



PSYCHOANALYSIS

Daniel Kupermann

# Why Ferenczi?

*The empathic style in psychoanalysis*

**Blucher**

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*Why Ferenczi? The empathic style in psychoanalysis*

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# 1. Confusion of tongues: Freud, Ferenczi, and Serguéi Pankejeff

*Festina lente*

*(Make haste slowly)*

When an encounter ends tragically, it is best to start your account with the end. After twenty-two years of an intense and tumultuous relationship with Freud, a letter written by Ferenczi summarizes virtually all elements involved in the bond between the two psychoanalysts: admiration, friendship, cross-transferences, and resentment. The excerpt from this correspondence reproduced below illustrates the standoffs in the relationship between the two psychoanalysts who were most responsible for the development of psychoanalytic thinking in the second and third decades of the 20<sup>th</sup> century. Their bond can even be considered a paradigm of the risks faced in relationships between analysts of different generations, particularly if one is analyzed by the other.

I invite the reader to read this revealing passage closely. Ferenczi writes:

*In the beginning, you were my adored teacher and my unattainable ideal, for whom I harbored the well-known*

*mixed feelings of a student [...] Unfavorable circumstances did not allow me to bring my analysis to an end. I particularly regret that, in analysis, you failed to discover and abreact the partly transferred negative feelings and fantasies in me [...] A few small facts during our trips together also made me feel a certain embarrassment, in particular the severity with which you corrected my obstinate conduct in the matter of Schreber's book. And I wonder, even now, if mildness and indulgence from the authority figure would not have been more appropriate [...] (Letter from 01/17/1930, apud Sabourin, 1988, p. 183)*

It is known that it is impossible to change the beginning, but where there is desire, it is possible to transform the ending. What is Ferenczi's grievance?

First, a lack of analysis. Ferenczi underwent a very brief process of "training" analysis with Freud for a few weeks divided between 1914 and 1916 (Lugrin, 2017). "Foreign" analysts of this first generation of Freud's disciples did not have anyone to analyze them in their hometowns; Ferenczi was the first and most prominent psychoanalytic reference point in Budapest, and naturally wished to acquire knowledge from the creator of psychoanalysis himself. Furthermore, due to the urgency of the services rendered to the psychoanalytic "cause", they did not have the time to devote themselves to a sufficiently long analysis in Vienna.

However, if we consider other passages from either his correspondence with Freud or his *Clinical Diary*, Ferenczi also denounces, not at all subtly, the perpetuation of an authoritarian relationship between Freud and his pupils/analysands, based on a manipulation of power granted by transference. As discussed by many authors (cf. Kupermann, 2014b), the effect of Freud condensing both the figure of the master/father of psychoanalysis and that of his followers' psychoanalyst was that, as a result, there was a tendency for

analyses to be never-ending, and for almost the entire generation of pioneers to remain submissive to Freud.

Before exploring more details of the letter transcribed above, we will need to go back in time to clarify the elements at stake in Ferenczi's encounter with the creator of psychoanalysis.

### *1.1 The Budapest Congress: a red carpet for Ferenczi*

Freud's conference "Turnings in the Ways of Psycho-Analytic Therapy" at the Fifth International Psychoanalytic Congress, held in September 1918 in Budapest, was akin to a red carpet being rolled out for Ferenczi. Not precisely because Ferenczi would be elected president of the International Psychoanalytical Association<sup>1</sup> at this congress, but mostly because Freud admits to the "incompleteness" of psychoanalytic knowledge, paving the way for the psychoanalytic community to accept Ferenczi's experimentation with the active technique. "As you know, we have never prided ourselves on the completeness and finality of our knowledge", says Freud in the opening line of his conference (1919[1918]/1955c, p. 159).<sup>2</sup>

Using his trademark genetic style, Freud chose to present the "paths" (*wege*) psychoanalytic therapy was leaning towards — based on the transformations required by clinical impasses — by going back to the foundations of his clinical method. The etymology of "analysis" is "dismemberment", "decomposition". Freud is inspired by chemistry: just as a scientist in a laboratory can break down complex compounds into free molecules, enabling new syntheses, in the psychoanalytic treatment the psychoanalyst breaks down the analysand's psychical functioning into its elementary forms, revealing the instinctual motions at play in the

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- 1 A position he would not maintain for long, given the situation of isolation and political instability in Hungary during the years following the end of World War I.
  - 2 Showing a scientific modesty that has been hard to find in the psychoanalytic field since his death.

composition of their symptom. And just as the chemist has methods to dissolve solutions, the psychoanalyst uses *interpretation* — a privileged tool of the psychoanalytic technique. As such, to psychoanalyze would be equivalent to interpreting — either the instinctual elements that determine the analysands’ neuroses, or their resistances to the analytic work itself. The intended effect of a successful interpretation is the release of the libido previously invested in upholding neurotic defenses and symptoms.

According to Freud’s argument, there would also be in the psychic apparatus a “compulsion for unification”, a characteristic of the ego instance that makes new syntheses occur “automatically and inevitably”, not requiring the analyst’s intervention (Freud, 1919[1918]/1955c, p. 161). Thus, Freud’s blind faith in the capacity of the neurotic’s ego to promote binding processes allows him to refute the claims of those who adopt “psychosynthesis” while also reaffirming the effectiveness of the sharpened knife of interpretation.

Insisting on the analogy with chemistry, it will not be difficult to imagine that just as a laboratory is subject to accidents, the psychoanalytic experience carries its own risks. The released libido may choose inadvisable paths, resulting in a cure that is worse than the ailment. Freud gives examples of cases in which, during treatment, analysands become bound to unsatisfying romantic relationships, or even become seriously ill. The only power available to the analyst to try to avoid these premature iatrogenic solutions is granted by transference. The psychoanalyst, as Ferenczi (1909/1994a, p. 39) pointed out years earlier, is a “catalytic ferment [...] [of] affects”. Occupying the position of the analysand’s privileged object of libidinal investment, he gains influence in his ways of thinking, feeling, and acting, thus being able to inhibit or encourage, through his words, certain choices resulting from libidinal investments. Transference is thus the greatest ally of treatment. However, it can also be the third risk of those demonstrated by Freud: the perpetuation of transference neurosis as substitutive satisfaction for the symptoms, which would render the analyses interminable.



Freud (1919[1918]/1955c, p. 164) indeed warns that “the patient looks for his substitutive satisfactions above all in the treatment itself, in his transference-relationship with the physician; and he may even strive to compensate himself by this means for all the other privations laid upon him”.

At this point of the Freudian trajectory, transference presents itself as a true *phármakon*, both medicine and poison, becoming the main challenge of the clinical psychoanalysis as early as in the 1910s, as we will see next with the case of the Wolf Man. That is why Freud reiterates that the “basic principle” of the analytic technique is the principle of abstinence: “Analytic treatment should be carried through, as far as is possible, under privation — in a state of abstinence”. Furthermore, the development of psychoanalysis would point to what Ferenczi, in his paper “Technical Difficulties in an Analysis of Hysteria” (Ferenczi, 1919/1994e, p. 162), has lately termed “activity’ on the part of the analyst”. Through this complimentary reference, Freud proclaims, in Budapest of all places, the prominent place that Ferenczi would occupy in the psychoanalytic field.

The Freudian principle of abstinence is based on the idea that the relief of suffering during treatment reduces the “propelling force” — that same suffering caused by neurotic impediments — that led the analysand to seek analysis. Therefore, it would be necessary to prevent the analysand’s suffering from ending before the end of the analysis, “cruel though it may sound”. But would this, which applies to neurosis, apply to other cases of psychic suffering? After all, Freud confesses that his technique “grew up in the treatment of hysteria and is still directed principally to the cure of the affection” (Freud, 1919[1918]/1955c, p. 163–165).

It was the emergence of “severe” cases, particularly phobias and obsessional neuroses, that called into question the power of *interpretation* in psychoanalysis, evoking the active technique. In certain moments of the treatment, it would be necessary to encourage the phobic patient to

face the objects he fears, and encourage the obsessive patient to fight his horror of the act. Regarding severe cases of obsessional neurosis, Freud (1919[1918]/1955c, p. 166) is quite explicit: they may “incline to [...] an interminable protraction of the treatment. Their analysis is always in danger of bringing to light a great deal and changing nothing”.

Thus, in his Budapest conference, Freud defended the paths laid out by the active technique for psychoanalytic therapy, reaffirming that a different clinical approach, other than interpretation, would be advisable in many cases. In the following paragraph, he settles any doubts about his openness to new modalities of intervention from the psychoanalyst:

*But are we to leave it to the patient to deal alone with the resistances we have pointed out to him? Can we give him no other help in this besides the stimulus he gets from the transference? Does it not seem natural that we should help him in another way as well, by putting him into the mental situation most favourable to the solution of the conflict which is our aim? After all, what he can achieve depends, too, on a combination of external circumstances. Should we hesitate to alter this combination by intervening in a suitable manner? I think activity of such a kind on the part of the analysing physician is unobjectionable and entirely justified. (Freud, 1919[1918]/1955c, p. 162)*

Consequently, in the case of the active technique, it was not a matter of exchanging the “pure gold of the analysis” for the “copper of direct suggestion”, as was conceived for the psychoanalytic treatment offered in the free clinics that were beginning to come to life in the psychoanalytic movement (Freud, 1919[1918]/1955c, p. 168); it was rather about questioning the method, in the sense of extending it to other conditions of suffering than hysteria.

## 1.2 *The Egyptian curse: the Wolf Man case study*

It is worth noting that the inventor of the active technique was Freud himself. In *From the History of an Infantile Neurosis*, published in the same year as the Budapest Congress (although written almost entirely in 1914), Freud presents the case of a young Russian man, the noble Serguéi Constantinovitch Pankejeff, who suffered from a severe obsessional neurosis and, after a few unsuccessful attempts at treatment, arrived in Vienna at the beginning of 1910. In the “introductory remarks” that make up the first chapter of the essay, Freud (1918[1914]/1955b) explains this was a *severe* patient, whose analysis had taken considerable time compared to the standard at the time. “His shrinking from a self-sufficient existence was so great” underlines Freud (1918[1914]/1955b, p. 11), that “as to outweigh all the vexations of his illness”.

After three years of analysis, the issue of time, along with the perception that the treatment was stagnant due to Serguéi’s transference-resistance, led Freud to experiment with an unprecedented device: establishing a deadline for the end of the analysis — this being the primary resource of the Freudian use of the active technique. “The patient [...] remained [...] unassailably entrenched behind an attitude of *obliging apathy*”, Freud writes, adding: “He listened, understood, and remained unapproachable. His unimpeachable intelligence was, as it were, cut off from the instinctual forces which governed his behavior in the few relations of life that remained to him” (Freud, 1918[1914]/1955b, p. 11).

Serguéi was somewhat of a *Teflon analysand*: he did not react to Freud’s interpretations with psychic work and was relatively “nontoxic”, always docile and even apathetic, unable to express any hostility in transference and presenting a highly reduced “coefficient of friction”. Indeed, Freud’s description allows us to think of a true *affective numbness* resulting from an intelligence that was “cut off” from the instinctual sphere.

The effect of the “inexorable pressure” of the time limit for the end of the analysis, according to Freud, has made the resistance and fixation on the disease yield and, as he underlines, “in a disproportionately short time the analysis produced all the material which made it possible to clear up his inhibitions and remove his symptoms” (Freud, 1918[1914]/1955b, p. 11). In fact, in 1914 Serguéi gave his account of the famous dream of the white silent wolves sitting on the walnut tree branches, which gave his analyst the key to *constructing* the primal scene in which, at the age of one and a half, Serguéi had watched the *a tergo* coitus of his parents.<sup>3</sup>

Further, Freud emphasizes that in the period following the use of the active technique, resistance seemed to have disappeared, and the analysand “gave an impression of lucidity which is usually attainable only in *hypnosis*” (Freud, 1918[1914]/1955b, p. 11).<sup>4</sup> Just before the outbreak of World War I, in the summer of 1914, Freud discharged him, considering that “his cure was radical and permanent” (Freud, 1937/1964b, p. 217), and Serguéi returned to Russia.

However, the outcome of this case was not so favorable, at least not for the patient. Shortly before the end of the war, Serguéi returned to Vienna to analyze the remnants of transference. Freud saw him for a few more months before discharging him once again. In the first chapter of “Analysis Terminable and Interminable,” Freud reviews the limits of the use of the technique that establishes a deadline for the treatment, indicating that it is a “blackmailing device”. If on the one hand, under the “pressure of threat”, a portion of the unconscious material becomes accessible, another portion will be retained and become unapproachable by analysis. The decision of whether or not

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3 The image of the wolves in the dream was depicted in a drawing made by Serguéi himself in chapter IV of Freud’s essay (1918[1914]/1955b, p. 30).

4 I italicize Freud’s reference to hypnosis, in an essay published in the late 1910s — although he himself abandoned the practice even before the end of the 19<sup>th</sup> century. We will return to this subject later.

to employ the active technique would thus be left to the “analyst’s tact” (Freud, 1937/1964b, p. 219).

In his memoirs, written in the early 1950s, Serguéi Pankejeff (1981) reports that Freud requested a gift from analysands who continued to be embarrassed by transference at the end of the analysis, believing that this symbolic gesture would reduce the “feelings of gratitude” and “dependency” towards the analyst. Serguéi gave Freud a figurine of an Egyptian female figure. Two decades later, when flipping through a magazine that featured a photograph of his former analyst’s office, Serguéi says that he joyfully recognized “his” Egyptian, recollecting that, after the publication of his case, Freud had told him he had become “a part of psychoanalysis”<sup>5</sup> (Pankejeff, 1981, p. 168–169). It seems that Serguéi’s gift was not enough to resolve the embarrassment of his transference affects. Conversely, he who became known as Freud’s most famous analysand seems to have become identified with the position of a *passive object*, as materialized by the figurine gifted to his analyst.

Inspired by this paradigmatic episode in the history of psychoanalysis, I have previously named the “Egyptian curse” the disastrous fate of analyses that, because of the *analyst’s* failure to comply with the principle of abstinence, perpetuate transference, becoming infinite (Kupermann, 2010, 2014a). In these cases, the analyst takes possession of his analysand by extending his narcissism (related to his own person or his work as an analyst), transforming the analytic adventure into a genuinely sadomasochistic experience.

### 1.3 *The clinical problem of working-through*

In 1926, on Freud’s recommendation, Serguéi began a new analysis with Ruth Mack Brunswick. He had been suffering from a hypochondriacal delusion that manifested itself after a minor surgical intervention on

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5 “*Un morceau de psychanalyse*”; the literal translation of the French translation is quite suggestive: *a small part of psychoanalysis*.

his nose, as well as persecutory feelings towards the physicians who assisted him. His situation in Vienna, however, was quite different from that before the war. The Bolshevik revolution of 1917 had seized his family's assets, and his material condition had become quite precarious. Freud even mobilized part of the psychoanalytic community to collect an annual sum to be donated to Serguéi, establishing a form of pension for the patient who, according to Brunswick (1928/1981, p. 271), "had made such a beautiful contribution to the theory of analysis".

The nickname "Wolf Man" is published for the first time in "A Supplement to Freud's 'History of an Infantile Neurosis'", written by Brunswick, who diagnosed a "hypochondriacal paranoia" as having taken over Serguéi after his previous analysis (Brunswick, 1928/1981, p. 302). Brunswick's account includes a series of associations and dreams in which physicians in general (Freud in particular) appear as threatening figures. Furthermore, the analysis is affected by a secret: a piece of jewelry, that belonged to Serguéi's mother and had been recovered. He did not want Freud to find out, for fear of losing his financial aid. The scenario did suggest a paranoiac element, which led Brunswick to state that the patient, who had shown in his previous analysis to be afraid of living alone, was not successful in overcoming his "father fixation", which was updated in transference by having Freud occupy the irreducible position of a substitute father that Serguéi had not been able to let go of (Brunswick, 1928/1981, p. 309)

As such, the Wolf Man case study leaves us at a theoretical-clinical crossroads, in which we are faced with three hypotheses: either (1) Freud or Brunswick were wrong about their diagnosis; or (2) the Wolf Man was the first case of "borderline personality" in the history of psychoanalysis, perceived by Freud as an obsessional neurotic (indeed, a severe case), and by Brunswick as a paranoiac; or (3) the paranoia that had manifested itself in his analysis with Brunswick would have been produced by his experience of analysis with Freud, specifically by the effects on his subjectivity of setting a deadline for the end of the treatment.

A very revealing passage from Brunswick supports the third hypothesis (which, of course, does not exclude the second). This is a courageous critique of the procedure used by Freud with the Wolf Man. She writes: “We can, as analysts, be in full possession of the biographical facts of the illness, but we cannot know to what extent the patient needs to ‘rework’ (*Durcharbeiten*) their material in order to be cured” (Brunswick, 1928/1981, p. 309). In other words, she believes the pressure of the threat imposed by the time limit would have annulled the Wolf Man’s resistance to the investigative work of analysis, providing Freud with access, primarily through the dream of wolves — which seems to have been Serguéi’s true gift to Freud — to the unconscious material that allowed him a theoretical understanding of the patient’s infantile neurosis. However, the counterpart had been the unscathed preservation of the traumatic nuclei that later produced his psychosis.

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In the same summer of 1914, shortly after the Wolf Man was discharged, Freud wrote an important essay included in his recommendations on the psychoanalytic technique: “Remembering, Repeating, and Working-Through” (1914/1958c). In it, the creator of the psychoanalytic method presents, for the first time and in detail, the third dimension of the work of analysis: working-through (*Dürcharbeitung*). The text is provocative: after returning to the idea that the exercise of psychoanalysis involves remembering repressed contents and repeating, in transference, that which cannot be remembered, Freud dedicates exactly two paragraphs to the notion of working-through; even so, they are preceded by the following preamble: “I might break off at this point but for the title of this paper, which obliges me to discuss a further point in analytic technique” (p. 155). With this self-ironic comment, Freud leaves no room for doubt: he was finding it difficult to approach the problem of working-through. But what were these difficulties?

Firstly, it can be argued that Freud himself showed some hesitation in relation to the theoretical complexity of the concept of working-through. The paragraphs dedicated to the concept are not very precise, especially considering the usual clarity of his writing. In them, Freud resorts to categories that are not clearly defined in his clinical theory, such as the analyst's "patience" and the "experiencing" analysis. There is also a reference to the patient's "time", which, on the one hand, refers us to the notion of *Nachträglichkeit* (belatedly) — the temporality through which the unconscious acquires meaning for the subject — but on the other hand, in this context, is associated to the time required to go through resistances in analysis, which seems closer to the enigmatic duration required by the work of mourning. Lastly, Freud reinstates the clinical importance of the abreaction of affects, seemingly forgotten since the abandonment of the cathartic method in the 1890s.

On the other hand, it can be assumed that Freud's most significant difficulty concerning the presentation of the concept of working-through resides in the difficulties surrounding countertransference. After all, the essay was written immediately after Serguéi's analysis was completed, in the summer of 1914. Furthermore, his argument points in the opposite direction from the clinical strategy that Freud himself adopted. It is worth following it step by step: Freud had understood that there had been no progress in the treatment because of Serguéi's resistance, who had become *entrenched* behind an attitude of obliging apathy. In "Remembering, Repeating, and Working-Through", we read:

*I have often been asked to advise upon cases in which the doctor complained that he had pointed out his resistance to the patient and that nevertheless no change had set in [...] The treatment seemed to make no headway. This gloomy foreboding always proved mistaken. [...] The analyst had*



*merely forgotten that giving the resistance a name could not result in its immediate cessation. (1914/1958c, p. 155)*

We seem to be facing a typical case of *do as I say, not as I do*. Due to his assessment that the “treatment seemed to make no headway”, Freud used with Serguéi the expedient of setting a time limit for the analysis, believing that the *pressure of a threat* would force the analysand to produce associative material. Once again, in the essay about working-through, he states the exact opposite:

*One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to work through it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis [...] and it is this kind of experience which convinces the patient [...]. The doctor has nothing else to do than to wait and let things take their course, a course which cannot be avoided nor always hastened. (Freud, 1914/1958c, p. 155)*

The pressure put on the patient did *hasten* the emergence of unconscious material in his associations, and Serguéi narrated the dream that provided the key to his infantile neurosis (which earned him the nickname of Wolf Man). The treatment ended with Freud considering him cured, but he returned to Vienna shortly after to treat unanalyzed remnants of transference.

A few years later, Brunswick, as his second analyst, diagnosed a paranoia that largely stemmed from the investigative furor that permeated his analysis with Freud, which made her differentiate investigation — “biographical facts of the illness” — from therapeutics: how much the analysand needs to “rework (work through) his material to be able to cure himself”. Once again, in “Remembering, Repeating,

and Working-Through” we find what seems to be a foreboding of this analysis’s failure. Freud writes:

*This working-through of the resistances may in practice turn out to be an arduous task for the subject of the analysis and a trial of patience for the analyst. Nevertheless it is a part of the work which effects the greatest changes in the patient and which distinguishes analytic treatment from any kind of treatment by [the influence of] suggestion. (1914/1958c, p. 155)*

As such, soon after Serguéi’s analysis was finished, Freud identified the need to recommend *patience* to analysts. Rather than being mainly a technical principle formalized in metapsychology, the notion of patience seems to evoke the aesthetic dimension of clinical practice, referring to the quality of the affective encounter between analyst and analysand. Patience, therefore, approximates to the category of clinical “tact” — considered by Freud (1910/1957a) as a unique and undefinable gift — which, in turn, inspired Ferenczi in his considerations on empathy (a subject dealt with in Chapter 4).<sup>6</sup>

Freud had finally concluded that the effect of the pressure imposed on the Wolf Man was the cessation of resistances and the emergence, in his associations, of a lucidity equivalent to that obtained by hypnosis. In the last lines of the 1914 essay, he writes that from a theoretical point of view, working-through can be correlated with “the ‘abreacting’ of the quotas of affect strangled by repression — an abreaction without which hypnotic treatment remained ineffective” (Freud, 1914/1958c, p. 156).

We understand that the specter of suggestion and hypnosis tends to haunt discussion of Freud’s essay insofar as the “technique” used with Serguéi produced “magical” results in terms of investigation but

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6 We refer the reader to one of the rare writings published in Brazil on the issue of patience in clinical psychoanalysis (Chaves, 2001).

in practice a veritable therapeutic disaster. On the other hand, evoking the concept of *abreaction of affects* in the conclusion of the exposition on working-through is provocative. It all points to the fact that, for Freud, *working-through is to the psychoanalytic method as abreaction was to the cathartic method*.

An analysis that does not allocate the time required for working-through will become a mere intellectual exercise, the result of which will be an analysand who knows a lot, but for whom the acquired knowledge will add nothing of significance to their existential experience. Monique Schneider (1994) points out that, in the history of psychoanalysis, the prominence afforded to affects in Freud's work has faded, leading many analysts to the limited understanding that clinical practice required an intelligible exercise of "becoming aware", with affects being considered an excess to be discharged. However, it is only by working on the affects that the subject in analysis will achieve the recognition of himself that will allow him to "exist differently". In this sense, the abreaction to which Freud referred in 1914 would involve, in Schneider's words, "realizing the affect rather than emptying it out" (Schneider, 1994, p. 50).

Throughout the history of psychoanalysis, though, whenever the interpretive style was given prominence, it could be seen that clinical practice had become an intellectual exercise, through which analysands were unable to use this acquired knowledge other than to endlessly justify their suffering and existential misery. Such a diagnosis did not go unnoticed by Ferenczi. In the entry of January 31st, 1932 in his *Clinical Diary*, entitled "The catharsis gets bogged down, and how to remedy it", Ferenczi (1932/1988, p. 24) states that the repetition of traumatic experiences only favors the analytic work if "something" is added: a sensitive presence on the part of the analyst. He writes: "It appears that patients cannot believe that an *event* really took place [...] if the analyst, as the sole *witness* of the events, persists in his cool, unemotional, and, as patients are fond of stating, purely intellectual attitude [...]". It is worth emphasizing that the *event* Ferenczi refers to

is more than a factual event from the past, but rather its repetition in transference. As he puts it, “if we [...] contrive right from the beginning to present the *events* to the patient as memory images that are unreal in the *present*, he may well follow our line of thought but will remain on the intellectual level, without ever attaining the feeling of *conviction*” that constitutes the therapeutic effect of any analysis.

Indeed, in a subtle passage, Freud demonstrates that working-through implies “working *in common with his patient*” (1914/1958c, p. 155); but how should we understand the meaning of a *joint analytical work*?

For Ferenczi, the immediate answer is offered by his conceptualization of empathy, — the analyst’s ability to feel within himself the analysand’s affective reverberations — the center around which his clinical style was built. Moreover, it is not by chance that in the last chapter of the *Wolf Man* case study Freud admits that “personal peculiarities in the patient and a national character that was foreign to ours made the task of feeling one’s way into his mind a laborious one”. Serguéi’s apparent dissociation between an “agreeable and affable personality” and a “completely unbridled instinctual life”, made it, Freud notes, very difficult for him to establish an “overall perspective” (1918[1914]/1955b, p. 104). Following his reasoning, our conclusion from this imbroglio is that the psychoanalyst’s *impatience* is fueled precisely by the lack of availability for the exercise of empathy.

The hypothesis that will nourish our argument and which required us to take this detour through Freud’s principal essays published between 1914 and 1918 (*a period that coincides with Ferenczi’s analysis, and in which Ferenczi is indeed the protagonist*) is that Ferenczi gave Freud another gift (less tangible than an Egyptian figurine), in an attempt to overcome the embarrassments of the transference.

That gift, I argue, was his attempt to solve the problem of working-through. The undertaking consisted of years of experimentation and resulted in a clinical style that inspired all subsequent psychoanalysis,

culminating in the conceptualization of neocatharsis, and a guiding light for the paths of psychoanalytic therapy since the mid-twentieth century.<sup>7</sup>

### 1.4 Freud's counter-argument

In one of his last writings, Freud takes up the accusation made by Ferenczi in their correspondence. His counter-argument is in the second chapter of “Analysis Terminable and Interminable”. Without identifying his interlocutor, Freud (1937/1964b, p. 221) refers to an experienced analyst, respected by his peers and with a satisfactory love life who, years later, complains that his analyst had not paid due attention to the negative transference, thus failing to provide him with a complete analysis. Freud's argument rests on three assumptions. First, there would not have been, at the time, any overt manifestation of hostility in the transference situation, and the analyst can only work with material that is present and active. Let us recall the end of his text on the dynamics of transference: “It is impossible to destroy anyone *in absentia* or *in effigie*” (Freud, 1912/1958b, p. 108). Second, even if there were only faint signs of the negative transference, “activating” it — provoking the analysand through an unsympathetic behavior — would be too risky; it would threaten to compromise the treatment's greatest ally: the transference of tender and affectionate feelings addressed to the analyst. Lastly, by making a surprising reference to friendship, Freud (1937/1964b, p. 221) proposes that not everything that happens during and after analysis between analyst and analysand should be considered restricted to transference; there would also be *friendship relationships*, based on reality — not on the unconscious infantile fantasies projected through transference — that “proved to be viable” (Freud, 1937/1964b, p. 222).

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7 Neocatharsis will be the topic of our last chapter; we ask the reader for some patience to be convinced of our working hypothesis.

I insist on this debate between Ferenczi and Freud because it unequivocally makes explicit the differences in the clinical conceptualizations found in each of the authors. The mere fact that four years after Ferenczi's death Freud revisited some of the questions that Ferenczi had addressed to him is enough to prove their importance. "Analysis Terminable and Interminable" can be considered the legacy of the difficulties and challenges of clinical psychoanalysis, in which Freud presents and discusses the limits imposed on its progress: alterations in the ego, negative therapeutic reactions, and what he called "the bedrock of castration".

However, had Ferenczi been able to reply (it can perhaps be assumed that he must have turned in his grave when "Analysis Terminable and Interminable" was published), we would undoubtedly encounter a very different understanding of defense mechanisms, the handling of analysis of severely ill patients, resistances, negative transference, the iatrogenic effects of psychoanalysis, and even friendship.

On the question of whether or not the analysand experiences hostile affects in transference, Ferenczi anticipated the answer in "On Forced Phantasies" (1924/1994h). Briefly summarizing his reasoning: the analysand cannot express evidence of negative transference in many clinical situations; due to his subjective configuration, he obeys the imperative of preserving an idealized analyst, effectively barring any access to hostile affects and hate. He also needs evidence to be confident of the "survival" of his analyst and, above all, certainty that there will be no retaliation. In this sense, in relation to Freud's concern that "activating" the negative transference would risk compromising the tender positive transference (the treatment's greatest ally), Ferenczi would respond that the greatest obstacle to the expression of negative transference is the psychoanalyst's resistance to acknowledging it, which would oblige him to offer himself as its recipient, a very uncomfortable task. In the specific case of Ferenczi's analysis, the mixture of positions that Freud occupied in his mind — "adored master", and creator of psychoanalysis

interested in the perpetuation of his work by his disciples — would seem to have compromised the transference experience and, consequently, the possibility of Ferenczi carrying his analysis to term. Hence a possible conclusion might be that because in his case the transference was not adequately analyzed, Ferenczi transformed the problem of the end of analyses into one of his theoretical-clinical obsessions.<sup>8</sup>

There seems to be, thus, an uncomfortable similarity between the fates of Ferenczi's analysis and that of the Wolf Man. Both cases show unfinished analyses due to entanglements in transference and countertransference; this was primarily due to Freud's difficulty in acknowledging "negative feelings and fantasies" in the transference of his two analysands. In Serguéi's case, Freud pointed out his "docile indifference" as an obstacle to the progress of analysis, without wondering about hostile affects — which did not go unnoticed by Brunswick — disguised by the patient's presumed amiability. In Ferenczi's case, he believed in a friendship beyond any transference, which was quite convenient for the future of psychoanalysis, but deserving of great suspicion.<sup>9</sup> I do not mean to claim it is impossible for analyst and analysand to establish a friendship. On the contrary, it is not only possible but desirable, as long as it is not mistaken for servile submission.

Furthermore, it can be understood that both analyses serve as paradigms of the gridlocks that would become visible in the psychoanalytic movement decades later, in regard to training analyses (*cf.* Kupermann, 2014b). In the analysis of aspiring psychoanalysts,

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8 On the other hand, in favor of Freud, one must admit that the first generation of disciples did not have the necessary time to work through their analyses, as previously demonstrated.

9 In commenting on this episode, Michael Balint (1954) does not avoid sarcasm when he says that, in the mid-20<sup>th</sup> century, any analyst in training would have been severely reprimanded if they told their training analysts they did not recognize any signs of negative transference in an analysis under their responsibility.

especially when there is influence or interference from institutional regulations, implicit or explicit, the analyst of candidates in training occupies a number of positions that can compromise the independence of the transference experience, placing it at the service of the networks of commitment established in institutional life.

The reader may object that Serguéi was not a candidate to become a psychoanalyst and, for this reason, his analysis was not for training, which is true. Nevertheless, his irreducible identification with the position of Freud's most famous patient indicates, in addition to an evident masochistic fixation, a dedication to the psychoanalytic movement that any psychoanalyst might envy. Throughout his life, Serguéi gave interviews to psychoanalysts and non-psychoanalysts and wrote about his analysis with Freud on various occasions (*cf.* Gardiner, 1981).

To strengthen my hypothesis, it is appropriate to provide an account of one of the last episodes in his relationship with Freud. In 1926, years after his analysis, Freud wrote to Serguéi asking for details from the dream of the wolves. Answering his questions, Serguéi added: "I am happy to have been of service to you with this information". In a letter to Muriel Gardiner dated June 11, 1957, he recalls the exchange of correspondence with Freud, saying that the desperate suffering that led him to the second analysis began precisely in June 1926, which leads him to question: "Or is the beginning of 'paranoia' somehow related to Professor Freud's questions?!" (Gardiner, 1981, p. 282).

### *1.5 Wiesbaden: from the desire to be alone to traumatic isolation*

Ferenczi's *Clinical Diary* also contains a reference to the question of friendship at the end of an analysis, which is less surprising, given the context of the discussion, than Freud's take found in "Analysis Terminable and Interminable", but still thought-provoking. Ferenczi



(1932/1988, p. 56) comments that after successive disappointments with adults, children establish friendships among themselves, and raises the question of whether an analysis should indeed end precisely under the auspices of just such a friendship between analyst and analysand.

Friendship would be, in this sense, an encounter governed by a confluence of affects, in which the asymmetry between subjects imposed by social or moral codes — especially that which relates to authority — no longer governs their bond. The figure of the child is omnipresent in Ferenczi's writings and refers to the creative and playful encounter through which new styles of existence can be formed. There are, of course, differences in degrees of knowledge in the analytic pair. However, in true Benjaminian fashion, the acquired "experience" does not offer any prior guarantee for what will be produced in the face of the destabilization caused by the irruption of the unconscious and the dismantling of already established knowledge (Benjamin, 1913/2002). I imagine that this is the meaning of Freud's recommendation that, faced with each new case, the psychoanalyst must free himself of everything he has learned in previous treatments. In the philosophical field, in turn, friendship is described as the refusal of servitude, and liberation from the originally inherited family ties so that an authentic community of love for knowledge between equals in difference can be erected (*cf.* Chauvi, 1987).

Interestingly, the speech given by Ferenczi (1911/1991b) at the Nuremberg Congress, on the occasion of the founding of the International Psychoanalytical Association, proposes an utopia in which a grouping of psychoanalysts is able to unite bonds of love with creative freedom.

Almost all the biographical reflections and versions about the history of the psychoanalytic movement conclude that it was after the Wiesbaden Congress of 1932, where Ferenczi gave his famous lecture on the traumatic "Confusion of Tongues between Adults and the Child", that he was definitively shunned by Freud and his peers, ending his days as an outcast.

I believe, on the contrary, that Ferenczi actively sought his solitude, convinced that only a more radical departure from a group that operated according to the principles of servile obedience and its reproduction could provide him with the necessary freedom to think and practice psychoanalysis creatively and, finally, to die in his own way.

It is true that before the Congress, Ferenczi visited Vienna and read his lecture to Freud, who listened to it with “increasing impatience”. In the end, Freud warned him that he was walking through “dangerous terrain” and risking a departure from the “traditional techniques” that guide psychoanalytic practice. As they said their goodbyes, Ferenczi held out his hand, and Freud turned his back on him, leaving the room (Fromm *apud* Dean-Gomes, 2019, p. 252).

His theoretical and personal departure was nonetheless interpreted as disobedience, disrespect — and worse, a psychotic symptom; and the consequences were predictable: stigma and isolation. According to Ernst Jones’ version found in his greatest work, *The Life and Work of Sigmund Freud*, which has been disseminated since the 1950s, Ferenczi was not only the victim of a serious blood disease (pernicious anemia) but also mentally disturbed, reducing the intellectual quality of his last work at the end of his life (Jones, 1989) — precisely the work in which we can recognize today the independence and originality that turned him into a source of privileged inspiration for many psychoanalysts of the second half of the 20<sup>th</sup> century.



**Known for his willingness to take on** “difficult” cases, Sandór Ferenczi developed an original theory of traumatogenesis, based on the notion of disavowal (*Verleugnung*) of the unspeakable pain of the subject traumatized by the other, to whom he turns in search of testimony, recognition and reparation.

His subtle understanding of the fact that psychic trauma causes the subject to identify with the aggressor, followed by a narcissistic split, indicated the need to rethink clinical practice according to a psychoanalytic ethic of care. Ferenczi developed an emphatic style that was not only the main inspiration for some of the later developments in Freud’s conception of clinical practice, but was also significant for the work of authors such as Winnicott and Lacan, for whom the psychic work of the analyst is included in the process of working-through in analysis.

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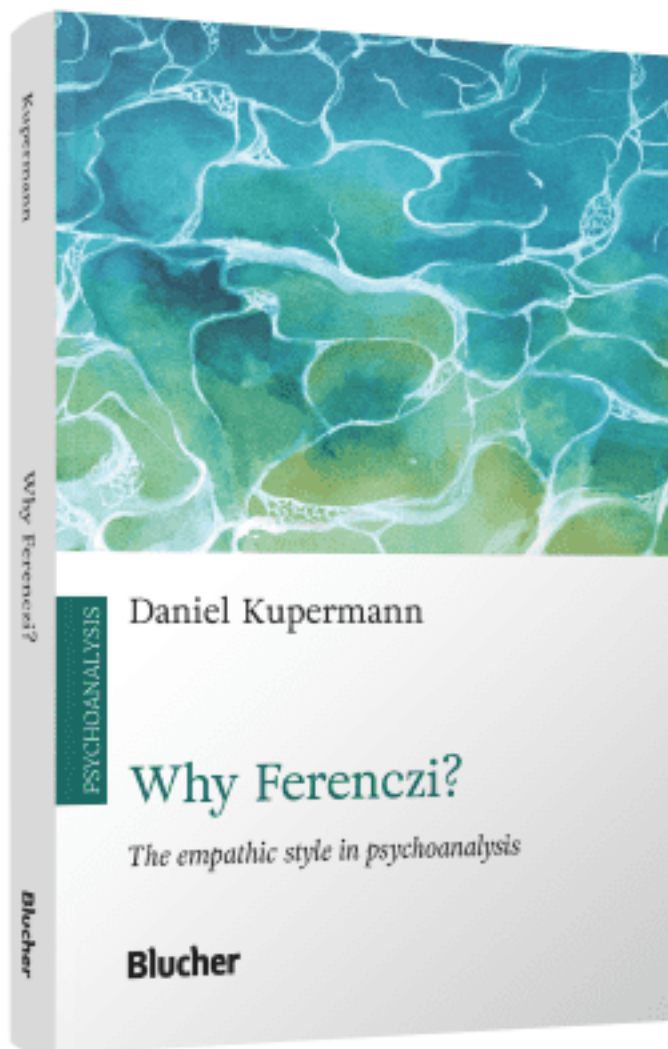


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