” (Hoffmann, personal communication). As World War II closed in, and two years after Ferenczi’s death in 1933, it was Fromm-Reichmann who arranged for Groddeck’s hospitalization, thus saving him from his delusional plan personally to warn Hitler that his men were being unfair to the Jews (Grossman and Grossman 1965, 195–98).

Leslie Farber has described one aspect of Fromm-Reichmann’s support of her colleague and teacher:

Anyone who knew Dr. Fromm-Reichmann knew that she was a well-brought-up, refined, upper middle-class, German-Jewish lady. During Georg Groddeck’s last years, prior to his commitment to an institution, she performed the offices of his hostess with fastidious skill. Once or twice a year, she helped Groddeck to assemble at his estate a group of distinguished European psychiatrists. It was her duty to arrange for food, wine, and cigars and in general to put these guests (many of whom did not know one another) at their ease, to ensure a comfortable social
atmosphere out of which might come the sort of conversation Groddeck wished about matters psychoanalytic. Once the group had gathered, and following all her work of arrangement and preparations, she was required, as the only woman present, to assist in setting the scene and maintaining the appropriate tone to the occasion, but always without calling attention either to her assistance or to the novelty of her presence. Of course, it might happen that in the consideration of some question of feminine psychology, Groddeck would suddenly turn to her and say, "Frieda, we men cannot really know about these things. As a woman, Frieda, you must instruct us." At such moments, I am sure, she was more than rewarded for the physical and emotional labor of these occasions, not to mention the irritations involved in dealing with a person as crotchety and difficult as Groddeck became in his later years. (1976, 192)

In taped interviews, Fromm-Reichmann said, "I've had a life where I always had to be the muse, because I thought what they [the men] will do will be of greater significance. And what I could do was just to take off their jobs so that they could do their special work" (1989, 475). Thus, despite her distinguished career and resolutely independent views on the practice of psychoanalysis, Fromm-Reichmann conformed to the conventional attitudes toward gender roles that prevailed in her social milieu.

In 1931, Dexter Bullard, Sr., took over management of Chestnut Lodge, which had been founded by his father in 1912. He gave himself five years to determine the direction of the place, and at the four-and-a-half-year mark, he reluctantly brought in the German-Jewish immigrant, since he needed summer coverage. He had decided the hospital would have a psychoanalytic orientation, since he was struck by the similarity between psychotic communications and the life of the mind in dreaming. He often said it was love at first sight when he met Frieda. Actually, she was just what he needed, since she had vast experience in actualizing what he had only dimly imagined. She stayed, and put his hospital on the world map (Silver 1989a).

On rereading the transcripts of the meetings held at the Lodge, either the Wednesday staff conferences (Silver and Feuer 1989) or of the voluminous year-long "Schizophrenia Seminar" held in 1952 (unpublished), I am struck by the congruence between the participants' orientation regarding countertransference and that expressed in Ferenczi's papers. I shall quote one such example, from the open discussion of a case presentation. Fromm-Reichmann, who was four feet, ten inches tall, commented to a large
athletic male therapist: “What we hear is that you made contact with her [the patient] and that she talks to you, but I have a hard time hearing what other directives you have in conducting this treatment, other than ‘Thank God, we talk to each other,’ not using the talking to each other for any purpose and it could be that you haven’t been active or positively aggressive there for the reason you just mentioned, that you are afraid” (Silver and Feuer 1989, 25–26).

However, I find no instance where Fromm-Reichmann mentioned Ferenczi or Groddeck in those settings. The “Schizophrenia Seminar” culminated in a 1953 panel presentation at the American Psychoanalytic Association, “Intuitive Processes in the Psychotherapy of Schizophrenics,” with contributions by Fromm-Reichmann (1955a, 1955b), Alberta Szalita-Pemnow (1955), Harold Searles (1955), Donald Burnham (1955), and Marvin Adland (unpublished). The transcript of the seminar, which is being prepared for publication, is redolent with the same brutal self-honesty and clinical dedication that infuse Ferenczi’s Clinical Diary.

I believe that Fromm-Reichmann brought the spirit of Groddeck’s, Ferenczi’s, and certainly her own work to the United States at Chestnut Lodge; however, like Sullivan, she did not expatiate about the specific contributions of colleagues who had shaped her views. During her years in Washington, Ferenczi’s and Groddeck’s names had become anathema; their ideas about how to use psychoanalysis in the treatment of severely ill patients were often heavily attacked.

Fromm-Reichmann became a popular and inspiring teacher, both locally and nationally. However, we do Fromm-Reichmann herself and our patients a disservice if we consider her a miracle worker with superhuman empathic abilities and meteoric brilliance. By making her seem so grand, we risk missing her message, which is that with training and self-honesty, the majority of therapists can work intensively with patients suffering from psychosis and borderline disorders. She had mastered skills, as had others in her European analytic community. She was the carrier, the vector for their infectious optimism, curiosity, humanism, and relative egalitarianism. She brought these qualities and their accumulated clinical expertise with her. The Lodge became her substitute for Groddeck’s and her own sanatorium; the small group meetings and the staff conferences replicated the discussions at Baden-Baden and the Southwest German Psychoanalytic Institute in
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Heidelber. The community of colleagues supported each other so that once again the patients' therapeutic strivings could be recognized.

The key difference between Ferenczi's style of work and that at the Lodge is the latter's far more rigorous structuring of the treatment situation. As Fromm-Reichmann has summarized:

Ferenczi, one of the most impressive leaders in the early years of psychoanalysis, followed a different course. He was convinced, as are all psychoanalysts, that the clarification of early infantile and childhood experiences are of paramount significance to patients. He invited patients to re-enact their experiences with him, believing that these transferred reactivations would speed therapeutic experiences. My objection to this suggestion stems predominantly from the danger implicit for many psychiatrists of losing track of their role as participant observer by becoming a gratified participant co-actor in relation to the patient's infantile needs. I feel more strongly opposed to it from this standpoint than from anything else that has been said for verbalization versus action. This objection is similar to those discussed later regarding sexual experiences with patients. (1950, 123)

I wonder whether Fromm-Reichmann's concluding demurrals allude to possible remarks by Thompson about her treatment with Ferenczi.

The Patient as Therapist to His Analyst

Harold Searles's paper, "The Patient as Therapist to His Analyst" (1972), delineates phenomena closely related to those observed by Ferenczi. Lewis Aron has recently commented that "Searles may be the contemporary American answer to Ferenczi" (1992, 183). Although Aron draws parallels between Searles's and Ferenczi's dedication to working with severely ill patients, he does not consider their treatment approaches, which contrast in many ways. Searles is alert to patients' therapeutic strivings, but does not act upon their unconscious invitations to reverse roles. He writes: "I am focusing upon the situation of psychoanalytic therapy, wishing to highlight both the irony and the technical importance of the (to my mind) fact that the more ill a patient is, the more does his successful treatment require that he become, and be implicitly acknowledged as having become, a therapist to his officially designated therapist, the analyst" (1972, 381). Ferenczi made this acknowledgment of the patient's therapeutic function explicit, as his Clinical Diary testifies, while Searles elaborates on the importance of maintaining this dimension of the work implicit.
Intriguingly, Searle finds Groddeck in 1923 to be the first who “explicitly describes the patient’s functioning as therapist to the doctor.” He quotes Groddeck as having said: “‘And now I was confronted by the strange fact that I was not treating the patient, but that the patient was treating me’” (1972, 446). While Ferenczi’s writings are currently undergoing rediscovery, I think we should also resuscitate the works of Groddeck, who published his observation of how the patient becomes a therapist to the doctor in The Book of the It (1923, 262–23) some ten years before Ferenczi confided similar thoughts to his Clinical Diary.

In closing, I want to stress the importance of this Ferenczian tradition for contemporary clinicians, since we as a professional group are under unprecedented stress. In the current climate, in which external forces regiment our treatment approaches, it is vital that we understand ourselves as patients. Without such self-scrutiny, we run the risk of counteridentifying with our patients—that is, resonating with and mirroring their states of tension, rather than empathizing with them—and thus failing to use our countertransference constructively as we grapple with the emotional stresses of treating those with severe illnesses.

NOTES

1. For a listing of all the papers read before the Washington Psychoanalytic Association between 1924 and 1929, see Karpman (1930, 103).

2. This and the following quotations from the correspondence between White and Jelliffe are taken from the Manuscript Division of the Library of Congress.

3. This information is derived from medical records at Chestnut Lodge. Confidentiality precludes further access.

4. I am indebted for this and other information about Fromm-Reichmann’s years in Germany to personal communications from Klaus Hoffman, M.D., a psychoanalyst from Reichnau, Germany. He and I are preparing a book on this period in Fromm-Reichmann’s life, which will include a translation of her early papers.

REFERENCES


