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FERENCZI AND EGO PSYCHOLOGY

Carlo Bonomi, PhD

Introduction

THE OXFORD CONGRESS, IN 1929, WAS ENTITLED "PROGRESSES in Psycho-Analytic Technique." Sándor Ferenczi presented the groundbreaking paper "The Principle of Relaxation and Neocatharsis," in which he expressed a rather strong criticism of psychoanalytic therapy based on the new structural model. Although the latter permitted a more sophisticated approach based on metapsychology, Ferenczi was not enthusiastic about scientific advances. He complained that "too little attention was paid to the libido" (Ferenczi, 1929, p. 112) and confessed that when he began to work from this perspective, he could not escape "the impression that the relation between physician and patient was becoming far too much like that between teacher and pupil" (p. 113). In Ferenczi's view, the new ego-metapsychological standpoint represented the culmination of a tendency to substitute teaching for analysis, which was ultimately rooted in Freud's own vacillation about the therapeutic implications of his own discovery.

The structural model of the mind was introduced by Freud (1921, 1923, 1926) after World War I, marking a transition in psychoanalysis from its focus on the unconscious to a period in which emphasis shifted to the ego as the primary source for shaping behavior. In 1929 the struc-

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tural model was in the process of becoming ego psychology. Two additional works, which would appear after Ferenczi's death, were necessary to complete the picture: the first on the ego defenses by Anna Freud (1936) and the second on adaptation by Heinz Hartmann (1939). In post–World War II America, ego psychology became mainstream psychoanalysis, maintaining a monolithic hegemony for about four decades, and largely reciprocating Ferenczi's aversion, by shunning him.

The decline of this hegemony has been described by Robert Wallerstein (1995, 2002), who has also connected the recent reemergence of Ferenczi's line of thought with the fragmentation of consensus regarding the ego psychology paradigm. The latter has been qualified by Wallerstein as a "one body psychology" inspired by the ideals of natural science, in which the analyst was assumed to be a neutral and objective observer, capable of unraveling the patient's projected transference distortions through appropriate interpretations and fostering therapeutic change purely by means of insight and working through. Only when consensus on this nonparticipatory model—marked by the objectivity, neutrality, abstinence, and anonymity of the analyst—began to crack could Ferenczi's perspective surface "as a contrapuntally vital stream of psychoanalytic thinking" (Wallerstein, 1995, p. 534).

The aim of this paper is to review the reasons for the mutual aversion and estrangement between ego psychology and Ferenczi's line of thought.

Ferenczi's Interest in the Ego

Curiously enough, Ferenczi was very interested in the ego. Only one year after his first meeting with Freud, he coined the term "introjection" (Ferenczi, 1909), which was thought of "as extension of the ego" (Ferenczi, 1912, p. 317). Shortly after, he wrote two papers that, along with Freud's work on the "two principles of mental functioning" (Freud, 1911), were the first contributions to the psychoanalytic study of the ego: "Stages in the Development of the Sense of Reality" and "Belief, Disbelief, and Conviction," both published in 1913. The first is about the transition from the pleasure principle to the reality principle, while the second reflects further on the hindrances to independent judgment, a necessary tool for engaging reality. This second paper has been largely neglected, but it anticipates and explains an important as-

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pect of his later opposition to ego psychology based on the structural model. In fact, according to Ferenczi, a sense of reality could not be attained by relying on authority; meanwhile, within the new ego psychology, the patient's sense of reality was considered enhanced precisely because of the introjection of the analyst as an auxiliary superego.

Ferenczi's interest in the ego would also affect his technical experiments, which from the beginning had been geared toward patients with ego deficits. As Paul Federn put it in Ferenczi's obituary, "The analysis of the ego in neurotics by means of a passive technique appeared to him impossible" (Federn, 1933, p. 476). In the early 1920s Ferenczi was generally acknowledged as a master of cases of unusually strong narcissism, and his active technique was even perceived as the technique best suited to the new structural theory. For instance, Hans Sachs, in the paper "Metapsychological Points of View in Technique and Theory," presented at the Salzburg Congress, made the point that the active technique inaugurated by Ferenczi was "an excellently logical consequence of the theories put forward in Freud's "Das Ich und das Es" and a method that "would have been arrived at by a process of deduction, had not Ferenczi's remarkable intuition anticipated this conclusion" (Sachs, 1925, p. 9).

This view would begin to change that same year, 1924, a period of crisis narrated by Ernest Jones under the title "Disunion" in *Freud*, volume III (1957). Among the consequences of the crisis was the emergence of a divergent line of thought developed by Ferenczi and Otto Rank. As we will see later, it was at this point that psychoanalysis began to focus on the superego, a direction of which Ferenczi disapproved.

At the same time Ferenczi's view of the ego underwent a deep change, since the unity, continuity, and even presence of the ego were no longer taken for granted. The ego began to appear to him as an entity that could at any moment collapse, become eclipsed, or vanish, as would later be stressed by authors such as Donald W. Winnicott and Heinz Kohut. This shift, which brought to light new clinical phenomena (such as splitting, fragmentation, and the "identification with the aggressor"), was accomplished within a new type of analytic attitude that was open to regression.

In short, Ferenczi's interest in the ego was comprehensive, extending from the initial to the final phase of his career, embracing theory, technique, and his clinical work. Yet despite his all-around commitment,

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Ferenczi's way of thinking has never been absorbed within ego psychology. Why?

In the first place, the incompatibility between Ferenczi and ego psychology is not absolute. Although ego psychology has undergone a deep crisis, it has not disappeared. On the contrary, the crisis may have had some healthy effects, helping to expurgate the old style and unproductive rigidity, enlarging the range of accepted paradigms.

For instance, discussing the future of ego psychology, Eric R. Marcus (1999, pp. 857–859) wrote that it should be unified "in the same way that mental life integrates its different levels, functions, and contents—through observation and description of the ego's synthesizing capacity." Marcus goes on to point out that psychic organization is mainly accomplished by means of three general processes: the primary process, which refers to emotions; the secondary process, which refers to intellectual cognition; and the tertiary process (a notion introduced by Arieti, 1976), which consists of a synthesis of the first two. It is on this synthesis that creative and interactive mental acts are based.

So if this is the direction of contemporary ego psychology, there is no doubt that the work of Ferenczi is fully consistent with it. His study "The Development of the Sense of Reality" has to do precisely with the transition from the primary to the secondary process, while his discussion of "belief"—which includes the idea that in psychological matters "feeling is believing" (Ferenczi, 1913b, p. 446) and a sophisticated theory of mind suggested by the statement "the great difference between people and the other objects of the external world is that the other objects never lie" (p. 442)—has to do with the so-called tertiary process (Bonomi, 2006).

Ferenczi died young and did not have the time to work out an explicit theory. Yet, his whole approach, and body of work, is a plea for the integration of emotions and intellect, i.e., for the synthesis of primary and secondary processes. In the final phase of his work, he found that all psychic pathology was characterized by some kind of splitting between emotions and intellect. If we replace the notion of the tertiary process with that of "symbolic function," we might conclude that Ferenczi specifically considered trauma as damage to the symbolic function, by which emotions and intellect are kept integrated in the mind (Bonomi, 2004). In short, if the new ego psychology is oriented toward a theory of the complexity of the mind, Ferenczi's ideas are not only

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consistent with it, but he should be regarded as a forerunner of the new trend, perhaps the most important one.

The Contrast

Let us now focus on the contrast between Ferenczi's thinking and classical ego psychology. The contrast, as already noted, concerns both theory and technique, and can be traced back to Freud's introduction of the structural model. The principle that epitomizes this contrast best is that of the ego's primary antagonism or innate hostility toward the instincts, as formulated by Anna Freud (1936, pp. 157–8). The structural approach in this context no longer refers primarily to psychoanalytic explanations based on id, ego, and superego relations, but basically on what Rapaport (1958, p. 57) called "the control of structure over drive," qualifying it as the taming of "the beasts that struggle down under somewhere" (Apfelbaum, 1966, p. 451, p. 458). To reduce the articulation and sophistication of classic ego psychology to this particular element of it might appear unilateral and unfair. Still, it has a heuristic function, since doing so highlights an ideological element well rooted in the Western tradition—assurance of the superiority of intellect over feelings—which sits in sharp contrast to the attitude and philosophy expressed in the work of Ferenczi.

The view that the ego must be strengthened against drives and made independent of the id was criticized even by authors who belonged to this school of thought. Erikson (1946, pp. 46f) observed that mechanization and independence of emotion characterized the impoverished ego rather than the healthy one. Loewald (1952, p. 448) further noted that psychoanalytic theory was, in this regard, infiltrated by the obsessive neurotic's experience and conception of reality; and Rapaport (1958, p. 23; cf. Apfelbaum, 1966, p. 453) had to admit that the most autonomous ego was that of the obsessional, as part of a larger pattern of loss of conviction, gullibility, rigidity of belief, and paralyzing doubt.

The same over-rigid control characterized the formalistic redefinition of the standard technique during the period when ego psychology was gaining acceptance and the idea prevailed that the analyst uttered no words except interpretations. As pointed out by Samuel Lipton (1977, 1983, 1988), the essential trait of this redefinition consisted of a progressive incorporation of aspects of the analyst's personal relation

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with the patient, which were originally excluded from technique. The result was that the analyst's self-scrutiny shifted from the aims and the consequences of his actions to the external behavior, causing the prophylactic replacement of the lively personal relationship with a constant, uniform, and predictable behavior, in which only silence was allowed to escape scrutiny.

Lipton opposed the view that the so-called standard technique was established as a consequence of Freud's introduction of the structural model and suggested that a formalistic redefinition of technique began only after Freud's death, in 1939. According to him there was no evidence that Freud had given up the spontaneous behavior and cordial relationship characterizing his technique as used with the Rat Man (Freud, 1909).

Although Lipton's contention that Freud did not rely on the "Freudian technique" has been supported by personal reports of many former patients of Freud (Nissim Momigliano, 1987; Roazen, 1995), the story began much earlier, with the introduction by Ferenczi of the so-called active technique. In fact—rephrasing the question using Lipton's words—one of the aims put forward by Ferenczi was the progressive incorporation of aspects of the analyst's personal relationship with the patient that had originally been excluded from technique. Moreover, Ferenczi's active method was initially considered the technical expression of Freud's structural model (cf. Sachs, 1925, p. 9). It was only with the Salzburg Congress in 1924 that the first signs emerged of the future rift between Ferenczi's approach and the theory and practice based on the structural model. Both lines were rooted in the critical revision of the active technique. On one side, the superego would become the "fulcrum of psychotherapy," based on a hierarchical and traditional reorganization of the relation between feelings and intellect, foreshadowing a later trend toward an over-rigid control of emotions and instincts. On the other side, Ferenczi would step back from a theory and practice based on the superego, open up the analytic situation to regressive phenomena, and rethink the relation between emotion and intellect in a way that still remains refreshing and challenging today.

The contention here is that the divergence originated in a different way of working out certain problems elicited by Ferenczi's active technique—especially the *discovery that the analyst induced repetition.*

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Whereas ego psychology would later aim to reduce and eliminate such problems, Ferenczi came gradually to accept that the analyst could not avoid inducing repetition.

Initially, he also tried to control this factor by means of technique—a technique based on very different principles, such as elasticity, relaxation, and indulgence, but still a technique. Ultimately, however, he would come to give up the artificiality of technique and praise spontaneity, but in a new version, which was no longer as naïve and innocent. The whole question could be summarized by saying that he progressively came to accept and work through the feelings of guilt rooted in the analyst's personal experience of himself as a trigger for the intense emotion and traumatic repetition that often emerge in the analytic situation.

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The Innocence of the Analyst

Ferenczi's main complaint was that emotional experience, *"Erlebnis,"* was not valued enough. The same complaint inspired his view of the historical evolution of psychoanalysis, which he saw as born in the moment when Freud overcame the cathartic method to embrace free association. However, as Ferenczi pointed out in the 1929 paper on neocatharsis, something got lost in the transition: the highly emotional relationship between doctor and patient (Ferenczi, 1930, p. 110).

When Ferenczi became an "adherent of the new teaching" (p. 111), Freud had already recognized the need to move beyond mere intellectual analysis of the unconscious contents. The affective factor was rediscovered in the transference (Freud, 1912), and the balance between the intellectual and the emotional factors was re-established. Yet, according to Ferenczi, it was difficult to preserve. The transference was too often resisted, analysis tended to remain at a merely intellectual level, and sometimes active interference was necessary in order to precipitate an emotional reaction. For instance, he found that the use of "scientific language" for discussing sexual matters with patients could easily bring the analysis to a standstill. In his 1911 article on obscene words, anticipating his later technique, he found that this type of resistance ceased only when the analyst managed to discover the proscribed obscene words, which had been substituted with the scientific terms. The uttering or hearing of these "magic words" was accompanied by shame, in-

tense emotional reaction, and motor agitation, which often resulted in unexpected disclosures.

According to Freud's view of the transference, the libido of the patient was naturally attracted to the person of the doctor; his concern was therefore focused on the difficulties of achieving an intellectual mastery over emotional experience. The initial development of the transference, on the contrary, did not worry Freud, since it was sufficient to keep a passive attitude, to let it happen.

However, the point is that the transference could be resisted as well. Besides the resistance represented by the transference, there was also the resistance *to* the transference (cf. Gill & Muslin, 1976; Muslin, 1976). Ferenczi was not aware of the nature of the problem, but he somehow "felt" it, and began to search for a way to induce it in patients lacking emotional reaction.

In correspondence with Freud, the concept of activity appeared for the first time in 1916, in a letter in which Ferenczi said that he "didn't want to touch on the great and difficult theme of the physician's active interventions in the analysis" (Letter of Ferenczi to Freud, April 27, 1916). Later, a desire to face the question was stirred by Freud himself, at the Budapest Congress, in 1918, when Freud called attention to the ineffectiveness of mere intellectual knowledge, remarking that with obsessional neurotics "analysis is always in danger of bringing to light a great deal and changing nothing" (Freud, 1919, p. 166), and further, requiring that phobic patients seek the avoided situation in order to free up affect. Ferenczi was therefore encouraged to work out a method that could be used to supplement and integrate the normal passive attitude at times when analysis stagnated. The method was called "active" (Ferenczi, 1919, 1920, 1924), but should more properly have been called "activating," because emphasis lay not on the behavior but on the aim of the analyst.

Furthermore, Ferenczi's active method was somewhat equivocal, because it referred to different, though overlapping, levels of activation. The first level concerned procedures "which, even if unexpressed, have always *de facto* been in use" (Ferenczi, 1920, p. 198). Indeed, Ferenczi's first move was to acknowledge that the analyst was activating the patient's emotional reaction even by keeping a passive attitude. He realized that an implicit function of the analyst's spontaneous behavior was the regulation of the relational dimension (p. 216)—that even the sim-

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ple communication of an interpretation was "in itself an active interference with the patient's psychic activity" since it turned "the thoughts in a given direction," facilitating "the appearance of ideas that otherwise would have been prevented by resistance from becoming conscious" (pp. 199–200). In short, there was no such thing as a "natural course" for the patient's chain of associations. The analyst was already interfering, though he did not know it; according to Ferenczi, he had to become conscious of the effects of his spontaneity in order to subject it to critical scrutiny and incorporate it into his methodology (p. 199).

This acknowledgment potentially represented a major turning point, a sort of fall from paradise, since it brought the "innocence" of the analyst to an end. Yet this revelation was not readily accepted. On the contrary, the idea that the analyst's spontaneous behavior had an activating function frightened the analytic community, which defended itself by reshaping the function and the profile of the analyst. In order to eliminate the frightening "activating function," ego psychology regarded the analyst as a scientist who did not interfere with the patient's natural course of associations, and in order to prevent the charge of interfering, standard technique called for analysts to forego spontaneity for control over his external behavior, adhering to the profile of the standard "unobjectionable" analyst. In other words, ego psychology would try to preserve the innocence of the analyst.

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The Drama of the "Guilt of the Analyst"

Ferenczi was partly responsible for this reaction, since he himself was not yet ready to accept this revelation. He had to transform it into a drama, the drama of the "guilt of the analyst": In order to precipitate the lacking emotional reaction, Ferenczi assumed that it was "useful to deny just that satisfaction which the patient most intensely desires" (Ferenczi, 1920, p. 202).

Instead of restricting himself to the observation of the activating function of the analyst's spontaneous behavior, he introduced active interventions based on "*Verbot und Gebot,*" i.e., prohibitions and commands. His rationale for these measures was the necessity of modifying the existing constraints on the doctor–patient relationship in order to overcome stagnation in the analytic process. Prohibitions and commands were a means of warming the temperature of the relationship,

which, in this period, was based around "privation" or frustration as formulated by Freud at the Budapest Congress (Freud, 1919, p. 162).

Later Ferenczi realized that some of his measures were excessive and that by exaggerating active measures the physician "forcibly thrust his will upon the patient in an all too true repetition of the parent–child situation, or to permit the sadistic bearing of a schoolmaster" (1925, p. 220). As is well known, in the *Clinical Diary*, he would describe active therapy as an "unconscious assault" on the pedagogical turn of the analytic method, which was performed by "exaggerating and exposing [its] sadistic-educative methodology" (Dupont, 1988, p. 94).

At issue was the whole idea of activity, which was constantly being equivocated and misunderstood. Ferenczi himself complained that his active measures were mistaken as educative but were not. An important clarification was put forward by Edward Glover in his critical review of active therapy. In the early '20s, experimentation was not rare among psychoanalysts, and in Glover's review the active measures introduced by analysts besides Ferenczi—including Nunberg, Hollos, Abraham, Hug-Hellmuth, and Reich—were mentioned. The comparison permitted Glover to remark that Ferenczi's technique should not have been called "active" (in the pedagogical sense), but rather "reactivating," because it was based on the reactivation of "the links formed at the earliest stages between the ego and the object...along 'regressional' paths" (Glover, 1924, pp. 296–297).

Following from this clarification, the enacted drama appears to refer to the emotional reaction induced by the analyst that is often in the form of a *repetition*, i.e., the analyst precipitates an emotional reaction when he unconsciously steps into the role of an archaic object of the patient's internal world. Indeed, Ferenczi became conscious of the relevance of repetition rather quickly, but initially he did not understand how dangerous and potentially harmful it could be. It would take time for him to work through both emotionally and intellectually the traumatic effects of repetition.

Ferenczi and Rank's Stress on "Repetition"

At the end of 1921, obtaining better results by improving the technique had become Ferenczi's main aim, as he wrote to Freud, adding that he was no longer satisfied with results that rested essentially on the

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"amelioration of the symptoms," and that his "speciality [was] very long cures with a final success, reaching the underlying character modification" (Letter of Ferenczi to Freud, November 6, 1921). In May 1922 he wrote to Freud: "Here and there I have not bad insights, but in the [psycho-analytic] technique I feel more and more sure" (Letter of Ferenczi to Freud, May 15, 1922).

In this period he initiated the collaboration with Rank. Since Rank was also experimenting and they often shared similar views, the collaboration was a natural development. They especially shared the view that practice should lead to a constant correction of theory, and in the summer of 1922 they worked together on a paper on this subject, which was then presented at the Berlin Congress. The paper later became a short book, *The Development of Psychoanalysis*, which was published in January 1924.

In the book, Freud's technical papers were viewed as incomplete, even "antiquated" with regard to certain points (Ferenczi & Rank, 1924, p. 2). Among these was the assertion in *Remembering, Repeating and Working Through* (Freud, 1914) that "remembering is treated as the actual aim of psycho-analytic work, whereas the desire to repeat instead of remembering is regarded as a symptom of resistance and is therefore recommended to be avoided" (p. 3). Ferenczi and Rank, who had thoroughly discussed the matter with Freud, did not agree with this point, which contradicted the theoretical concept of the compulsion to repeat. Moreover, they criticized the priority given to remembering, since according to the clinical experience, the patient during the cure repeats "those portions which cannot be really experienced from memory" (p. 3). Therefore, only when this material—affects, intense emotions, and gestures—has been reproduced in the analytical situation can it be transformed into actual remembering. Rank stressed the importance of repeating within the analytic situation, i.e., of reproducing intense emotions in relation to the person of the analyst in order to create "for the patient, so to speak, new actual memories" (p. 26). Ferenczi emphasized the necessity of paying attention primarily to the present reaction, saying that only later should the roots of the original reaction in the past be uncovered, "changing the attempts of the patient to repeat into remembering" (p. 38). Their shared conclusion was that the tendency toward repetition could no longer be regarded as a disturbing secondary phenomenon to be suppressed. On the contrary, the primary

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work of analytic technique should be attributed *"to repetition instead of to remembering"* (p. 4).

Ferenczi and Rank introduced the notion of the "psychoanalytic situation," claiming analysts tended to resist it by means of theory. They described this tendency to replace analysis with instruction as a way to ward off emotional experience. This also gave rise to an overly rigid attitude in the matter of technique, which at that time was justified by the "scientific" nature of the task (pp. 39–51). They pointed out that the knowledge acquired in this manner did not stick with the patient, who was forced to identify himself with the analyst. In short, they depicted the standard analyst as a person who, being afraid of the patient's transference, tries to prevent repetition in many ways—essentially by distancing himself from emotions, cooling down the temperature of the relationship by deflecting the hot here-and-now aspects of the transference into the past, and by achieving a merely intellectual awareness of genetic influences.

Ferenczi and Rank's arguments are challenging and convincing. Yet, they failed to fully understand the fear of the analyst. By insisting so much on repetition, they give the impression that they did not realize that an analyst's fear of the emotional intensity that can sometimes erupt in the analytic situation is understandable and justified.

The dissociation of the fear is related to a further element: Ferenczi and Rank failed to fully acknowledge the role of the analyst's internal world in the patient's repetition. They were certainly aware of the fact that the analyst can induce repetition, but only in a *technical sense*, for instance by setting an end point for the analysis or by interpreting the here-and-now aspects of the transference. Thus, they traced back the patient's response to the external behavior of the analyst, but not to his internal world. The result is that in this otherwise excellent work, no space is made *to take responsibility for the analyst's feelings of guilt for exposing the patient to repetition.*

Superego as the Fulcrum of Psychotherapy

The view put forward by Ferenczi and Rank was altogether too critical and challenging to be widely accepted, and yet it is likely that their lack of sympathy for the analyst's fear made the reception of their work even more difficult. As is well known, in 1924 the publication of the

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joint work *The Development of Psychoanalysis*, together with the publication of *The Trauma of Birth* by Rank, precipitated the Committee that was to lead the psychoanalytic movement into a crisis.

In Jones's biography of Freud, these events are narrated in the chapter entitled "Disunion." Though Jones's narration has been challenged and revised (Roazen, 1975; Lieberman, 1985; Rudnytsky, 1991; Haynal & Falzeder, 1993; Bókay, 1998), the title is certainly appropriate, since the Committee was split in two parts—with Ferenczi and Rank aligned on one side, and Abraham and Jones on the other. Later Jones would qualify the book by the former pair as the first clear manifestation of their pathological turning away from Freud and his doctrines (Jones, 1957, p. 47). We cannot go through this most crucial page of the history of psychoanalysis here. It is sufficient to say that Ferenczi and Rank's attempt at calling attention to repetition was defeated and that the whole process of becoming conscious of and responsible for the relational dimension of the psychoanalytic situation was blocked and delayed for many decades.

The plea for experience and repetition provoked an aversive reaction, which modified the balance between the emotional and the intellectual factors implied in Freud's understanding of transference. One of Freud's clearest statements in this regard was that transference was resolved "by *convincing* [the patient] that in his transference attitude he is *re-experiencing* emotional relations which had their origins in his earliest objects-attachments during the repressed period of his childhood" (1925, p. 43; emphasis added). This statement, however, was ambiguous enough to be open to divergent interpretative lines. According to one view, supported by Ferenczi and Rank, emphasis lay on *re-experiencing*, whereas for the other, it was on *convincing*. We could also describe this difference in terms of two opposing perspectives on transference, from within and from outside the relationship. As a consequence of the crisis of 1924, the two perspectives were separated. The second one was progressively assumed to be the only true expression of psychoanalysis, while the first one was discouraged.

When, many years later, Jones would present the theory of Ferenczi and Rank as "the theory...that Erlebnis therapy could replace psychoanalysis" (Jones, 1957, p. 77), he could rely on a preexisting consensual view that had already begun to emerge in 1924 as a reaction to their book.

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One important example of that view is represented by Alexander's review of their book. Not yet aligned with Ferenczi's position at that time, Alexander did not consider the shift from recollection to reproduction to be "in accordance with the true line of development which psycho-therapy must follow" (1925, p. 494). He reproached the two authors for emphasizing "abreaction unduly" and claimed that the true line was based on the recognition "that the greatest activity in the treatment lies in achieving conviction in the patient" (p. 494), since only this type of activity could bring "the permanent *change in the ego*" (p. 494). Only the latter was "true activity," and furthermore, according to the reviewer, "Here, where we might really speak of active work on the part of the analyst, we learn nothing from the authors" (p. 494).

Alexander's stress on "conviction" reflected the new emerging understanding of Freud's view of the therapeutic action. When Freud discovered the transference of affects onto the doctor, he realized that on one hand, it was the main hindrance to therapeutic change, while on the other, the factor that could enable it. As Strachey put it, there lay at the heart of Freud's view a contradiction, represented by the fact "that the force used for resolving the transference was the transference itself" (1934, pp. 131–132).

Within libido theory that paradox remained a contradiction without solution, since the setting free of libido supposedly went against the natural flow. But the structural model offered the possibility of clarification. As Etchegoyen (1983, p. 447) writes in reference to Strachey's famous paper "The Nature of the Therapeutic Action of Psychoanalysis": "Since Freud always thought that the analyst ultimately operates suggestively on the patient so that he will abandon his resistances, Strachey syllogistically concludes that the analyst works because he has located himself in the place of the patient's superego."

Etchegoyen has correctly noted that the contribution by Strachey has a definite precedent in the "metapsychological" papers presented at that 1924 Salzburg Congress by Sachs, Alexander, and Rado. The common starting point of these papers was a redefinition of suggestion as a conviction based on an erotic tie, a point made by Freud in *Group Psychology and the Analysis of the Ego* (Freud, 1921), in which he suggests that "the hypnotist occupies the place of the ego-ideal of the patient, usurping its functions by means of an introjective process" (Etchegoyen, 1983, pp. 446–447). The ego-ideal would then become the *superego* in

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1923. What escaped Etchegoyen's consideration was both the explicit and implicit confrontation with Ferenczi that characterizes these papers.

Sachs (1925, p. 9) was convinced that the structural model represented the theoretical foundation of Ferenczi's active technique, since the analyst could determine a structural change by representing the ego-ideal (superego). Alexander (1925, p. 26) stated that the role of the analyst "consists in at first taking over the supervision of instinctual life, in order to hand back this control gradually to the conscious ego of the patient." Rado (1925, p. 39) qualified hypnosis as "a therapy based on the archaic stage of magic, one which offers substantial gratification on the patient's longing for omnipotence," yet he made a further distinction between "cathartic hypnosis" and "hypnotic treatment," criticizing the former while praising the latter on the basis of the underlying "metapsychological processes." Cathartic hypnosis consisted of a violent discharge of libidinal excitation, useless because it was "entirely governed by the pleasure-principle" (p. 40). This was said to be the most fundamental characteristic differentiating hypnosis from analysis, and bringing home the point, Rado compared the role played by the hypnotist in cathartic hypnosis to the leader of a "revolutionary movement who overthrows the old constitution and repeats all the old legislative prohibitions" (p. 40). On the contrary, in hypnotic treatment the hypnotist plays the part of the patient's superego, helping the ego to achieve mastery (p. 43).

Although Rado did not mention Ferenczi and Rank, it is clear that the target of his criticism was their praise of catharsis. In short, the method proposed by Ferenczi was beginning to appear as a *method that led to repetition, discharge, and regressive satisfaction, exacerbating the transference, instead of resulting in the education of the patient's ego.* As put by Edward Glover in the same year, the technique proposed by Ferenczi was not "active" but "reactivating."

Glover also explained why the reactivating technique was not compatible with the resolution of the transference. Van Ophuijsen was the first to point out that Ferenczi's active technique was an "alteration in so far as the analyst makes use of the transference situation instead of immediately analysing it" (Glover, 1924, p. 280), but Glover was the one who explained the negative consequences of such an alteration. Since the repetition compulsion had to be dealt with by repeated analytical interpretation, Glover raised the question that would later become a fundamental criterion:

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> Do not active interferences on the part of the analyst disturb the transference picture as a spontaneous repetition, since the recognition by the patient of transference material as such is greatly facilitated by the passive role of the analyst and his personality? In other words, when the father-imago is revived by a figure that does not advise, persuade, convert, or command it is more easily recognized as such than when it is anchored to the present by a real situation in which a physician does advise, persuade, convert or command a patient (1924, p. 281).

This kind of questioning represented a turning point. Within the libido theory the passive attitude of the analyst was not necessarily in conflict with a spontaneous and cordial relationship (as in Freud's treatment of the Rat Man). However, within the structural theory the notion of passivity changed. Before, the reason for keeping a passive attitude was to *permit the transference* of libido from the symptoms to the analyst; now the reason was to *enable the patient's objective perception of the analyst,* in spite of and beyond the transference. In this passage the prescribed passivity was reinterpreted as the constant and undramatic behavior of the analyst, which made it easier for the patient to keep the analyst separate from his own subjective projections. Transference itself became more an intellectual error than a living emotional experience.

In his review of *The Development of Psychoanalysis*, Alexander further developed this line of thought, explaining that the resolution of the transference was made possible by the conflict between the *infantile* and the *adult* experience of the analytic situation, which was progressively intensified by the analyst's interpretative interventions. The function of these interventions was to make it "more difficult and a matter of greater conflict for the patient as an adult to play the infantile part that he has to play in the transference" (p. 494). Since this conflict was what "*most effectually* promotes the detachment from the analyst," it was an error to convert the "internal conflict...into an external one—between the physician and the neurotic tendencies" (p. 494). On the contrary, the conflict between the infantile and adult parts had to *remain within the patient* and be handled as a conflict between affects and intellect. Significantly, Alexander's rejection of the work by Ferenczi and Rank ended with the claim that "the aim of psycho-analysis is to *subordinate the affective processes to the intellect*" (p. 495; emphasis added).

The stress on the analyst's noninterference, which was thought to effect a cooling down of the regressive and compulsive quality of the

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transference in order to handle it as an internal conflict, was later harmonized with the Freudian idea that the analyst owed his effectiveness to suggestion, by Strachey's sagacious use of the structural model.

Strachey clarified the paradox of suggestion by filtering Freud's idea that "the ultimate factor in the therapeutic action of psychoanalysis was suggestion" (1934, p. 278) through Rado's metapsychological analysis, concluding that the analyst "owes his effectiveness...to his having stepped into the place of the patient's superego" (p. 278). Strachey could therefore redefine the aim of therapy in terms of an "integral change in the nature of the patient's superego" (p. 279), based on the analyst's taking over the functions of the patient's superego. Whereas Rado spoke of a "parasitic superego," Strachey used the more elegant notion of an "auxiliary superego," defined as the product of the patient's introjection of the analyst as an object.

Then Strachey used the same model to explain the patient's capacity to make a distinction between subjective and objective experiences of the analyst. Strachey's main concern was that transference tended "to eat up the entire analysis" (p. 285). This was more than a metaphor, since he explained the threatening quality of transference on the basis of the process of introjection of the analyst: "The patient is liable at any moment to project his terrifying imago on to the analyst...if this happens, the introjected imago of the analyst will be wholly incorporated into the rest of the patient's harsh superego" (p. 282). Thus the patient's sense of reality was equated to the extremely fragile capacity of keeping *a distinction between the archaic and harsh "original superego" and the realistic "auxiliary superego"*—a sophisticated version of the conflict between the infantile and the adult experience of the analytic situation.

From this perspective the notion of superego became "the fulcrum of psychotherapy" (p. 279). All the questions arising from the doctor's relationship to the patient were driven back and converted into intrapsychic questions. The tension between the analyst's enhanced authority and the resolution of the transference was resolved, thanks to the idea that the patient's sense of reality was preserved and enhanced by the introjection of a mature and objective imago of the analyst. The patient's sense of reality did not depend any more on his eyes and ears, on his organs of sense perception, but on the introjected analyst's imago, considered the link between the ego and reality. The task of "mutative interpretation" assigned by Strachey was therefore a sort of infiltration

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into the patient's mind—Ferenczi would have called it "intropression"—of a portrait of the analyst teaching what is infantile and what is not, saying what is real and what is not. Strachey described the process as follows:

> The process of analysis may from this point of view be regarded as an infiltration of the rigid and unadaptable original superego by the auxiliary superego with its greater contact with the ego and with reality. This infiltration is the work of the mutative interpretations; and it consists in a repeated process of introjection of imagoes of the analyst—imagoes, that is to say, of a real figure and not of an archaic and distorted projection—so that the quality of the original superego becomes gradually changed. (p. 289, note 18)

None of the authors who have been mentioned here would become part of so-called ego psychology. Strachey and Jones were influenced by Klein; Glover, Alexander, and Rado would later change their views, becoming—each in his own way—dissidents or marginalized. Yet in those years, their arguments were instrumental to the reorganization of the basic problems of therapy necessitated by the shift from libido theory to structural theory, i.e., in the evolution of psychoanalysis that, after the contribution by Anna Freud on the mechanisms of defenses and by Hartmann on adaptation, would give rise to ego psychology.

The Relationship as the Fulcrum of Psychotherapy

Ferenczi died before the full advent of ego psychology, but he could observe the emerging trend and did not like it. After the crisis of 1924, although he separated himself from Rank, he was no longer able to rejoin the mainstream. On the contrary, the distance between Ferenczi and the new common ground increased to the point that, in the last years of his life, he was more and more isolated.

After the crisis he began to step back from active measures and start a reflection on repetition, which would result in a very different theory of therapy from the one based on superego. Whereas his opponents were trying to contain the transference within the patient by handling it as a sort of intrapsychic illusion to be dissolved, Ferenczi was locating it in the interpersonal relationship between doctor and patient, by shifting emphasis back onto "re-experience" from "conviction" and from "recollection" to "repetition."

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When Freud introduced the notion of repetition, he considered it a manifestation of resistance to remembering (Freud, 1914, p. 151). Later, the study of traumatic war neurosis convinced Freud that repetition was in itself a healing factor, as an expression of mastery. The mastery model played an important part in Ferenczi's understanding of the reactivating function of the analyst, first of all because activity was intended "to lay bare latent tendencies to repetition" (Ferenczi, 1920, p. 217), and second, because the active technique was aimed at forcing the patient to simultaneously enact and control his impulses. As Ferenczi put it: "By setting him the task of *consciously controlling* these impulses we have probably subjected the whole process to a revision" (p. 216).

Within the new therapeutic plan, repetition began to acquire new meanings. According to Freud the therapeutic factor of repetition was purely economic, whereas Ferenczi immediately pointed out *the difference between repeating alone or before another person.* In 1920 he wrote, "The efficacy of the activity becomes partly understandable perhaps from the 'social' aspect of analytic therapy" (p. 216). Through commands, the patient was forced to enact his deeply concealed impulses *before the doctor,* and it was this aspect of the therapy that appeared to Ferenczi to be the reason for achieving a better outcome.

The abreaction of affects and discharge of libido was so important to Ferenczi and Rank precisely because the reliving took place within a social frame. The latter would be progressively grasped as the factor that enabled the transformation of repetition into remembering. When Ferenczi took on this problem again, after his abandonment of the active technique, he tried to make clear how crucial the actual social dimension of analysis was. He began to point out that repetition had a totally different outcome depending on the quality of the living relationship between patient and analyst and that only a relaxing, nonfrustrating atmosphere could convert the repetition tendency into recollection. In his paper on neocatharsis, Ferenczi put forth the following principle: "While the similarity of the analytical to the infantile situation impels patients to repetitions, the contrast between the two encourages recollection" (1929, p. 124). He would further clarify this statement, writing:

> The patient will then feel the contrast between our behaviour and that which he experienced in his real family and, knowing himself safe from the repetition of such situations, he has the courage to let himself sink down into a reproduction of the painful past. (1931, p. 132)

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The notion of repetition was thus transformed, shifting from a meaning that was basically intrapsychic to one that was fundamentally social. Ferenczi's new understanding was that the patient has the tendency to repeat, toward finding "a fresh solution for the original conflict between the ego and its environment" (1931, p. 140), and that the possibility of a new solution depends on confidence in the analyst: "*It is this confidence that establishes the contrast between the present and the unbearable traumatogenic past*" (1933, p. 160).

In both the intrapsychic and the social perspectives, transference should be transformed into a "*contrast between the present and the unbearable traumatogenic past*" (ibid.), but the contrast favored by the analyst is different in the two cases. In the first case it is an intellectual one, while in the second case it is an emotional one.

Ferenczi's insistence on the necessity of going through an emotional experience depended on his belief that in following a solely intellectual path, "really nothing in the way of 'conviction' can occur" (Ferenczi, 1925, p. 229). Freud basically shared the same view; the idea that the analyst ultimately operates suggestively on the patient was a consequence of the view that the patient could not attain the necessary conviction by way of intellect alone. But here we find a difference.

In 1920, referring to Freud's teaching that "psychoanalytic suggestion employs the transference to make one's own conviction of the unconscious motives of the illness accessible to the patient," Ferenczi cautiously added that it was up to the doctor to "have care that the belief so accepted is no 'blind belief' but the patient's own conviction, based on memory and actual experiences ('repetition')" (Ferenczi, 1920, p. 200, note 2). This reservation was further articulated in a later article on the active technique, where he wrote:

> The difference between this and the ordinary suggestion simply consists in this, that we do not deem the interpretations we offer to be irrefutable utterances, but regard their validity to be dependent on whether they can be verified by material brought forward from memory or by means of repetition of earlier situation.... Another difference between us and the omnipotent suggestionist is that we ourselves retain a grain of scepticism about our own interpretations and must be ever ready to modify them or withdraw them completely, even when the patient has begun to accept our mistaken or our incomplete interpretations. (Ferenczi, 1924, p. 69–70)

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From the beginning, Ferenczi had been very careful to maintain a distinction between conviction based on authority and conviction based on one's own senses and experience, i.e., between "blind belief" and genuine conviction. In his seminal paper "Belief, Disbelief, and Conviction" (1913b), "blind belief" is explained as a conviction based on the *repression of disbelief*, as it happens when someone doesn't dare to doubt the statements of an authority—for instance, the patient who displays an exaggerated belief in the statements of the analyst. In similar cases repression of objections served "to keep secure the filial love they had transferred to the doctor" (1913b, p. 438). Since repression is never successful, those who "accept certain dogmas without criticism" at the same time "revenge themselves by an exaggerated distrust" with regard to other statements (p. 444). Blind belief was therefore only the other side of the disbelief and undue skepticism, which can invade the whole of psychical life, as occurs with obsessional neurotics.

Ferenczi's theory of "blind belief" underscores his way of handling the analyst's suggestive power. Since suggestive influences could not be avoided, his way of handling the question consisted of admitting its delicate nature and in retaining "a grain of scepticism" about his own interpretations. Later he developed the view that the tendency to assimilate the analyst as "omnipotent suggestionist" (that is, as superego) and to repress doubts and objections in relation to an authority served to reinforce each other; the only possibility for the analyst to avoid being trapped in this vicious circle was to assert his own subjectivity and fallibility.

In this regard, Ferenczi's thinking stood in total opposition to mainstream theory as it was emerging in those years. According to the latter, the analyst could bypass any interfering effects of suggestion by means of a "metapsychological exact interpretation" (Glover, 1931). In other words, two definite strategies aimed at differentiating psychoanalysis from a suggestive treatment were confronting each other: One was based on the disclosure of the analyst's subjectivity; the other, on the objectivity supposedly achieved by the new metapsychological knowledge. Ferenczi's criticism of the second strategy was focused on the patient's experience of the analyst. The analyst who covers up his subjectivity by means of a sophisticated and inaccessible theory relies on "reputation and infallibility" and tends to be experienced as "omniscient and omnipotent" (Ferenczi, 1928, p. 94).

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According to Ferenczi, an attitude that is "lofty," "schoolmasterish," or "authoritative" is ultimately "harmful to analysis" (Ferenczi, 1928, pp. 94–95). It is true that such an attitude encourages the identification with the analyst, but Ferenczi rejected the view that the process of recovery could consist of the patient's putting the analyst in the place of his real father and his "going on living with the analytic super-ego thus formed." He did not deny that such a process was taking place in every case and that this substitution was capable of producing important therapeutic successes. However, he believed that successes based on "the substitution of one super-ego for another must be regarded as transference successes; they fail to attain the final aim of therapy, the dissolution of the transference" (p. 98).

Ferenczi thought the metapsychological solution was not a valid solution of the paradox rooted in the Freudian rediscovery of suggestion. By pretending an unattainable objectivity, the analyst was not overcoming the contradiction but simply covering it up, thus making it more difficult for the patient to express his objections. In fact, even when they are dissatisfied, patients do "not dare to rebel openly against the didactic and pedantic attitude of the analyst" (Ferenczi, 1930, p. 113). The metapsychological solution was a solution ultimately based on the repression of doubts and objections.

More generally Ferenczi came to realize that the analyst was inclined to protect himself by construing a nonobjectionable imago, which was then used as a professional shelter. This was not connected to a specific theory, since any theory and any attitude, even the most cordial one, could be used for building what Ferenczi called "professional hypocrisy" (1933, p. 158), i.e., a kind of visibility aimed at keeping personal feelings at bay and that could be mastered by means of an impersonal, unemotional behavior.

A consequence of this technique is that the patient isn't allowed to criticize the analyst. In turn, the analyst displays only nonobjectionable behavior—consisting, for instance, of politeness, coolness, and objectivity—beneath which his real feelings are concealed. Nevertheless, argued Ferenczi, these feelings do not escape the patients' "exceedingly refined sensitivity for the wishes, tendencies, whims, sympathies and antipathies of their analyst" (p. 158). He speaks further in this regard of a "clairvoyance" on the part of the patient that usually remains dissociated. In fact, "Instead of contradicting the analyst or accusing him of errors and blindness...[the patients] *identify themselves with him*" (p. 158).

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On one side, patients refrain from expressing any criticism either because they are not conscious of their objections or they don't want to occasion displeasure in the analyst. On the other side, the analyst shelters his real feelings in order to arouse in patients a sense of conviction concerning their statements—but as a result the patients' confidence in the testimony of their own senses is broken. The uniformity of their mind is split into unfelt objective knowing and unconscious feeling about the thoughts and emotions that go on in their analyst's mind. Under these circumstances the repetition of the trauma is "unbearable" (p. 159), reactivating a nearly literal repetition of the original situation in childhood that led to the patients' illness.

Since this outcome was due to the repression of the patient's criticism, Ferenczi began to renounce the analyst's hiding behind "professional hypocrisy." He encouraged the expression of the patient's perplexities and objections by accepting the analyst's disclosing of some negative feeling, frankly admitting certain errors, and taking seriously the reproaches made to him (Ferenczi, 1931, p. 130; 1933, pp. 158–162). Already by 1927 Ferenczi had stopped clinging to a preconceived model of therapy, embracing instead the idea of a basic "elasticity" of technique. Later, in the *Clinical Diary*, he would even wonder if one shouldn't abandon "technique" altogether.

In order to understand this fundamental shift, we have to consider the view of the ego attained by Ferenczi in the last phase of his work: Only when the patient's ego had been liberated from intellectual superstructures did it begin to appear to him as something extremely fragile, as unable to maintain its boundaries in response to a shock, external pressure, or the will of another person. *The main problem of the ego was not its autonomy from instinctual pressure, as it would be framed within ego psychology, but the preservation of its boundaries and of Ich-Gefühle* (of the feeling of oneself: a notion introduced by Paul Federn in the late '20s). While Anna Freud would focus her description on the ego defenses, Ferenczi reached for a deeper level—where the ego, being unable to defend itself, responded by abandoning the body, giving up the capacity to resist, becoming absent, vanishing. Different from identifying with the aggressor, as later described by Anna Freud, the one pointed out by Ferenczi did not consist of a defense of the ego but was an automatic consequence of the collapse of the fragile division between interiority and exteriority.

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The extreme fragility of the original ego—that is, the ego that lies beneath the intellectual superstructure—is at the root of the very unusual and challenging view of adaptation developed by Ferenczi, well summarized in the idea that "All adaptation occurs in a person who has become malleable through terror-dissociation in the absence of the ego" (Dupont, 1988, p. 18). Also, suggestibility now appeared to him to be "the result of shock" (Dupont, 1988, p. 18), since it consisted of a partial giving up of the ego.

This new sensibility with respect to the ego—which first appears in the paper "The Unwelcome Child" (1929)—further modified Ferenczi's understanding of the role of the analyst in precipitating repetition. He suddenly felt a great responsibility, and he began to stress that the task of the analyst was to attenuate repetition. Once again, he tried to manage the problem *technically*—that is, by intentionally creating a benevolent and nonfrustrating atmosphere. Yet he soon reached the conclusion that the quality of the relationship was not defined by its exterior aspects, but rather, involved a more subtle participation that cannot be fully planned and controlled in advance. This final conclusion put an end to Ferenczi's hope for finding the correct technique and to the notion that there is an ultimate solution to these problems that could be formulated in advance.

Already in his paper on elasticity, Ferenczi had acknowledged that analysis was "a process of fluid development unfolding itself before our eyes rather than as a structure with a design pre-imposed upon it by an architect" (Ferenczi, 1928, p. 90). Indeed, his tendency to abandon "all technique" (Dupont, 1988, p. 94) would become more and more central.

In the last phase of his work, Ferenczi rediscovered spontaneity, but a new form. We can see it as a *spontaneity* associated with *responsibility*, because besides simply understanding the reactivating effects of the analyst, Ferenczi now takes full responsibility for it. He knows, as he points out in the *Clinical Diary*, that "the patient makes use of our *sensitivity* to repeat a past injury" (Dupont, 1988, p. 120; emphasis added). This means that the passive, sensitive part of the analyst's personality is a reservoir that attracts the patient's tendencies to repeat, and that the analyst must also *feel, suffer*, and *work through* the sensitive and visceral parts of the repetitions of the patient, because only in passing through the filter of the analyst's sensitivity and subjective experience can the

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repetition become the catalyst for the structuring of the ego.

In order to create the analytic space, Freud had to separate his persona from the desire of the patient. Such a protection was likely inevitable. Perhaps without this stepping back, the phenomenon of the transference could not have emerged. In any case, Ferenczi would complete Freud's discovery by integrating it with the acknowledgment and progressive acceptance that the analyst was not so innocent, and that he was bearing responsibility for the whole process.

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