

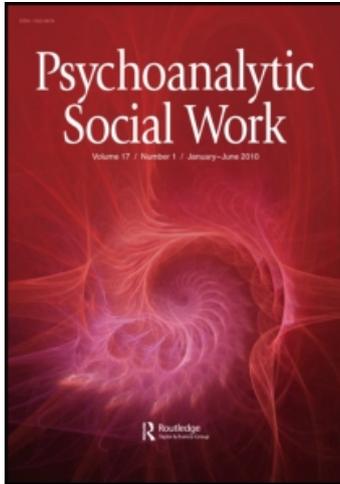
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Sandor Ferenczi: A Life Lived Dyadically

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The life and theory of Sandor Ferenczi provide insight into both the historic admonition and the dangers of loving feelings in the therapeutic relationship. Ferenczi believed in the creation of mutuality in all analytic dyads. His refusal to subscribe to a hierarchical structuring of the treatment relationship led to his subsequent marginalization from the traditional psychoanalytic canon for nearly a century. On close inspection, however, he was a formative figure who laid much of the groundwork for current thinking about the intersubjective and relational approaches to treatment. Much of his life and theory can be understood through the lens of his relationship with Sigmund Freud. That relationship is closely scrutinized in the following historical examination.

KEYWORDS *Relational theory, Ferenczi, countertransference, therapeutic relationship, psychoanalytic history*

INTRODUCTION

Sandor Ferenczi (1873–1933) argued against the existence of objective truth. Appropriately, the writings about him are deeply split and difficult to sift through, offering almost no consistent information on his life or perspectives on his work. Even Ferenczi's original texts (produced by Ferenczi) are still incomplete, and lack the robust critical commentary that accompanies most psychoanalytic writing today.

Ferenczi saw the self as knowable only in the context of relationships and believed that truth is elusive. He welcomed the use of countertransference feelings within the psychotherapeutic dyad. He was interested in the most efficacious form of treatment, always focusing on what was empirically curative. A century later, evidence-based practice and health maintenance

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organizations are raising similar issues regarding psychoanalysis. Not only is the study of Ferenczi's life currently relevant, his life and clinical work also lend insight into the political history of psychoanalytic thought, the political undercurrents of the analytic world, and ultimately, the power that early childhood experiences have in shaping each person's interpersonal and professional life.

Ferenczi would likely consider the struggle to find anything unopinionated about him a worthy piece of data regarding both his life and the complicated world of psychoanalytic thought. He would not be surprised to learn that it is difficult to find information on him as a practitioner, distinct from his colleague and longtime mentor, Sigmund Freud. Almost as if he were an appendage of Freud's intellect—sometimes dissident, sometimes cooperative—Ferenczi is most often understood through the lens of Freud's life and work. In this paper, I will examine the impact Ferenczi's relationship with Freud had on his theories about personality, trauma, and the clinical relationship.

Almost a century ago, Sandor Ferenczi initiated a conversation about a central and potentially curative tenet of the psychotherapeutic relationship: authenticity. He introduced the idea that love, mutuality, and authenticity frequently exist between therapist and patient, an idea that is gaining credence and momentum in both relational and intersubjective thought movements today. Well ahead of his time, Ferenczi saw the treatment relationship as a home for egalitarian relatedness, profound honesty, and the rewriting of traumatic pasts. He believed this rewriting could occur only if the analyst offered authenticity and love to the analysand.

Ferenczi's childhood and family relationships, and ultimately his analytic training, led to the development of his theory of the mutuality between patient and analyst. That theory clearly provides the framework for the interpersonal, relational, and intersubjective theories currently gaining credibility. Although it takes some excavation to truly understand Ferenczi's work, paying tribute to the framework he created is crucial to grasping these schools of thought.

FREUD AND FERENCZI

Ferenczi first showed interest in Freud in 1907 in a letter requesting a meeting. They began to correspond in 1908 and stayed in extremely close contact, writing 526 letters to each other between 1908 and 1914 (Haynal, 2005). Information on their complex relationship has only become available recently with the publication of the first 11 years of their correspondence (Berman, 1997). While Ferenczi began as a pupil of Freud's, became his analysand, and was one of his confidantes, he also became the first theorist to provide a worthy alternative to Freud's theory of development and treatment (Berman, 1997; Lothane, 1998).

Ferenczi and Freud met for the first time on February 2, 1908 (Aron, 1998). From the moment of their initial encounter, they became close friends. This first meeting was soon followed by a pattern of traveling together every summer. During one of those trips, three years following their first meeting, one of several documented conflicts arose between the two men. While some readings of this conflict paint Ferenczi as desperate and excessively neurotic (Tabin, 1995), more recent interpretations see the men through a different lens (Aron, 1998). The disagreement started as Freud and Ferenczi were collaborating on a case they were to present together. Ferenczi became extremely agitated and angry because Freud merely dictated the text to him, instead of collaborating (Aron, 1998). When Ferenczi attempted to confront Freud about the issue, Freud suggested that Ferenczi was being childish.

Even 11 years after this formative relational event, Ferenczi continued to analyze his own response to Freud in letters to colleagues (Aron, 1998). Ferenczi was quoted as saying,

Freud was too big for me, too much of a father. The result was that in Palermo, where he wanted to do the famous work on paranoia in collaboration with me, right on the first event of work, when he wanted to dictate something to me, I rose up in a sudden burst of rebellion and explained that it was not at all a collaboration. (Brabant, Falzeder, & Giampieri-Deutsch, 1993, 214–215, cited in Aron, 1998, p. 7)

Ernest Jones, an analyst of Ferenczi's, who ultimately wrote very sourly about him, interpreted his response to Freud as a "quite inordinate and insatiable longing for his father's love" (Jones, 1955, cited in Lothane, 1998, p. 35). Judith Dupont, the editor of Ferenczi's *Clinical Diary*, offers a different perspective. According to Aron (1998), Dupont thought Ferenczi's indignant response conveyed "a much more independent attitude than Freud was prepared to accept . . . Ferenczi felt that he had cause to reproach Freud for an attitude of paternal severity and reserve, while Freud reproached Ferenczi for behaving like a truculent and demanding child" (p. 8). Among the relevant literature, this episode is viewed as a harbinger (for) of their future interpersonal struggles (Aron, 1998; Haynal, 2005).

Steeped in their complex dynamic, Ferenczi entered what is termed the *informal* phase of his analysis with Freud, which took place mainly through letter writing. These correspondences predated their brief formal analysis by several years. In an attempt at full self-disclosure, Ferenczi revealed that during this time he was struggling with "resistances against my own homosexual drive components" (cited in Aron, 1998, p. 9). Ferenczi became more and more frustrated with Freud's withholding response, repeatedly striving for mutual openness. The following excerpt from a letter from Ferenczi to Freud captures this wish:

It is not correct that I have always sought out only the great scholar in you—and was disappointed by the realization of human weaknesses. . . . What made me inhibited and taciturn . . . [was that] I was longing for personal, uninhibited cheerful companionship with you (and I can be cheerful, indeed, boisterously cheerful), and I felt—perhaps unjustifiably—forced back into the infantile role. To be sure, I did, perhaps, have an exaggerated idea of companionship between two men who tell each other the truth *unrelentingly*, sacrificing all consideration. I strive for absolute mutual openness. . . . I believe that this, apparently cruel but in the end only useful, clear-as-day openness, which conceals nothing, could be possible in relations between two psychoanalytically minded people. . . . That was the ideal I was looking for: I wanted to enjoy the man, not the scholar, in close friendship. (Ferenczi to Freud, October 3, 1910, cited in Rachman, 2007, p. 83)

Freud was not able to reciprocate as Ferenczi had hoped. Freud had described his ethic in the nineteenth century and remained loyal to it in the face of Ferenczi's continued requests for mutuality. He saw himself as one who works to the best of one's power, "as an elucidator, as a teacher, as the representative of a freer or superior view of the world, as a father confessor who gives absolution, as it were by continuance of his sympathy and respect after the confession has been made" (Freud, 1895, pp. 282–283, cited in Lothane, 1998, p. 24).

These distinct viewpoints led to the development of divergent theories that further divided the two men. Their theories deviated in two central ways—one more theoretical in nature and the second related to practice. Having been criticized by the psychoanalytic community for believing children's accounts of incest and sexual abuse, Freud began to interpret children's accounts of sexual abuse as the by-products of their internal drives and imaginations. He believed it was a child's own guilt and remorse about early sexual longings that ultimately arrested his or her development, if not properly resolved. Ferenczi, on the other hand, believed that children's accounts of incest and early childhood sexual abuse conveyed memories of actual events. It's likely that he believed children's accounts because he was a survivor of sexual abuse and understood the profound impact it had on his own psychological functioning. This perspective informed almost all of his clinical thinking, and may well have led to his marginalization as a valued member of the psychoanalytic community. More importantly, perhaps, this controversy also sheds light on the important theoretical and practice differences among Ferenczi's contemporaries.

Freud understood conflict as an intrapsychic struggle that could be resolved in a withholding treatment environment. He thought that withholding or "abstinence" (Aron, 1998) would create the space necessary for an analysand to free associate and thereby reveal the unconscious processes leading to unhappiness and neurotic inhibition. Conversely, Ferenczi saw

intrapsychic conflict as the direct product of interpersonal relationships. He believed that intrapsychic conflict could only be resolved in the context of a new, healing relationship. For Ferenczi, “the adult wish for personal contact and relatedness . . . should not be reduced to its genetic origins in infantile longings” (Aron, 1998, p. 11). This theoretical difference shaped Freud’s and Ferenczi’s respective searches for truth; “truth in relationship and truth intrapsychically” (Aron, 1998, p. 13). Ferenczi “emphasized emotions vs. ideas, external trauma vs. internal drives, and dyadic concepts vs. monadic models of symptom formation” (Lothane, 1998, p. 26).

Freud and Ferenczi certainly agreed that unconscious longings needed to be expressed and that insight was curative; however, their perceptions about the modes by which the unconscious could be reached and treated were very different. “Ferenczi [like Freud] idealistically argued that once people really understood the workings of their unconscious minds their worldviews would undergo significant modifications” (Aron, 1998, p. 11). Their divergence is seen in Ferenczi’s description of the true goal of (this) insight:

The final consequence of such insight—when it is present in two people—is that they are not ashamed in front of each other, keep nothing secret, tell each other the truth without risk of insult or in the certain hope that within the truth there can be no lasting insult. (Ferenczi, found in Aron, 1998, p. 11)

This inherent distinction in their beliefs regarding the relative importance of intrapsychic dynamics on the one hand, and interpersonal longing and healing on the other, mapped the remaining years of struggle that would intensify between Freud and Ferenczi.

Along with these viewpoints, Ferenczi’s own experience as Freud’s analysand led to the crystallization of their different techniques and theories. Ferenczi grew frustrated with Freud’s call for “sterility,” self-discipline, and a therapeutic dyad defined by a clear hierarchy of analyst over analysand. Instead, Ferenczi encouraged “enthusiasm about equality, openness, and mutuality, about blurring boundaries, transcending hierarchies, and sharing knowledge freely” (Berman, 1997, p. 185). Ferenczi found Freud’s ideals unrealistic, and in fact used his own frustration as a yardstick with which to measure (his assessment of) his mentor’s limitations.

Ferenczi’s analysis with Freud took place during three short periods between 1914 and 1916. Freud viewed his treatment with Ferenczi as hugely successful, in that Ferenczi was able to achieve Freud’s two central treatment goals: to love and to work. He portrayed the treatment as having a “completely successful” result because Ferenczi “married the woman he loved and turned into a friend and teacher of his supposed rivals” (Freud, 1937, cited in Rudnytsky, 1996, p. 7).

Ferenczi disagreed. Ferenczi's marriage was a constant source of conflict and unhappiness, as he remained in love with two women. Furthermore, he felt that his sessions with Freud had never adequately addressed his negative transference toward Freud, even after repeated attempts on Ferenczi's part to initiate this important conversation. Ferenczi continued to revisit the Palermo incident, urging Freud to examine his own negative contribution to the experience. From Ferenczi's perspective, the more he revealed himself in treatment or in letters, whether through disclosing his homosexual longings or expressing his wish that Freud would study his own countertransference, the more he was repudiated.

But Freud was unable to relate these questions and longings to the growing distance between them. For many years, "Freud . . . assert[ed] that his relationship with Ferenczi 'remained unclouded,' until for ' . . . no assignable external reason,' trouble arose" (Rudnytsky, 1996, p. 6). Despite Freud's continued denial, Ferenczi gained the courage to ask Freud to enter analysis with him. Ferenczi reveals this impassioned wish in the following excerpt: "Perhaps this is the occasion on which I can say to you that I actually find it to be tragic that you, who gave analysis to the world, find it so difficult—indeed are not in a position—to entrust yourself to someone" (Ferenczi to Freud, February 26, 1926, quoted by Aron, 1998, p. 14). Freud was indignant, convinced " . . . he no longer had any need or motive to open himself up to another" (Aron, 1998, p. 12). He disparaged Ferenczi's character and longings in letters to his peers, although he did not describe to Ferenczi the true intensity of his discomfort. Freud privately described Ferenczi to a colleague as a "dear fellow . . . dreamy in a disturbing kind of way, [whose] attitude towards me is infantile" (Aron, 1998, p. 12). Having received no validation from Freud, Ferenczi sought to cure himself by validating the experiences of his own patients. "What Ferenczi as analysand expect[ed] from Freud, the master psychoanalyst, is precisely what he some two decades later attempted to offer his own patients: mutual openness and honesty" (Aron, 1998, p. 10).

It was with a fervor for mutuality that Ferenczi ultimately struck out on his own, seeking to build a theory and practice based on his own experience of what was curative. In 1927, he was invited to New York to lecture at the New School for Social Research, where his ideas had gained some prominence. Simultaneously, Freud was growing more and more uncomfortable with Ferenczi's commitment to mutuality and, perhaps more significantly, with his independence. Freud had little tolerance for geographical separation, particularly with regard to Ferenczi's "desertions" to the United States (Haynal, 2005, p. 459). But after reluctantly accepting Freud's refusal to enter mutual analysis with him, Ferenczi felt he needed to take the trip to the United States. "Freud was anything but enthusiastic about Ferenczi's travel plans: 'I can only hope that this journey will not signify the disappointment that some predict'" (Freud to Ferenczi, June 6, 1926, p. 260, cited in Haynal,

p. 459). Ferenczi saw it as “... a time of weaning for me and my wife” (Ferenczi to Freud, May 30, 1926, cited in Haynal, p. 459).

Freud and Ferenczi’s correspondence dried up during these years. In his diary, Ferenczi reflected on his onetime mentor’s coolness, rejection, and hostility. For his part, Freud exaggerated Ferenczi’s treatment approach in a particular case and ridiculed him for kissing patients. In a rare moment of professional confidence, Ferenczi refused to defend himself against Freud’s allegations (Haynal, 2005).

It was at Freud and Ferenczi’s final meeting, in 1932, that the relationship completely fell apart. When Freud urged him not to deliver his definitive work, “A Confusion of Tongues,” Ferenczi was shocked by the disapproval. Freud described the paper as “harmless and dumb,” (Tabin, 1995, p. 312), and viewed it as a step backward after years of achievement, he later wrote in Ferenczi’s obituary.

In 1933, Ferenczi died as he had lived, plagued by an abiding sense that Freud disapproved of him. While closely scrutinizing Ferenczi’s life through the lens of his relationship with Freud might seem an affront to Ferenczi’s individual achievements, it does, in fact, pay homage to his conviction that the self is knowable only in relationship. It is likely that Ferenczi would think that trying to understand his life through an interpersonal prism is a worthy choice.

FERENCZI’S QUEST FOR MUTUALITY

Examinations of Ferenczi’s theory of development and treatment only came into vogue in the past 20 years. Sensing early in his career that complex symptom analysis, which focused on details, was outmoded and ineffective, Ferenczi replaced that practice by focusing on the relationship in the therapy room, studying it closely as it evolved. He came to believe that the therapeutic relationship was the key to emotional health, and that authentic emotion within it was vital: “The essential healing power in the therapeutic gift is love” (DeForest, 1955, p. 6). Now, in the twenty-first century, the love Ferenczi advocated is finally finding its way into therapeutic discourse. Ferenczi’s pioneering espousal of its importance was almost a foreshadowing of our present moment.

Ferenczi believed that compromised psychological functioning was a direct by-product of relational failures that occur as a result of early childhood trauma. In his paper “Confusion of Tongues” he introduced the central concept that trauma is induced by a child’s seduction at the hands of a parent or other authority figure. He felt that children are born with a sexual innocence that is corrupted by “overstimulation of erotic impulses by the parent’s need to satisfy his/her sexual desires with the child” (Rachman, 2007, p. 82). Accordingly, the child’s drive for attachment and affection is misunderstood

as lust. Driven by sexual desire, the adult then tries to convince the child that an erotic encounter is what the child truly wants, thereby confusing the child's developing sense of self (Rachman, 2007). Ferenczi broadened his concept of sexual abuse to include emotional neglect, physical assault, and failures in empathy. According to Ferenczi, the need for a primary love object is an elemental longing on the part of the child, and is the formative building block of personality. Defenses—including denial, dissociation, detachment, and splitting—evolve in response to these neglected longings. Ferenczi posited that, in the face of persistent trauma, personality fragmentation will eventually present itself.

Ferenczi's method was designed over a period of 20 years, in direct response to his belief in the pervasiveness of childhood trauma. He developed a technique based on the conviction that the analyst's responses are a valuable source of clinical information. He believed that both his countertransference and his real feelings that had evolved for Freud needed to be studied, discussed, and honored, and he generalized that belief in working with patients. He urged analysts to develop a metapsychology that would conceptualize their own process and to make use of their internal responses in the moment (Cabre, 1998, p. 247)—the more difficult the case, the more important the moment-by-moment data. In fact, Ferenczi became known as the analyst of “last resort” (Rachman, 2007, p. 79) because he unconditionally believed that empathy is curative. He also believed that a withholding stance re-creates trauma, while empathy ameliorates it. “Ferenczi was the first clinician to discover an essential truth about the psychoanalytic situation; that is to say, that the empathic response is the core of clinical interaction” (Rachman, 2007, p. 79).

Ferenczi created an analytic setting antithetical to the one he experienced with Freud; he gave the patient's experiences a sense of credibility that had been absent from their lives until the treatment relationship. He described this setting to his friend DeForest (1955). She characterizes it as

The setting free of his [the patient's] critical feelings, the willingness on our part to admit our mistakes and the honest endeavor to avoid them in the future, all these go to create in the patient a confidence in the analyst. It is this confidence that establishes the contrast between the present and the unbearable traumatogenic past, the contrast which is absolutely necessary for the patient in order to enable him to re-experience the past no longer as a hallucinatory reproduction but as an object memory.
(p. 13)

The end goal of this openness was personality cohesion, which Ferenczi saw as the definitive outcome of a successful treatment. Only by recognizing the analysand as an equally intelligent and valued partner in the treatment relationship could true cohesion develop (Rachman, 2007).

In treatment and in life, Ferenczi was committed to equality, which for him began as a political conviction. He refused to pathologize women, homosexuals, and individuals from other classes. “Ferenczi fought to protect homosexual patients from oppression before the Humanitarian Scientific Committee in Berlin. . . . He defended the status of the medical assistants who were exploited and then dismissed. He pressed for higher salaries, better working conditions, and proper training. Ferenczi’s political commitment was tenacious” (Moreau-Ricaud, 1996, p. 46). He felt comfortable using himself as a maternal or paternal object, and was open to constant fluidity in the different roles he played within the treatment relationship. As the pioneer of relational therapy, he ultimately came to view treatment as a form of equality, and advocated for mutual analysis, hoping that “the tears of doctor and patient mingle in a sublimated communion, which perhaps finds its analogy only in the mother-child relationship” (Cabre, 1998, p. 252).

Ferenczi’s unorthodox clinical discourse set the stage for the development of relational psychoanalysis. It is within the relational model that conversations about authentic therapeutic love have finally begun to re-emerge. According to Baur (1997), relational therapy can be defined as “ . . . the attempt to place therapist and patient on far more equal footing than conventional therapies, and it emphasizes the curative power of the relationship that develops between them” (p. 222). Baur further suggests that Ferenczi’s theories are the inspiration for relational therapy, stating that his “ideas on mutual analysis and on the real relationship that develops in spite of a clinician’s professional stance are more in vogue now than in his lifetime” (p. 222). Stanton (1991) explains Ferenczi’s convictions in the following passage:

Patients expected something else from analysts, something that would nurture and perhaps heal them. . . . This “something else” Ferenczi called “love.” Psychoanalytic cure, Ferenczi explained, is in direct proportion to the cherishing love given by the psychoanalyst to the patient; the love which the psychoneurotic patient *needs* [emphasis in the original], not necessarily the love which he thinks he needs and therefore demands. (pp. 138–139)

The belief in authentic love between therapist and patient is, at long last, coming into vogue. In the wake of Freud’s argument that the central goals of therapy are to enable the patient to work and love, it seems that the therapeutic relationship, as Ferenczi suspected, is the place to start.

A STUNNING SHUNNING

Sigmund Freud shunned Ferenczi’s attempts to humanize the therapeutic relationship. According to Cabre (1998), this led to “one of the most remarkable

processes of censorship in the history of psychoanalysis. . . . Ferenczi's ideas were *forgotten* [emphasis in the original] and condemned to silence" (p. 247). Thus, the idea of therapeutic love disappeared from the theoretical discourse for decades.

When Ferenczi's ideas were rejected, his contributions to the usefulness of countertransference and therapeutic love were also lost. In an address given in The Hague in the early twentieth century, Ferenczi expressed his belief that "[t]he progress of the cure bears no relation to the depth of the patient's theoretical insight, nor to the memories laid bare" (Stanton, 1991, p. 133). Instead, Ferenczi's method was "developed to the fullest when he recognized that genuine sincerity and empathic attunement were the essential ingredients to reach a traumatized individual" (Rachman, 1998, p. 265). Ferenczi "maintained that no progress whatsoever is likely to be made in psychoanalysis unless we surrender defense through distance" (Stanton, 1991, p. 136). While Freud considered distance to be a necessary therapeutic technique, Ferenczi viewed it as a defense. In contrast, Ferenczi encouraged patients to resist blind obedience in the therapeutic situation. He stated that obedience was what had oppressed patients as children, and that obedient patients in particular required a more tender approach. This call for tenderness may ultimately have led to Ferenczi's professional marginalization.

Ferenczi continued to insist that incest did take place in middle- and upper-class communities. He presented this claim most clearly in his last lecture, "Confusion of Tongues." As Rachman (2007) noted, "Ferenczi's sense that incest was regularly occurring in middle and upper class families was considered by the traditional analytic community as absurd" (p. 83).

Arguing that Ferenczi became obsessed with differentiating his beliefs from Freud's, Eros (2004) writes that within the mainstream psychoanalytic movement most analysts believed that "Ferenczi was, at the end of his life, mentally disturbed, and the main symptom of this disturbance was his opposition to Freud" (p. 4). Fellow analyst Erich Fromm concluded that Ferenczi was the victim of character assassination. Fromm argued that Ferenczi's professional erasure from the psychoanalytic community could be compared to a "Stalinist rewriting of history." Fromm described a time dominated by a worship of Freud, in which dissidents were labeled betrayers, spies, or as mentally ill. According to Fromm, ". . . the totalitarian turn in the psychoanalytic movement, which is dominated by a closed circle of sectarian functionaries, is not so different from the Central Committee of a Communist party" (Eros, 2004, p. 4). The actual state of mind at the end of Ferenczi's life is certainly debatable and remains a point of dispute. Jones (1994) terms him as "mentally ill" given his death at the hands of pernicious anemia. While it is unclear what the impact of this illness was on his psyche, his final presentation suggested the presence of a clear and functioning mind. Ferenczi, however, was aware of and prepared for the character assassination that was

launched by his contemporaries. He used his therapeutic acuity to interpret and manage it:

Ferenczi . . . was becoming increasingly aware of the paranoia surrounding him. As long ago as 1910 he had recognized “the excrescences that grow from organized groups”—such as the International Psychoanalytical Association, in whose formation he himself had been involved—and he knew “that in most political, social and scientific organizations childish megalomania, vanity, admiration of empty formalities, blind obedience, or personal egoism prevail instead of quiet, honest work in the general interest.” (Aron, 1998, p. 18)

The source of Ferenczi’s censorship was clearly multifaceted, largely a by-product of his time. Not only did he challenge Sigmund Freud, the father of psychoanalysis, but by acknowledging the existence of incest, he also affronted the purported mental health of the community in which he worked. Ferenczi’s challenge to Freud came at a time when Freud was thinking about his own mortality and considering who he would choose to succeed him. The more Ferenczi grew apart from him, the more Freud rejected him as a possible successor. Ferenczi was looking for a father and Freud was looking for a son; neither found exactly what he was looking for. Freud could not handle differentiation or rejection, and Ferenczi became more and more frustrated in the face of Freud’s unflappability and possessiveness. While some pairings are strong enough to withstand individuation, this one was not.

Unfortunately, the psychoanalytic community as a whole suffered a great loss because of the Ferenczi–Freud split. Indeed, “it was sometimes as if Ferenczi had never written what he wrote; and in some places he simply did not exist” (Haynal, 2005, p. 463). The tide has now turned, however, and the shunning of Ferenczi has come to an end. He is now recognized, even honored, for his innovations, and his writings influence practice throughout the world. He is credited with influencing several contemporary therapeutic models, including those built on relational, interpersonal, and intersubjective theories. Borgogno (2004), an Italian analyst, begs his colleagues to end their complicated, longstanding political resistance to Ferenczi.

To let Ferenczi interrogate ourselves could perhaps help us to reinvigorate our internal cohesion and our group identity, and furthermore, to cope more courageously and humbly with the disorientation created by the multiplicity of our models and some of the problems and consequences of the crisis our tumultuous and changing society is facing. Let us be interrogated by his genial intuition and audacious openness, by his honesty and determination in moving forward our specific mandate, and in employing every conceivable means to approach the patient’s

“subjective truth” by all that he did in that foundation moment of psychoanalysis. (Borgogno, 2004, p. 6)

To study Ferenczi without access to his theories is to perform research in the dark. While researchers struggle to find objective information on him, he repeatedly reminds his readers that truth is subjective. When we are troubled by the mystery of his disappearance from the psychoanalytic canon, his writings remind us of the power groups have to deny what frightens them, and of their tendency to resort to hierarchical functioning in the face of what may, for some, be frightening equality. When we wonder why his biography is so deeply intermingled with Freud's, we remember that for Ferenczi, the self existed only relationally; he would have wanted us to study him in precisely such a context. Ferenczi's theories guide us through psychotherapeutic impasses, urge us to revise our mistakes, and remind us to examine his life with both curiosity and tenderness.

However, this curiosity and tenderness must be tempered with a sense of caution. We find ample proof of Ferenczi's propensity to bend the “frame” beyond a point that today would be considered ethical. He does describe falling in love with one of his patients and was rightfully challenged, by Freud, for kissing patients. The issues of psychotherapeutic love and mutuality are possibly two very distinct concepts, mistakenly comingled by Ferenczi. While over time the presence of love in the psychotherapeutic relationship has gained capitol, the appropriate management of it must still fall within strict ethical codes of conduct. Ferenczi requires us to examine him with a sense of complexity and nuance, just as he would have us examine our clients. The level of vigilance with which we understand him should be no more and no less than we would apply to a patient. His theories, given their current resonance and restructuring of archaic clinical paradigms, ought to be accorded the same level of respect and consideration rather than dismissal over some of their less palatable or controversial elements.

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