Ferenczi's Turn in Psychoanalysis

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The Influence of Ferenczi’s Ideas on Contemporary Standard Technique

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Not only in the scientific literature but also in the “common sense” of psychoanalysis are Freud and Ferenczi often polarized, in that their views on technique are set in opposition, and their standpoints are played off against each other.

Experience versus Insight

An alternative is frequently postulated in the analytic situation between the therapeutic effectiveness of insight, which arises in the patient through recollection, interpretation, and reconstruction, and experience, which is made possible by the patient’s emotional participation in the analytic relationship. In a milder form, which can be traced back to Ferenczi and Rank’s Development of Psycho-Analysis (1923), this formulation presupposes that a combination of affective and cognitive processes is indispensable for psychic transformation, a point of view that is by now no longer controversial (Thomä and Kächele 1985, 271–74).

Anyone who wishes to elevate this contrast into an absolute dichotomy can summon supporting evidence, especially since Freud and Ferenczi themselves on occasion depicted memory and experience as antithetical explanatory models of analytic effectiveness. Before the publication of The Development of Psycho-Analysis, Freud expressed reservations that Ferenczi
and Rank "gave too much weight to the experiential factor—and too little to remembering" (quoted in Grubrich-Simitis 1980, 266). After its publication Freud criticized the book because "'experience' is used like a catchword, its resolution not stressed enough"; in the same letter, on the other hand, Freud conceded that he was impressed by the work as an antidote to his "caution about 'acting out'" (267). In similar words, but no longer critically, Freud defended the work of Ferenczi and Rank in a circular letter of February 2, 1924:

I value the joint book as a corrective of my view of the role of repetition or acting out in analysis. I used to be apprehensive of it, and regarded these incidents, or experiences as you now call them, as undesirable failures. Rank and Ferenczi now draw attention to the inevitability of these experiences and the possibility of taking useful advantage of them. (Freud and Abraham 1965, 345)

In *The Development of Psycho-Analysis*, Ferenczi advocates "attributing the chief role in analytic technique to repetition instead of to remembering," in order to achieve the "transformation of the reproduced material into actual remembering" (Ferenczi and Rank 1923, 4). The crucial factor is "the repetition of the Oedipus relation in the analytic situation," and subsequently the interpretation of the transference (54). Only thereby can one arrive at effective recollection:

Thus the psycho-analytic method of treatment as we understand it today developed into a method which has as its purpose the full re-living of the Oedipus situation in the relation of the patient to the analyst, in order to bring it, with the help of the patient's insight, to a new and more fortunate conclusion.

This relation develops of its own accord under the conditions of the analysis; the analyst then has the task of noticing its development from slight indications and of bringing the patient to a complete reproduction of the relation in the analytic experience. At times he must bring mere traces of the relationship to development by appropriate measures (activity). (54–55)

Although the discourse here focuses on the analytic situation as a relationship, it is the relationship of the patient to the analyst that is at issue. The emotional experience pertains exclusively to the patient, while the relationship of the analyst to the patient is not adequately contemplated. Therefore recent readings regard Ferenczi and Rank's book as an outmoded conception of the psychoanalytic process, because (at least explicitly) the analyst is still depicted as the observer or active helper—insofar as he or
she modifies the analytic setting—of the psychoanalytic process of and in the patient (Fogel 1993).

**Father versus Mother**

The polarity between Freud as father and Ferenczi as mother is likewise not arbitrary and rests on the fact that they occasionally depicted themselves in diametrically opposed fashion—as when Freud defines the analyst as surgeon or as mirror (1912b, 115, 118), and Ferenczi defines the analyst as a tender mother (1931, 137). But without further elaboration this polarity risks becoming a caricature. Ferenczi, who participated from the beginning in the construction of the theory of transference and whose study, “Introjection and Transference” (1909), was published three years before Freud’s “The Dynamics of Transference” (1912a), was well aware that the patient’s emotional needs determined whether the analyst would assume the role of the father or mother—or, as a rule, both. In the second phase of his reflections on transference Ferenczi remarked:

For in every correct analysis the analyst plays all possible roles for the unconscious of the patient; it only depends upon him always to recognize this at the proper time and under certain circumstances to consciously make use of it. Particularly important is the role of the two parental images—father and mother—in which the analyst actually constantly alternates. (Ferenczi and Rank 1923, 41).

The dimension—above and beyond the transference—in which the analyst also always brings “real” aspects into the psychoanalytic process is that of the therapeutic alliance. Only in this arena can Freud’s self-understanding as father and Ferenczi’s as mother become meaningful. Ferenczi’s insistence on sincerity, humility (which does not mean the inflicting of countertransferences), and symmetry in the relationship between patient and analyst can be appropriately understood as part of the therapeutic alliance, as contemporary practitioners have recognized (Etchegoyen 1991, 257).

**Research and Theory versus Healing and Therapy**

In addition to the aforementioned alternatives of insight/experience and father/mother, the polarities between Freud as theorist and Ferenczi as therapist, as well as between Freud’s love of research and Ferenczi’s mania
for healing, are likewise widespread and not without support in their works and correspondence, so that scraps of evidence and anecdotes at any rate are easy to find. But in this connection it must be stressed that there exists a gap between Freud’s instructions concerning method and their realization in his actual practice, as anyone can readily see through a parallel reading of Freud’s technical writings and case histories (Haynal 1987, 1-18). That is not surprising, since Freud explicitly spoke out against a “mechanization of technique” (1913a, 123) and compiled his technical writings in the form of recommendations to readers of the Zentralblatt für Psychoanalyse, some of whom had heard him discuss these matters in person at the Vienna Psychoanalytic Society. It would be profitable to regard Freud’s case histories as an amplification of his meager technical instructions.

The Periodization of Ferenczi’s Technical Contributions

Should one acquiesce in the received view of Freud and Ferenczi as polar opposites and take sides in favor of one or the other? Or should one reconcile them? If Ferenczi’s texts are investigated in a historical context, other formulations of the question emerge. In spite of all tendentious misinterpretations, Ferenczi is not always perfectly consistent. Ferenczi is often quoted and invoked without a precise chronological sense of his contributions, although the multifaceted nature of his technical writings was recognized from the beginning. As Alice Bálnint records: “At the Wiesbaden Congress he said himself in the circle of his pupils that it often distressed and alarmed him to think of the various directions in which he had gone in the course of his life and to imagine that perhaps now, scattered throughout the world, there were some of his pupils who still remained true to one or another of his already abandoned methods” (1936, 47).

In each phase of his reflections on psychoanalytic technique, Ferenczi distanced himself from any regulative ideal that could be defined as “standard technique”: “In the course of my practical analytic work, which extended over many years, I constantly found myself infringing one or another of Freud’s injunctions in his ‘Recommendations on Technique’” (1930, 114). Ferenczi’s major innovations concern the psychoanalytic setting and are, in chronological sequence, the “active technique,” based on the principle of renunciation; the “relaxation technique,” based on the princi-
ple of permission; and "mutual analysis." As is well known, the active technique was tried by Freud in the case of the Wolf-Man and advocated in his 1918 lecture to the Budapest Congress (1919). If the normally immutable setting, the "nonnegotiable" aspect of the analytic situation, is changed, it itself becomes process (Etchegoyen 1991, 519); thus modifications of the setting influence the elements of the psychoanalytic process (transference, countertransference, therapeutic alliance).

Ferenczi's Experiments

Contemporary interest has been accorded especially to Ferenczi's brilliant technical experiments. This experimentation was grounded, among other factors, on the practical need to treat a broader spectrum of patients and appealed not least to what, in a letter to Freud of April 17, 1910, Ferenczi termed Freud's "newest principle (which, by the way, is becoming more and more clear to me)—that technique has to direct itself according to the uniqueness of each case" (Brabant et al. 1992, 163). This principle remained valid for Ferenczi as late as 1931, when he asserted that the analyst should introduce variations into the setting that facilitate the analysis especially "in severe cases with which [the usual technique] proved unable to cope successfully" (1931, 128). What is more, Freud too allowed for the possibility of technical modifications when psychoanalysis was used to treat institutionalized patients: "In practice, it is true, there is nothing to be said against a psychotherapist combining a certain amount of analysis with some suggestive influence in order to achieve a perceptible result in a shorter time—as is necessary, for instance, in institutions" (1912b, 118). Or in a more famous formulation: "It is very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion" (1919, 167–68).

On Standard Technique

This contemporary interest in Ferenczi's technical variations should not conceal the degree to which he also made fundamental contributions to the elaboration of standard technique. Despite the Ferenczi renaissance, this
aspect of his contribution remains insufficiently appreciated, so that a foray in this direction is warranted.

The term “standard technique” is preferable to “classical technique.” The predicate “classical” encourages idealizations that might in turn lead to the devaluation of antithetical positions in the research process, and above all it makes no allowance for progress in psychoanalytic research. The term “classical technique,” incidentally, as Freud reminded the members of the Committee in a circular letter on February 15, 1924, was coined by Ferenczi himself (Freud and Abraham 1965, 346; see Jones 1957, 63–64). The standard technique draws together rules of treatment, derived from Freud’s recommendations, from which can be extrapolated “a procedure for the physician which is effective on the average” (Freud 1913a, 123). Beyond this, the term “standard technique” points to the international nature of psychoanalysis as a movement and to its status as a scientific discipline. It thus calls attention to the potential translatability of its laws as well as to the possibility of their cumulative development, without overlooking local tendencies and styles or, for that matter, internal and external controversies—for example, with philosophers of science—over its scientific legitimacy. By standard technique is meant something that is continually evolving along with the progress of research in the psychoanalytic community.

Two short tributes by Freud to Ferenczi are frequently quoted but perhaps not completely understood. After the dialogue between them was interrupted by Ferenczi’s death, Freud wrote a sincere obituary in which he did not refrain from distancing himself from Ferenczi’s recent experiments and yet openly proclaimed: “For many successive years we spent the autumn holidays together in Italy, and a number of papers that appeared later in the literature under his or my name took their first shape in our talks there” (1933, 227–28). Freud thereby communicated unmistakably to the psychoanalytic public the degree to which the exchanges with Ferenczi had influenced his own technical recommendations, and vice versa. Freud went on to add that Ferenczi a decade earlier “had already published most of the works which have made all analysts into his pupils” (228). Freud was obviously referring to those works which Ferenczi had published by 1923 and was acknowledging his role as the cocreator and mediator of the standard technique of that time.
In reading Ferenczi's writings one gains the impression of encountering something familiar; one discovers that many concepts and rules in use today derive from Ferenczi, without one's having been aware of it. But certain overlooked features of Ferenczi's thought are particularly prominent. In particular, his investigation of the analytic situation can be seen as a precursor of contemporary standard technique.

Several of Ferenczi's previously mentioned efforts to modify the analytic setting seem to make his work indistinguishable from psychotherapy. These experiments, from which arose Ferenczi's earlier notoriety, have recently been thoroughly investigated. But since elements such as the renunciation of the active technique and the encouragement of relaxation have long been integrated into the fundamental rules of analysis, Ferenczi's experiments can be more profitably regarded as empirical reports on research into the boundaries of the standard setting.¹

Ferenczi's initial premise was that the analytic process takes place in the patient. The analyst was thought to observe the patient and interpret his transferences onto the analyst. But in The Development of Psycho-Analysis Ferenczi took a step forward. The analytic process continued to be located in the patient, but the issue became one of a relationship in the analytic setting. That was an important breakthrough, but as I have already indicated, Ferenczi still spoke only about the patient's relationship to the analyst and the patient's emotional experience, while the relationship of the analyst to the patient was not taken adequately into account.

Finally, however, Ferenczi proposed an innovation that is especially relevant for contemporary standard technique. He defined the analytic process as taking place between patient and analyst and encouraged the analyst to interpret the transferences of the patient with the help of his own countertransference. The analyst and his psychic processes, as well as his theoretical allegiances or metapsychology, became legitimate objects of research in the psychoanalytic process.

What takes place between analyst and patient? What does the analyst contribute to the analytic relationship? This unique relationship consists of three elements: the transference of the patient, the countertransference of
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The analyst as a response to the transference of the patient, and the therapeutic alliance between patient and analyst. How does the analyst move from listening to associations and from feeling countertransferring affects to interpretation? Johannes Cremerius proposes that Ferenczi’s “understanding of the analyst-patient relationship allows the analyst to become the central instrument of the treatment” (1983, 1001). But he simultaneously maintains that it is mandatory to read Ferenczi “through the lens of Bálint” (991).

Ferenczi and Drive Theory

Bálint and object relations psychology have, as is well known, been influenced by Ferenczi, even though its representatives have only rarely invoked him. Thus, one can freely invert the sequence and return to Ferenczi through his effects on Bálint and object relations psychology.

On the other hand, this is not the only possible way to read Ferenczi, so that the question arises: how much of Ferenczi’s work—a many-sided opus divided into several periods—is lost in this perspective? To single out only one point, it is frequently contended that Ferenczi renounced drive theory. In “Confusion of Tongues between Adults and the Child,” Ferenczi indeed proposes a qualification of drive theory: “I am certain—if all this proves true—that we shall have to revise certain chapters of the theory of sexuality and genitality... Also my theory of genitality neglected this difference between the phases of tenderness and passion” (1933, 166). At the same time, Ferenczi does not give up the concept of phase-specific fantasies: “Thus almost without exception we find the hidden play of taking the place of the parent of the same sex in order to be married to the other parent” (163). Far from abandoning drive theory, even in the Clinical Diary (1983), where he vehemently attacks it, Ferenczi undertakes its continual revision. An appreciation of these aspects of his thought is long overdue.

On Transference

At least four phases can be demarcated in Ferenczi’s theory of transference. In the first, Ferenczi investigates some important aspects of transference: its universality in neurosis, its relation to suggestion and hypnosis, and its role
in differential diagnosis. All three of these aspects will be taken up again by Freud in later studies, so that the standpoints of both men are in accord. The correspondence between Freud and Ferenczi from late November 1908 through early February 1909 testifies to their common interest in technique and to the genesis of Ferenczi's "Introjection and Transference" (1909), as well as to Freud's effort to place this paper in a journal. In this initial phase both Ferenczi and Freud differentiate between transference and the reality elements of the therapeutic alliance in the analytic process.

Subsequently, at the time of his book with Rank, Ferenczi underscores "the repetition of the Oedipus relation in the analytic situation (transference)" (Ferenczi and Rank 1923, 54), and thereby places repetition at the heart of his own reflections. Repetition is a facet of transference that had been discovered and emphasized by Freud from the beginning. In his third phase, Ferenczi contends that all expressions of the patient should be understood as transferences on to the analyst. He thereby articulates an expanded conception of transference that foreshadows the Kleinian school. In his final reflections Ferenczi rejects the concept of transference altogether. Inasmuch as Ferenczi seeks to dispense with transference as a feature of the analytic process, he reduces the analytic relationship to an everyday relationship, in which only the therapeutic alliance remains intact.

The Universality of Transference in Neurosis

Ferenczi highlights the universality of transference in neurosis. He observes "that the psychoneurotic's inclination to transference expresses itself not only in the special case of a psycho-analytic treatment, and not only in regard to the physician, but that transference is a psychical mechanism that is characteristic of the neurosis altogether, one that is evidenced in all situations of life, and which underlies most of the pathological manifestations" (1909, 31). Three years later Freud writes similarly in "The Dynamics of Transference": "It is not a fact that transference emerges with greater intensity and lack of restraint during psycho-analysis than outside it. . . . These characteristics of transference are therefore to be attributed not to psycho-analysis but to transference itself" (1912a, 101).

The psychoanalytic cure therefore does not give rise to the transference,
but simply provokes and discloses it as a "catalysis" (Ferenczi 1909, 39). As early as 1909 Ferenczi notes that the unsatisfied libido directs itself onto the analyst, as it can also direct itself onto other people. According to Ferenczi, the transference is "a special case of the neurotic's inclination to displacement" (1909, 33), and the analyst—like any physician—is predestined to become its object. In several cases Ferenczi found that "the relaxation of the ethical censor in the physician's consulting room was partly determined by the lessened feeling of responsibility on the patient's part" (1909, 37). The transference manifests itself in either a positive or a negative form, as Freud likewise maintains: "We must make up our minds to distinguish a 'positive' transference from a 'negative' one, and to treat the two sorts of transference to the doctor separately" (1912a, 105). In his final reflections in the Clinical Diary Ferenczi adopts a completely different view: "The analytic technique creates transference" (1985, 210). The immutability of the analytic setting brings about the formation of the transference neurosis.

Hypnosis and Suggestion

Hypnosis and suggestion are held to arise from transferences founded on sexual wishes toward parental figures. Out of his love or anxiety for his parents the patient transfers his wishes on to the hypnotist. In the first case the patient will be credulous; in the second, obedient: "The capacity to be hypnotised and influenced by suggestion depends on the possibility of transference taking place, or more openly expressed, on the positive, although unconscious, sexual attitude that the person being hypnotised adopts in regard to the hypnotist; the transference, however, like every 'object love,' has its deepest roots in the repressed parental complexes" (Ferenczi 1909, 57).

The Significance of Transference for Differential Diagnosis

Ferenczi furthermore draws attention to the importance of transference for differential diagnosis. Since all neurotics are inclined to transference, the presence of transference as a common trait allows the neuroses to be differentiated from other psychic disturbances, specifically dementia praecox and paranoia (1909, 40). The demented individual detaches his interest
from the external world and becomes autoerotic; the paranoiac projects his
unwanted libidinal excitations onto the external world. The neurotic,
unlike either of these, seeks objects in the external world, cathects them
with fantasies, takes them up into the "ego"—or what would be rendered
in contemporary terminology as self-representations—and transfers his
feelings on to them: "I described introjection as an extension to the
external world of the original autoerotic interests, by including its objects
in the ego" (1912, 316). Ferenczi attempts a summary formulation: "The
psychoneurotic suffers from a widening, the paranoiac from a shrinking of
his ego" (1909, 41).

This initial theory of transference held by Ferenczi condenses elements
that appear scattered in various places throughout Freud's works. A compar-
ison between Ferenczi's essay and Freud's "Dynamics of Transference" is
fruitful. The latter belongs to the series of papers in the Zentralblatt that did
not seek to introduce any new views, but simply didactically to impart the
standard technique of the time.

Ferenczi's early reflections continued to influence clinical practice the
1960s. Ralph Greenson, for example, took over, among other ideas, Fer-
enczi's conception of transference as displacement: "Displacement refers to
the shift of feelings, fantasies, etc. from an object or object representation in the
past to an object or object representation in the present" (1967, 175). On
the other hand, in contrast to Ferenczi, it seemed vital to Greenson to
separate the concept of transference from that of introjection. He criticized
the Kleinian conception of transference as projection and introjection, and
thereby indirectly pointed to a contradiction in Ferenczi's first conceptions.
Projection refers to the shifting of one part of the self-representation onto
an external object or onto an object-representation, whereas introjection
"is the incorporation of something from an external object into the self-
representation" (175). Therefore, for Greenson introjection and projection
do not coincide with transference understood as the displacement of some-
thing from the patient's past into the current analytic situation.

**Ferenczi's Later Concepts of Transference**

In his second phase, which culminates in The Development of Psycho-Analysis,
Ferenczi elaborates an aspect of transference that is mentioned but not
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worked out in “Introjection and Transference.” Transference is mainly seen at this time as a repetition of the oedipal relation in the analytic situation. But whereas in the first and second periods the real aspects of the analyst are preserved alongside the transference as the nucleus of the therapeutic alliance, in the third phase every relation of the patient to the analyst is seen by Ferenczi as a transference phenomenon: “I can only repeat here that for me and my analysis it is an advance that I take Rank’s suggestion regarding the relation of patient to analyst as the cardinal point of the analytic material and regard *every* dream, *every* gesture, *every* parapraxis, *every* aggravation or improvement in the condition of the patient as above all an expression of transference or resistance” (1925, 225). Ferenczi admits that priority in this technical standpoint actually belongs to Georg Groddeck, “who when the condition of one of his patients is aggravated always comes forward with the stereotyped question, ‘What have you against me, what have I done to you?’” (225). This concept was resuscitated and further extended by Melanie Klein, who began her career as Ferenczi’s pupil.

In the *Clinical Diary*, finally, as I have indicated, Ferenczi attempts at least provisionally to abandon the distinction between analytic and everyday relationships: “Through the henceforth consciously directed unmasking of the so-called transference and countertransference as the hiding places of the most significant obstacles to the completion of *all* analyses, one comes to be almost convinced that no analysis can succeed as long as the false and alleged differences between the ‘analytical situation’ and ordinary life are not overcome” (1985, 129).

**On Countertransference**

The term “countertransference” first surfaces in Freud’s correspondence with Jung in a letter of July 7, 1909, and then appears in print in “The Future Prospects of Psycho-Analytic Therapy” (1910). Freud avows his own paternal countertransference toward Ferenczi in a letter to Ferenczi of October 6, 1910, after the latter had lamented the misunderstandings on their shared Sicilian journey. Countertransference is understood by Freud, following a metaphor of Stekel’s, as a “blind spot” (1912b, 116).

Long before Paula Heimann (1950) in London and Heinrich Racker (1948) in Buenos Aires, among others, recognized the countertransference
to be not simply an interference but an important tool of the treatment, Ferenczi led the way in this direction with “The Control of the Counter-Transference,” a section in his paper, “On the Technique of Psycho-Analysis” (1919).

In this work Ferenczi regards the countertransference first of all as a dangerous independent phenomenon: “The enthusiastic doctor who wants to ‘sweep away’ his patient in his zeal to cure and elucidate the case does not observe the little and big indications of fixation to the patient, male or female, but they are only too well aware of it, and interpret the underlying tendency quite correctly without guessing that the doctor himself was ignorant of it.” Ferenczi warns that “insufficient consideration of the counter-transference puts the patient himself into a condition that cannot be altered and which he uses as a motive for breaking off the treatment” (1919, 188). These passages could be construed to foreshadow the idea of Lacan (1951)—or, in an entirely different theoretical framework, of Robert Fliess (1953, 273)—that the transference is a reaction of the patient to the analyst's countertransference. But Ferenczi did not adopt this radical concept of countertransference; it is understood by him above all as a neurotic remnant of the analyst's transference, a blind spot, and not yet as a response to the patient's transference. In the radical view of the reciprocal transferences between patient and analyst, the uniqueness of the analytic relationship is renounced, and the rules of communication of ordinary life, including symmetry and mutuality, prevail.2 But “the course the analyst must pursue is neither of these; it is one for which there is no model in real life” (Freud 1915, 166).

In their reproaches, Ferenczi writes, “the patients are simply unmasking the doctor's unconscious. . . . In such arraignments, therefore, both the opposing parties, remarkably enough, are right. The doctor can swear that he—consciously—intended nothing but the patient's cure, but the patient is also right, for the doctor has unconsciously made himself his patient's patron or knight and allowed this to be remarked by various indications” (1919, 188). Only if this unconscious attitude of the analyst were to arise as a reaction to the transference of the patient could it be regarded as a “complementary attitude” (Deutsch 1926, 423) or a “complementary identification” (Racker 1948, 124–25; 1953, 134–35).
In a February 7, 1911, letter to Freud, Ferenczi described the countertransference as a response to an induction process stimulated by the patient:

“L’autre danger” that the psychoanalyst is subject to . . . is that, in lovingly going into the determinants of a neurosis, one finds them, so to speak, justified. One is actually right in doing so: everything that exists is _eo ipso_ —from a philosophical point of view—justified in existing. The only thing is that this all too forgiving understanding can make one too inclined to take a position in favor of the patient (i.e., in favor of fantasy) and against those close to him (i.e., reality).

Besides monitoring the countertransference, one must therefore also pay heed to this “being induced” by the patients. (Perhaps it is only a question here of a form of countertransference.) (Brabant et al. 1992, 253)

Later authors, who do not differentiate between complementary and concordant identification, have regarded the countertransference as a “creation of the patient” and a piece of his personality (Heimann 1950, 83). Racker has attempted a clarification by introducing the concept of a complementary identification on the part of the analyst as a reaction to the projective identification of the patient (1958, 66). Léon Grinberg has further attempted to distinguish between complementary identification and projective counteridentification. Although the former arises as a reaction, it is founded on neurotic remnants in the analyst. Projective counteridentification is the response to the projective identification of the patient, which is held to be independent of the analyst’s conflicts (1979, 176–77).

In “The Control of the Counter-Transference” Ferenczi depicts the emergence of the countertransference. First the analyst succeeds in controlling his attitude toward the patient, then he finds himself in a state of resistance to the countertransference, and finally the analyst can succeed in managing the transference:

If the psycho-analyst has learnt painfully to appreciate the counter-transference symptoms and achieved the control of everything in his actions and speech, and also in his feelings, that might give occasion for any complications, he is threatened with the danger of falling into the other extreme and of becoming too abrupt and repellent towards the patient; this would retard the appearance of the transference, the precondition of every successful psycho-analysis, or make it altogether impossible. This second phase could be characterized as the phase of resistance against the counter-transference. (1919, 188)

Ferenczi thereby justifies the countertransference, which arises as a response to the transference of the patient, as an instrument, provided that the analyst
is aware of it. For this reason he speaks out in favor of the necessity of a training analysis, which has the aim of enabling the analyst to master the “blind spots” of countertransference. Thence ensued the introduction of the second “fundamental rule” (the first being that of free association), namely, the duty of every analyst to undergo a training analysis. Ferenczi concludes:

Only when this has been achieved, when one is therefore certain that the guard set for the purpose signals immediately whenever one’s feelings towards the patient tend to overstep the right limits in either a positive or a negative sense, only then can the doctor “let himself go” during the treatment as psycho-analysis requires of him. (1919, 189)

This letting-go characterizes the countertransference of the analyst as a response to the transference of the patient:

In time one learns to interrupt the letting oneself go on certain signals from the preconscious, and to put the critical attitude in its place. This constant oscillation between free play of phantasy and critical scrutiny presupposes a freedom and uninhibited motility of psychic excitation on the doctor’s part. (189)

Evenly Hovering Attention

The concept of evenly hovering attention defines the analytic mode of listening (Greenon 1967, 100; Thomä and Kächele 1985, 248). Such oscillation allows the analyst to adopt at once a detached and an engaged standpoint. Ferenczi describes the capacity of the analyst to shuttle back and forth between the positions of observer and participant and pleads for an equipoise between feeling and thinking. He says that technique requires the analyst to engage in “the free play of association and phantasy, the full indulgence of his own unconscious; we know from Freud that only in this way is it possible to grasp intuitively the expressions of the patient’s unconscious that are concealed in the manifest manner of speech and behavior” (1919, 189). Ferenczi relies here on Freud’s notion that analysis involves communication from unconscious to unconscious. Freud writes that the analyst

must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves, so the doctor’s unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient’s free associations. (1912b, 115–16)
The analyst should be in a position “to use his own unconscious in this way as an instrument in the analysis” (115), since “everyone possesses in his own unconscious an instrument with which he can interpret the utterances of other people” (1913b, 320).

Freud captures in these images the dynamic interplay between transference and countertransference. This unique form of communication is the instrument that opens the way to interpretation. “On the other hand,” Ferenczi writes, “the doctor must subject the material submitted by himself and the patient to a logical scrutiny, and in his dealings and communications may only let himself be guided exclusively by the results of this mental effort” (1919, 189). The analyst then no longer resonates with, but rather deliberately pulls back from, the patient. Ferenczi formulates this step in interpretation still more clearly ten years later in “The Elasticity of Psycho-Analytic Technique”: “Before the physician decides to tell the patient something, he must temporarily withdraw his libido from the latter, and weigh the situation coolly; he must in no circumstances allow himself to be guided by his feelings alone” (1928, 90). Ferenczi here reiterates the same set of ideas and conveys the rhythm of analytic work:

One gradually becomes aware how immensely complicated the mental work demanded from the analyst is. He has to let the patient’s free associations play upon him; simultaneously he lets his own fantasy go to work with the association material; from time to time he compares the new connexions that arise with earlier results of the analysis; and not for one moment must he relax the vigilance and criticism made necessary by his own subjective trends.

One might say that his mind swings continuously between empathy, self-observation, and making judgements. The latter emerge spontaneously from time to time as mental signals, which at first, of course, have to be assessed only as such; only after the accumulation of further evidence is one entitled to make an interpretation. (95–96)

Thus, Ferenczi again distinguishes between the blind spot, the analyst’s interfering “subjective trends,” and his enabling “fantasy,” the countertransference in a contemporary sense.

**Empathy**

In contemplating the most favorable moment for offering an interpretation, Freud had from the outset drawn attention to the requirement that the
analyst be able to listen empathically. Freud cautioned the analyst not to proceed “until a transference has been established in the patient, a proper rapport with him. It remains the first aim of the treatment to attach him to it and to the person of the doctor. . . . It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding” (1913a, 139–40).

Ferenczi further elucidates the importance of this empathic resonance: “In general it is advantageous to consider for a time every one, even the most improbable, of the communications as in some way possible, even to accept an apparently obvious delusion. . . . Thus, by leaving on one side the ‘reality’ question, one can feel one’s way more completely into the patient’s mental life” (1931, 235).

In a letter to Freud of January 15, 1928, which comments on “The Elasticity of Psycho-Analytic Technique,” however, Ferenczi sharply delineated the boundaries of empathy: “I . . . mean that one must at first put oneself in, ‘empathize’ with, the patient’s situation. . . . The analyst’s empathy dare not take place in his unconscious, but in his preconscious” (quoted in Grubrich-Simitis 1980, 272). It is a kind of identification, as Ferenczi notes in his effort to proffer a metapsychology of the psychic processes in the analyst during analysis: “His cathexes oscillate between identification (analytic object-love) on the one hand and self-control or intellectual activity on the other” (1928, 98). R. Horacio Etchegoyen (1991, 270–74) has attempted to understand the concept of empathy not in the manner of social science, but, following Ferenczi, psychoanalytically. As Etchegoyen makes clear, empathy is a matter of concordant countertransference. The analyst experiences every feeling that the patient has experienced and identifies himself with the patient, or rather with the affected part of the patient's psychic apparatus (see Racker 1948, 124–25; 1953, 134–36).

The Counter-Question Rule

A number of Ferenczi’s later reflections on technique have passed into the received wisdom of standard technique without necessarily having been credited to their originator. For example, Ferenczi is the forgotten creator of the counter-question rule (Thomä and Kächele 1985, 252–57). He writes:
I made it a rule, whenever a patient asks me a question or requests some information, to respond with a counter interrogation of how he came to hit on that question. If I simply answered him, then the impulse from which the question sprang would be satisfied by the reply; by the method indicated, however, the patient’s interest is directed to the sources of his curiosity, and when his questions are treated analytically he almost always forgets to repeat the original enquiries, thus showing that as a matter of fact they were unimportant and only significant as a means for the unconscious. (1919, 183)

Silence

Ferenczi also concerns himself with the meaning of silence:

In such cases it is better to encounter the patient’s silence with silence. It may happen that the greater part of the hour passes without the doctor or the patient having said a single word. The patient finds it very difficult to endure the doctor’s silence; he gets the impression that the doctor is annoyed with him, that is, he projects his own bad conscience on the doctor, and this finally decides him to give in and renounce his negativism. . . . The fact that the doctor at many interviews pays little heed to the patient’s associations and only pricks up his ears at certain statements also belongs to the chapter “on counter-transference”; dozing may happen in these circumstances. (1919, 179–80)

Racker’s attitude to the foregoing is interesting, especially since he places only a limited value on Ferenczi’s contribution to the understanding of countertransference:

He [the analyst] listens most of the time, or wishes to listen, but is not invariably doing so. Ferenczi (1919) refers to this fact and expresses the opinion that the analyst’s distractibility is of little importance, for the patient at such moments must certainly be in resistance. . . . At any rate, Ferenczi here refers to a countertransference response and deduces from it the analysand’s psychological situation. He says “that we were reacting unconsciously to the emptiness and worthlessness of the associations just presented by the withdrawal of conscious excitation” (1919, 180). The situation might be described as one of mutual withdrawal. The analyst’s withdrawal is a response to the analysand’s withdrawal, which, however, is a response to an imagined or real psychological position of the analyst. If we have withdrawn—if we are not listening but are thinking of something else—we may utilize this event in the service of the analysis like any other information we acquire. (1953, 138–39)

Ferenczi continues to laud the silence of the analyst in the later phases of his development, and, it should be noted, not simply at the time of his
active technique of renunciation but in the final period of his relaxation technique. In his posthumously published *Notes and Fragments*, he writes: "The disadvantages of 'going on talking.' Obstacles to 'relaxation.' Communication makes things 'clear conscious' and speculative. Associations remain on the surface (or go round in circles; *piétiner sur place*). Relation to analyst remains conscious" (1932c, 258). Ferenczi then has recourse to clinical practice and offers two cases. In one, "The patient felt disturbed and irritated by the often repeated 'signs of agreement' ('Hm'—'yes'—'of course,' etc.) on the part of the analyst; had the feeling that something was being interrupted by them" (1932b, 259). It is, he observes elsewhere, up to the tact or concordant countertransference—in other words, the capacity for empathy—of the analyst to know "when one should keep silent and await further associations and at what point the further maintenance of silence would result only in causing the patient useless suffering" (1928, 89). In Ferenczi's first case, "Interpretations given prematurely were particularly disturbing. Perhaps he would have arrived at the same interpretation (explanation) on his own if only it had not been 'communicated' to him. Now he did not know how much of the interpretation was spontaneous, that is, acceptable, and how much 'suggestion.' The greatest possible economy of interpretation is an important rule" (1932b, 259). Ferenczi had already recommended earlier: "Above all, one must be sparing with interpretations, for one of the most important rules of analysis is to do no unnecessary talking; over-keenness in making interpretations is one of the infantile diseases of the analyst" (1928, 96). The need for caution in the handling of interpretations has been widely recognized and seconded through the years. Ferenczi mentions a second case in his late fragment: "Analysis of B.: she literally shouted at me: 'Do not talk so much, do not interrupt me; now everything has been spoiled again.' Frequently interrupted free associations tend to remain more on the surface. Any communication or talk brings the patient back into the present situation (analysis) and may hinder him from sinking deeper" (1932b, 259).

**Abuse of Free Associations**

Citing the example of the case of an obsessional neurotic who associated nonsensical material, Ferenczi regards the misuse of free associations as a
resistance (1919, 177–83). If the analyst draws the patient's attention to his unconscious resistance, the person suffering from obsessions tries to lead the analyst astray, to get him to abandon the fundamental rule in order to be able to arrange his communications systematically, or even demands that he be interrogated or hypnotized by the analyst. If the patient remains silent too long, he is concealing something. In some instances the patient, when asked the reasons for his silence, replies that he has no clear ideas. That only confirms he is engaged in resistance, since he thereby proves that he has scrutinized his associations and then suppressed them. Among Ferenczi's various examples one is particularly noteworthy, namely, that associations beginning with the phrase, "I think that," have already been subjected to a critical examination (1919, 180).

Activity as a Parameter

Last but not least, I should like to recall what Ferenczi wrote about the application of the active technique:

The main thing about this technical auxiliary is, and remains, the utmost economy of its employment; it is only makeshift, a pedagogic supplement, to the real analysis whose place it must never pretend to take. On another occasion I have compared such measures to obstetric forceps that also should be used only in extreme need and whose unnecessary employment is rightly condemned by medical art. (1921, 208).

Seen in this light, Ferenczi's experiments in each one of his phases constitutes the search of an experienced analyst for those supplementary measures or parameters that can extend the indications for psychoanalysis, insofar as they consciously modify the standard technique, of which Ferenczi himself was the co-creator and masterly practitioner. In a letter of January 4, 1928, to Ferenczi, Freud expressed his approbation of "The Elasticity of Psycho-Analytic Technique": "Your article ... testifies to the preeminent maturity you have acquired in the past years and in which you have no peers" (quoted in Grubrich-Simitis 1980, 271).

Conclusion

If thoughts are provisional actions, then entries in a diary are a kind of provisional thought, in which ideas flow with relative freedom from inhibi-
tion and are carried to their ultimate conclusions. In the *Clinical Diary* Ferenczi describes his practice of mutual analysis as well as the impossibility of such an undertaking. Nonetheless, Michael Bálint reports that Freud, when faced with the planned publication of the *Diary*, “did not object to any part of the text proposed by us; on the contrary, he expressed his admiration for Ferenczi’s ideas, until then unknown to him” (Ferenczi 1985, 219).

Ferenczi’s final entry in the *Clinical Diary* was recorded on October 2, 1932. Among the posthumous *Notes and Fragments*, an entry dated October 29, 1932, “The Analyst’s Attitude to His Patient,” bears witness to his continuing reflections on the analytic attitude. Ferenczi writes:

Dilemma: *strictness* provokes repression and fear  
kindness provokes repression and consideration  
G.5: OBJECTIVITY (neither strict nor kind) is the best attitude.  
In any case: a sympathetic, friendly objectivity.  
Is this not Freud’s technique? (1932a, 262)

Ferenczi then continues with a sudden shift, a radical change in direction, which attests to his struggle. “In some respects it is, but forcing one’s own theory is not objective—a kind of tyranny. Also the whole attitude is somewhat unfriendly” (262). In a dense entry to the *Clinical Diary*, dated July 6, 1932, “Advantages and disadvantages, that is, optimal limits of countertransference,” after offering a series of clinical examples, Ferenczi concludes: “All in all still no universally applicable rules” (1985, 157).

It is time to document and historicize the entire spectrum of Ferenczi’s contributions to psychoanalysis, his breakthroughs and dead ends, in order to be able to do justice to the complexity of his work.

**NOTES**

1. “Are not both these principles inherent in the method of free association? On the one hand, the patient is compelled to confess disagreeable truths, but, on the other, he is permitted a freedom of speech and expression of his feelings such as is hardly possible in any other department of life” (Ferenczi 1930, 115).

2. See Axel Hoffer’s nuanced exposition of this theme in his contribution to this volume.

4. Ferenczi’s caveats can be compared to Kurt Eissler’s (1953) conditions for the adaptation of analytic parameters and his contrast between parameters and pseudoparameters.

5. This initial is Ferenczi’s abbreviation and disguise for a patient whose case history appears also in the Clinical Diary.

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