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Sándor Ferenczi

The Analyst of Last Resort and the Hermeneutics of Trauma

I started to listen to my patients when, in their attacks, they called me insensitive, cold, even hard and cruel, when they reproached me with being selfish, heartless, conceited, when they shouted at me: "Help! Quick! Don't let me perish helplessly!"

—Ferenczi

No analysis can succeed if we do not succeed in really loving the patient. Every patient has the right to be regarded and cared for as an ill-treated, unhappy child.

—Ferenczi

As discussed in earlier chapters, the French philosopher Paul Ricoeur has famously designated Sigmund Freud, Friedrich Nietzsche, and Karl Marx as practitioners of what he called "the hermeneutics of suspicion." They advocated and practiced "a method of interpretation which assumes that the literal or surface-level meaning of a text is an effort to conceal the political interests which are served by the text. The purpose of interpretation is to strip off the concealment, unmasking those interests" (Ricouer, 1970, p. 33). For psychoanalysis, this attitude particularly involved what Freud (1925) called negation, where the patient was taken to mean, unconsciously, the opposite of whatever he or she said.

It seems to have grown, gradually, from the point at which Freud "discovered" or concluded that his patients' reports of having been sexually or otherwise mistreated as children were only or primarily fantasy. An especially elaborate instance of this reasoning appears in "A Child Is Being Beaten" (1920), where he wrote repeatedly of his "uneasy suspicion" of taking what the patient said seriously, but there are many others. The interest served by the concealment or negation, described by Ricoeur as political, was for Freud actually defensive. The fantasy negated an instinctual wish that the adult patient would have found too difficult to bear knowing consciously before the analysis.

Sándor Ferenczi (1863–1933), Sigmund Freud's closest collaborator and confidant for 25 years, diverged from Freud's psychoanalysis in ways that still shape our profession today. Grandfather or grandmother (Hoffer, 1991; Vida, 1997) to most strains of relational psychoanalysis (Aron & Harris, 1993), to attachment theory (Bacciagaluppi, 1994), to humanistic psychotherapies, to developmental thinking in psychoanalysis (Young-Bruehl, 2002), to the primacy of clinical practice (or "technique") over scientific theory, Ferenczi is our closet ancestor, whom we only begin to be able to name.* His courage and integrity could not save him from his own intersubjective situation with Freud, as we shall see, but they may inspire us to protest in our own time against every form of dehumanization in our work and to reach, as he did, for any possible way to contact the suffering patient and to depart from the "school of suspicion" (see Chapters 1 and 2).

My immediate hermeneutic question, emergent especially from my reading of the Freud–Ferenczi correspondence (Brabant, Falzeder, & Giampieri-Deutsch, 1993; Falzeder & Brabant, 2000; Falzeder, Brabant, & Giampieri-Deutsch, 1996), concerns the conditions and attitudes that made it possible for Ferenczi to move

* Important books that seem heavily indebted to the Ferenczian legacy, but without attribution, include those by Bromberg (2006) and by Kohut (Kohut, Goldberg, & Stepansky, 1984). A major exception is Heinrich Racker (1968), who clearly acknowledged Ferenczi's influence.

from the language of "the hysteric," "the paranoid," and "the homosexual" to the intense concern for "the sufferer" and for the "suffering person" that we find in his clinical diary (Ferenczi & Dupont, 1988) and in the papers of his last years (Ferenczi, 1930, 1931, 1949a).* In other words, how did he shift from a focus on pathology to a concentration on the human being who suffers? I will be suggesting that he found his way ever more into a dialogic hermeneutics (see Chapter 1) of the relational situation and that it changed him profoundly. I believe, however, he was able to make this shift only because he was passionately concerned to relieve emotionally suffering people long before he met Freud and became so engaged with him in theory-building, and because he later met Georg Groddeck who himself embodied this passion. Thus in the end he was able to maintain his affection for Freud but could no longer maintain a sense of shared vocation with him.

Although I will refer to the Freud–Ferenczi correspondence (Brabant et al., 1993; Falzeder & Brabant, 2000; Falzeder et al., 1996) only as it illuminates the biography and the central later texts, it provides an indispensible context for them, and we can be only immensely grateful to those whose work and care finally brought this full correspondence to publication. Others have studied the story of the suppression of Ferenczi's late work (Rachman, 1997b; Roazen, 1975), and the various delays in publication, but that is not my purpose here. Still, these setbacks have also impeded our access to perhaps the most profoundly ethical† of the early psychoanalysts. This chapter, therefore, attempts to help us catch up on a shared developmental loss in our profession and to exemplify the thesis of this book that a dialogic therapeutics, informed

* Many have noted that this was his reputation: Aron (1992), Harris and Gold (2001), Maroda (1998b).

† I use *ethical* here not in the sense of bound-to-the-rules we commonly accept today—both Freud and Ferenczi violated these, most obviously in their discussion of the treatment of Elma Palos, daughter of Gizella, who became Ferenczi's wife. Instead, I mean *ethical* in the Lévinasian sense of responsibility to the face of the destitute other, the widow, the orphan, and the stranger, whose naked need places an infinite demand on me (Lévinas & Nemo, 1985; Orange, 2009c). See Chapter 2.

by the hermeneutics of trust, provides the ethical response to the suffering stranger.

LIFE AND WORK

Born to assimilated Hungarian Jewish parents in 1863, Sándor Ferenczi was the 8th of 12 children.* His family owned a bookstore, and his educational and cultural opportunities were deep and broad within the Austro-Hungarian Empire (Haynal, 1989b). His father died when he was 15. Sometimes described as his father's favorite, he called his mother cold and felt himself deprived of maternal nurturance. He studied medicine in Vienna, returning to practice in Budapest.

Ferenczi early took an interest in the marginalized of society. In the words of Michael Balint (1957b), "His only aim, and one which he never lost sight of, became to relieve the sufferings of mentally sick people" (p. 235). In 1908, Ferenczi met Sigmund Freud, and the two began a collaboration and a massive correspondence, now published in three volumes, that lasted 25 years until Ferenczi's death in 1933. The complexity of this relationship (Haynal, 1989b, 1992; Hoffer, 1996) includes mentorship (Freud generously helped Ferenczi get most of his early papers published), considerable mutual affection† (Freud at one point hoped that Ferenczi would marry his oldest daughter), traveling and vacation companions, "dependency"‡ (Ferenczi thought he

* For biographical information, I have depended on Berman (2004), Bókay (1998), Dupont (1994), Roazen (1975), and of course the Freud–Ferenczi correspondence.

† In Freud's words, it was an "intimate sharing of life, feelings, and interests" (Falzeder & Brabant, 2000).

‡ It would be easy to interpret their relationship in terms like those Bernard Brandchaft (see Chapter 7) called "systems of pathological accommodation," an intricate and hellish bargain in which the child or patient is forced to choose between the bond to the parent or analyst and the child's own self-development (Brandchaft, Doctors, & Sorter, 2010). See also Rudnytsky (2002) and Rudnytsky, Bókay, and Giampieri-Deutsch (1996). In the *Clinical Diary*, Ferenczi reproached Freud for not having analyzed his "negative transference." My own reading of the correspondence leads me to agree with Judith Vida (1997) in thinking that "dependency" does not adequately describe this complex relationship.

related to Freud as father-substitute, but it would be easy to argue that the dependency was bilateral), collaboration (strong evidence of mutual influence in the correspondence), domination and even exploitation by Freud, and ever-increasing divergence whose origins are evident in the correspondence from the beginning.* To complicate matters further, Freud, at Ferenczi's request, analyzed him for three brief periods in 1914 and 1916, a total of perhaps 6 weeks. Ferenczi, during one of Freud's periods of intense suffering from cancer, offered to travel to Vienna to analyze him, but Freud declined (appreciatively). In addition, as Vida (1997) noted, "Ferenczi employed his formidable talents to secure *Freud's voice* its central place in the psychoanalytic institutions that were just being developed" (p. 409, emphasis in original).

They diverged, primarily, over countertransference and over the centrality of trauma, two matters that encapsulate the whole problem of the attitude toward patients. Freud saw his own emotional reactions to patients as a nuisance factor, clouding his scientific lens and needing careful control. He wrote to Carl Jung in 1910 that he was beginning to understand the full importance of the rule "surmount counter-transference." To Ludwig Binswanger, whom Freud trusted more than he did Jung, he wrote,

> The problem of counter-transference, which you touch upon, is—technically—among the most intricate in psychoanalysis. Theoretically I believe it is much easier to solve. What we give to the patient should, however, be a spontaneous affect, but measured out consciously at all times, to a greater or lesser extent according to need. In certain circumstances a great deal, but never from one's own unconscious. I would look upon that as the formula. One must, therefore, always recognize one's counter-transference and

* It may be difficult for American readers to imagine how close Vienna and Budapest are and that it was easily possible for Ferenczi to attend the Wednesday evening meetings at Bergasse 19. In addition, both men spoke several languages, and their correspondence—with each other and with others—is peppered with expressions in English, French, Italian, and Latin. They wrote and spoke to each other in German, though Ferenczi's first language was Hungarian.

> overcome it, for not till then is one free oneself. To give someone too little because one loves him too much is unfair to the patient and a technical error. This is all far from easy, and perhaps one has to be older for it, too. (Freud, Fichtner, & Binswanger, 2003, p. 160)

Ferenczi, by contrast, believed he needed to understand his own reactions and begged Freud to analyze him. He also, even when feeling most injured by Freud—as early as 1910*—urged Freud to consider his own emotional contribution to their interactions. But the profound mutuality that Ferenczi sought was not available with Freud. In the early 1920s he found Georg Groddeck, whose interest in what Winnicott would later call the "psyche-soma," and whose capacity for playfulness, gave Ferenczi a space for creativity less constrained than in his complex situation with Freud (Ferenczi, Fortune, & Groddeck, 2001; Rudnytsky, 2002).

In the last 10 years of his life (Haynal & Falzeder, 1993), Ferenczi, ever more determined to help his patients, experimented. His "active techniques" included setting rigid termination dates, forbidding certain activities, and so on, until he realized that these were no more helpful than Freud's "normal technique" of nongratification and indifference.† Indeed, in Axel Hoffer's (1991) words, "Ferenczi became aware that his active technique was the equivalent of harsh abuse of patients by an authoritarian figure, the unwitting reenactment of the original trauma at the hands of a tyrannical father" (p. 467). He then tried what he called the

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* Repeatedly, Freud would invite Ferenczi to collaborate with him and then put him in his place. In the infamous Palermo incident of 1910, of which both later wrote, Freud had, as Ferenczi understood him, said that they would work together on the Schreber paper, but then Freud began to dictate it to him. Ferenczi stood up and asked, "This is what you mean by working together?" to which Freud responded, "So you want to take the whole thing?" There are many more examples in the correspondence where Ferenczi referred to his "father transference," but he also occasionally suggested that Freud consider whether he too was contributing something to their misunderstandings.

† Freud's German words that in English are usually rendered *neutrality* are *Neutralität* and *Indifferenz*.

"relaxation"* method (Ferenczi, 1930), attempting to make the patient as comfortable as possible, so that traumatic memories could return and be connected with the symptoms.

At the same time, from the time of his collaboration and break with Otto Rank in 1924–1925, Ferenczi was moving toward a form of psychoanalysis less modeled on the natural sciences—the world he and Freud had always shared—toward one centered on clinical practice, that is, a dialogic or hermeneutic psychoanalysis (Bókay, 1998). Indeed, impelled by his intense desire to understand and help his least "analyzable" patients, he stretched his practices and sometimes himself almost to the breaking point. Long before Gadamer would develop his dialogic hermeneutics as a philosophical phenomenology, Ferenczi developed a give-and-take clinical hermeneutics, in which the patient's meaning could always dispute the authority of the previously unchallenged analyst. Meanings emerged from clinical process, not from theory.

In his last years, chronicled in his *Clinical Diary* (Ferenczi & Dupont, 1988), he undertook his most difficult explorations in mutual analysis. His work with Elizabeth Severn (Fortune, 1993; Haynal, 1989b) and other severely traumatized patients in these years distanced him from Freud and thus created enormous personal strain for him. He had concluded that what had actually happened to children—especially including early sexual misuse—really mattered and, together with the indifference and obfuscation of adults, really was at the root of the worst psychological catastrophes. For Ferenczi, trauma (Greek for *injury*) always included two moments (Dupont, 1998) if it were to become pathogenic: the original shocking or repetitive abuse or neglect, followed by the disavowal, hypocrisy, and rejection both by the perpetrators and by others to whom the devastated child might have turned. In the words of Judit Mezaros (2010),

* Roazen understands *relaxation* here as referring to relaxation of the rigidity of the standard technique. Perhaps both meanings are present.

> It was not a question of whether memories portray real events. He was asking what it was that turned an experience into a traumatic force for the subject … he placed the process of traumatization into a field of relations in which objective reality is colored by the relationship between the traumatized individual and the aggressor as well as by any number of other phenomena.* (p. 83)

Although in his early work Ferenczi had always attempted to keep his work within the Freudian framework, even producing critiques of those Freud came to ostracize, from the late 1920s he seemed to know he was going his own way. Collaborating with his patient Elizabeth Severn (the "R. N." of the *Clinical Diary*; Ferenczi & Dupont, 1988), he produced a complex and elaborated account of psychological trauma (Aron & Frankel, 1994). At the same time, just as his health declined from pernicious anemia at the end of his life, he produced papers that, even today, are decisive for our thinking about trauma and clinical process. A few months before his death, as he would normally do before presenting at a major congress, he read his "Confusion of Tongues" paper (1988) to Freud, giving his advocacy for the suffering child in the adult patient full voice (Vida, 1997). Freud walked away from him, having refused to shake his hand.

After his death, the psychoanalytic community, led by Ernest Jones but with the collusion of many others, suppressed Ferenczi's "Confusion of Tongues" paper until 1949, when Michael Balint is said to have persuaded Jones to allow its publication (Erwin, 2002). When Jones published the third volume of his Freud biography in 1956, he alleged that, as evidenced by his differences with Freud, Ferenczi had been insane in the years before his death. Many other sources dispute Jones's assertion as an attempt to discredit Ferenczi and either to keep his innovative thinking marginalized or to enhance Jones's own legacy in the history of psychoanalysis

* A similar account appears in intersubjective systems theory with its experiential-world-shattering, unmet by a "relational home" for the traumatic experience (Stolorow, 2007). We can agree with Haynal (1989a) that trauma is an economic concept—an injury that overwhelms the ego—only if we understand, as Ferenczi did, that this injury includes the relational context.

(Balint, 1958; Bonomi, 1998; Dupont, 1988; Roazen, 1975). Hoffer and Hoffer (1999) believe that Ferenczi did indeed suffer brief psychotic episodes as part of the pernicious anemia from which he died but that these in no way diminish the importance of his last writings. But also as Judit Dupont (1988) noted, "Those who get too close to the insane are always looked upon with suspicion" (p. 258). Carlo Bonomi (1999) has written an extensive and careful account of the entire controversy over Jones's allegations that place them in historical context. He believes, and I agree, that Ferenczi's challenge to the analyst's authority was too great for most even to consider until recently.

Paul Roazen, who wrote his masterful *Freud and His Followers* (1975) before either Ferenczi's *Clinical Diary* or the Freud–Ferenczi correspondence were available to us, did, however, have the opportunity to interview living people who had known Ferenczi and reported, "The faces of persons who knew Ferenczi still light up at the mention of his name" (p. 359). Even Jones knew it: "What we saw was the sunny, benevolent, inspiring leader and friend. … With his open childlike nature, his internal difficulties, and his soaring fantasies, [Ferenczi] made a great appeal to Freud. He [Ferenczi] was in many ways a man after his own heart" (p. 359).

It is not surprising, therefore, that the rift between Ferenczi and Freud—even if never a full break—has been such a trauma for the psychoanalytic world (Balint, 1968), comparable to the loss of a parent. In this case, as in many families, the history is told as if the one parent had never existed. Anna Freud resisted publishing the correspondence, so that only now do we have the largest of Freud's bodies of informal and personal writing. On Ferenczi's side, he became the psychoanalytic family secret. Even now, even with the founding of the Ferenczi Center at the New School University in 2008, many analysts whose work clearly resembles his seem embarrassed to mention their kinship or indebtedness to him. It seems to me well past time for psychoanalysts and all humanistic psychotherapists to acknowledge our debts to him, without

excessive idealizing, to see what we can still learn from him, and to draw strength from his courage.

FERENCZI'S OWN HERMENEUTICS

The story of Ferenczi's relationship with Freud could be told as one in which he moved from Freud's hermeneutics of suspicion to a "hermeneutics of trust" in the style of Hans-Georg Gadamer (Dostal, 1987). By the time we meet him in the texts we consider next, he has become a fully Gadamerian hermeneut, who listens to his patients, expecting to learn something. He has almost completely abandoned the hermeneutics of suspicion. But how did he reach this point? I suggest as a working hypothesis that finding himself openly met by Georg Groddeck (Ferenczi, Fortune, & Groddeck, 2001) allowed him to feel the real emotional pain of his patients with less evasion. Through embracing a hermeneutics of trauma, that is, by allowing the suffering of others to traumatize him (Lévinas, 1981), he began to trust the embodied voices of shattered people.

All the texts we consider here, with the exception of the first fragment, belong to his last three years, when he had privately withdrawn from his close collaboration with Freud and become a completely original voice in the history of psychoanalysis. The concept of trauma unites these texts, and none makes sense without it. For Ferenczi, as noted previously, trauma is both reality and experience. As Bowlby (1979) would later proclaim so firmly—and also find himself excluded from orthodox psychoanalysis for this view—what happens to children really matters to their development. Likewise, Ferenczi believed it crucial to take his patients seriously when they claimed to have been abused or otherwise mistreated, even when they asserted that *he* was mistreating or misunderstanding them.

At the same time, he fully shared our contemporary view of trauma as experience (Orange, 2011; Stolorow, 2007; Stolorow, Atwood, & Orange, 2002). The response of the surrounding others

to the event is decisive for its development as psychological devastation that involves fragmentation, splitting of the psyche, and even, he thought, partial psychic death:

> Trauma is a process of dissolution that moves toward total dissolution, that is to say death. The body, the cruder part of the personality, withstands destructive processes longer, but unconsciousness and the fragmentation of the mind already are signs of the death of the more refined parts of the personality. Neurotics and psychotics, even if they are still halfway capable of fulfilling their functions as body and also partly as mind, should actually be considered to be unconsciously in a chronic death-agony. Analysis therefore has two tasks: (1) to expose this death-agony fully: (2) to let the patient feel that life is nevertheless worth living if there exist people like the helpful doctor, who is even prepared to sacrifice part of himself. (Ferenczi & Dupont, 1988, pp. 130–131)

In fact, he thought, the patient in treatment "must encounter enough compassion and sympathy that it seems worth his while to come back to life" (Ferenczi & Dupont, 1988, p. 40). Although this "helpful doctor" may sound grandiose, masochistic, or a candidate for imminent burnout, an alternative reading takes Ferenczi as saying, as Winnicott would later imply about his "regressed" patients and Fromm-Reichmann about schizophrenics, that such patients, as the condition for the possibility of hope, need to encounter someone like the "helpful doctor." Lévinasian "substitution," as we saw in Chapter 2, concerns the *possibility* of self-sacrifice for the suffering other, not its constant actuality.

Still, to read the late Ferenczi is to enter a hermeneutics of trauma. What does this imply? Primarily it shifts our focus *away from what is wrong with the patient*, that is, with pathology, *to what has happened to the patient to cause such extreme distress*. This shift in turn creates the needed transformation in the therapist's attitude that is the focus of most of the reflections in the *Clinical Diary*. Not until you stop analyzing my pathology, and start understanding what in you is obstructing your compassion,*

* Here, by the way, Peter Kravitz reminds me, lies a link to a Buddhist sensibility.

will you be able to help me, his patients told him over and over. Ferenczi's patients told him again and again that not until he recognized his own traumatic experience could he be on familiar terms with theirs and sincerely come to care for them. His work became a dialogic hermeneutics of trauma.

Clinicians may argue that their daily work is not so extreme, but we must remember that Ferenczi, like the others we consider in this book, devoted himself to those patients others considered "unanalyzable," hopeless cases. He was known as the analyst of last resort. It has been my experience that learning to understand those suffering from devastation, comparable to the world-collapse described by Jonathan Lear (2006), lights up everyday clinical work. The unnoticed suffering strangers become understandable and more accessible after we have worked with the despairing and the left-for-dead.

Let us therefore consider some uniquely Ferenczian themes that expressed his ability to see the suffering stranger/child in his adult patients, that is, his version of a hermeneutics of trust.

THE WISE BABY

Sometimes, the despairing turn up in very competent outward guises, so that their trauma does not immediately become visible. During the period of his closest collaboration with developmentalist Otto Rank, Ferenczi (1980) published for the first time his account of the dream of the clever baby:

> Not too seldom patients narrate to one dreams in which the newly born, quite young children, or babies in the cradle, appear, who are able to talk or write fluently, treat one to deep sayings, carry on intelligent conversations, deliver harangues, give learned explanations, and so on. I imagine that behind such dream-contents something typical is hidden … the wish to become great and to excel over "the great" in wisdom and knowledge is only a reversal of the contrary situation of the child … we should not forget that the young child is familiar with much knowledge, as a

> matter of fact, that later becomes buried by the force of repression. (pp. 349–350)

Long before Ferenczi expanded on this theme in his last papers, he had noticed, possibly first in himself, how some precociously capable infants, toddlers, and young children have already become very intelligent caregivers, full of what today we might call "emotional intelligence" (Balint, 1957b; Goleman, 1995). Like the biblical scholar who uses the understanding of a strange passage, here a dream, to interpret the larger text, Ferenczi's "wise baby" became a kind of "portkey" (Rowling, 2000) into the understanding of patients traumatized by sexual violence, by the absence of the parental care that every child needs, and by the premature induction into weighty responsibilities for the emotional well-being of the adults who had injured and abandoned them. This early text, over the next 10 years of his clinical experimentation, evolved into two more elaborated versions.

> Many years ago I made a short communication on the relatively common occurrence of a typical dream: I called it the dream of the learned infant. I was referring to those dreams in which a newborn or very young infant in the cradle suddenly begins to talk and to give wise advice to its parents or other grown-ups. Now in one of my cases the intelligence of the unhappy child in the analytic phantasy behaved like a separate person whose duty it was to bring help with all speed to a child almost mortally wounded. "Quick, quick! what shall I do? They have wounded my child! There is no one to help! He is bleeding to death! He is scarcely breathing! I must bind up his wound myself. Now, child, take a deep breath or you will die. Now his heart has stopped beating! He is dying! He is dying!" (Ferenczi, 1931, pp. 476–477)

This second version of the wise baby dream clearly belongs already to the hermeneutics of trauma. Ferenczi has heard the voice and seen the face of the urgently calling child, almost mortally wounded, who though in a dissociated state, could then show him what had happened.

> The associations, which followed from the analysis of a dream, now ceased, and the patient was seized with an opisthotonus* and made movements as though to protect his abdomen. He was almost comatose, but I succeeded in establishing contact with him again and inducing him, with the help of the kind of encouragement and interrogation that I have described, to tell me about a sexual trauma of his early childhood. What I want to emphasize now is the light that this observation, and others like it, throw on the genesis of the narcissistic dissociation of the self. It really seems as though, under the stress of imminent danger, part of the self splits off and becomes a psychic institution which observed and desired to help the self, and that possibly this happens in early—even the very earliest—childhood. We all know that children who have suffered much morally or physically take on the appearance and mien of age and sagacity. They are prone to "mother" others also; obviously they thus extend to others the knowledge painfully acquired in dealing with their own sufferings, and they become kind and ready to help. It is, of course, not every such child who gets so far in mastering his own pain: many remain arrested in self-observation and hypochondria. (Ferenczi, 1931, p. 477)

Here we see Ferenczi the hermeneut at work in the clinical situation. Responding to a "wise baby" dream, he found himself with a patient in a body-memory with whom he worked to make contact. In conversation with the patient, he guessed that a self-split or "narcissistic dissociation" had occurred to create a helper for the child who was being assaulted, physically and psychologically. In this way this child becomes at once both extremely terrified and hypercapable. When we see in our practices patients who seem to alternate between these two possibilities, we ought perhaps to remember Ferenczi's clever baby.

As we will see next, he sometimes hypothesized that this helper child, the wise baby, could survive to become invested, even overinvested, in curing and relieving suffering—"a little psychiatrist"—while the rest of the original child either died or was relegated to preservation as an oddity (see discussion below

* "A condition of spasm of the muscles of the back, causing the head and lower limbs to bend backward and the trunk to arch forward" (*Merriam-Webster* online).

of the "teratoma" metaphor). Ferenczi's idea survives as the "parentified child" of contemporary talk and perhaps even as Alice Miller's (1979) "gifted child" whose life has been usurped by self-absorbed, self-serving, or violent parents. Indeed, it clearly occurred to Ferenczi that many wise babies survive to become psychotherapists, living out their own traumatic family history.*

Here is the third and final version from Ferenczi's (1949a) "Confusion of the Tongues":

> When subjected to a sexual attack, under the pressure of such traumatic urgency, the child can develop instantaneously all the emotions of mature adult and all the potential qualities dormant in him that normally belong to marriage, maternity and fatherhood. One is justified—in contradistinction to the familiar regression—to speak of a traumatic progression, of a precocious maturity. It is natural to compare this with the precocious maturity of the fruit that was injured by a bird or insect. Not only emotionally, but also intellectually, can the trauma bring to maturity a part of the person. I wish to remind you of the typical "dream of the wise baby" described by me several years ago in which a newly-born child or an infant begins to talk, in fact teaches wisdom to the entire family. The fear of the uninhibited, almost mad adult changes the child, so to speak, into a psychiatrist and, in order to become one and to defend himself against dangers coming from people without self-control, he must know how to identify himself completely with them. Indeed it is unbelievable how much we can still learn from our wise children, the neurotics. (p. 229)

Why do I say that "Ferenczi the hermeneut" noticed and understood the wise baby? The patients brought the text of the dream—as in the early biblical hermeneutics—to their analyst as analytic patients have always done. Ferenczi, already long convinced of mutual involvement in the analytic/therapeutic process and inclined toward dialogue, listened and heard in the open and

* Judith Vida (1996) provided a rich development of the wise baby idea and an illustrative clinical example.

trusting style that Gadamer would later theorize. The patient, accustomed to acceptance and support from his analyst, entered a state of traumatic memory in which the caregiver-child part of himself called on himself (and perhaps on Ferenczi) to give emergency care to the dying part of his child-self. Ferenczi participated not only in the emergency care but then in its joint understanding, exemplifying the use of hermeneutic understanding for the sake of responding to the suffering stranger. His clinical work, therefore, implies a belief that something of the injured child also may survive to be reunited with the adult "wise baby" if the analyst understands and cares sincerely enough.

Why could he do this when others of his era considered such patients "unanalyzable"? We can only guess. He seems to have understood, as others had not yet, that his own early traumatic experiences (sexual trauma, maternal coldness, loss of his father) had left him to be a clever baby, had already prepared him to care for others' sufferings. (He did not seem to have considered that being one of so many siblings could also have left him to fill in maternal functions.) He also seems to have tried to face his own wounds head-on, nonevasively, but could never find the analyst for himself that he was trying to be for others. After years of intense engagement with Freud in the creation of psychoanalytic theory, Freud's words to him "'patients are a rabble' … patients only serve to provide us with a livelihood and material to learn from. We certainly cannot help them" (Ferenczi & Dupont, 1988, p. 93) convinced Ferenczi that their two attitudes toward psychoanalysis differed in basic ways. No matter what psychoanalytic critics might say, he had to search out ways to reach out to and understand the traumatized patient.

CONFUSION OF THE TONGUES BETWEEN THE ADULTS AND THE CHILD

> And the Lord came down to see the city [Babel] and the tower … and the Lord said, "Behold they are one people, and they have all

> one language; and this is only the beginning of what they will do; and nothing that they propose to do will now be impossible for them. Come, let us go down, and there confuse their language, that they may not understand."
>
> **—Genesis 11:5–7,** *Revised Standard Version*

The source of the final dispute between Freud and Ferenczi concerned Freud's view that Ferenczi had, in his final paper—the Wiesbaden congress paper—simply returned to the trauma theory that Freud had abandoned 30 years earlier. According to Freud's original theory, hysterical symptoms encoded memories of early sexual seduction by caregivers, and the talking cure released the patient from the symptoms by decoding the memories. Freud had soon become convinced, of course, that most neuroses came from fantasized incest, that is, from the wished-for intimacies of the oedipal period, not from actual child molestation or other mistreatment of children. Ferenczi, on the other hand, wished above all to give credence to patients' tales of abuse—some of his adult patients had even told him they (and others they knew) had done such things to children—but knew that the effects were very complex and damaging and deserved to be studied and described. His account of what he called "traumatism"* elaborated a takeover of the child's entire being, a process Ferenczi named "identification with the aggressor."† The title of the paper itself refers to a double confusion: First, the adult confuses the child's desire for tender and affectionate interactions with an adultlike request for sexual relations, and second, the subsequent lies and denials confuse the child about what happened, whether anything happened, and whose initiative was involved. The child, now our patient, generally

* Both Ferenczi and Lévinas used the word *traumatism*, and neither, to my knowledge, defined it. It may stand for the way trauma spreads to include and freeze up more and more of life, including the people closely involved with a traumatized person, such as family members and analysts. It may also refer to the confusion not only of tongues but of temporality so that the traumatized feel strangely disoriented and "lose time."

† Ferenczi's concept has been the subject of a recent conversation (Berman, 2002; Bonomi, 2002; Frankel, 2002).

believes herself or himself absolutely to have been to blame, both for whatever occurred initially and for the continuing confusion and distress. Thus the patient, who was the child, has identified with the aggressor's version of the story and has taken on the guilt rejected by the perpetrator. Here are excerpts from this famous, long-suppressed* paper:

> A typical way in which incestuous seductions may occur is this: an adult and a child love each other, the child nursing the playful phantasy of taking the role of mother to the adult. This play may assume erotic forms but remains, nevertheless, on the level of tenderness. It is not so, however, with pathological adults, especially if they have been disturbed in their balance and self-control by some misfortune or by the use of intoxicating drugs. They mistake the play of children for the desires of a sexually mature person or even allow themselves—irrespective of any consequences—to be carried away. The real rape of girls who have hardly grown out of the age of infants, similar sexual acts of mature women with boys, and also enforced homosexual acts, are more frequent occurrences than has hitherto been assumed. (Ferenczi, 1949a, p. 227)

First we notice the intersubjective misunderstanding. The adult misinterprets the child's ordinary curiosity and the desire for playfulness and tenderness and responds with sexual passion, all the way to the rape of infants and children.†

> It is difficult to imagine the behavior and the emotions of children after such violence. One would expect the first impulse to be that of rejection, hatred, disgust and energetic refusal. "No, no, I do not want it, it is much too violent for me, it hurts, leave me alone," this or something similar would be the immediate reaction if it would not be paralyzed by enormous anxiety. These children feel physically and morally helpless, their personalities are not sufficiently consolidated in order to be able to protest, even if only in thought,

* Interested readers can find a detailed account of this suppression in Ferenczi and Dupont (1988) and Rachman (1997b).

† What Ferenczi seems not to have considered, possibly because his practice did not bring him such contacts, were violent abuses of children by strangers or other outsiders like clerics and teachers, children already emotionally abandoned by their families who then have nowhere to turn. Their tongues are also, but differently, confused.

> for the overpowering force and authority of the adult makes them dumb and can rob them of their senses. (pp. 227–228)

The first reaction of traumatic shock and pain prevents protest, setting up the self-destruction Ferenczi named "identification with the aggressor."

> The same anxiety, however, if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and to gratify these; completely oblivious of themselves they identify themselves with the aggressor. Through the identification, or let us say, introjection of the aggressor, he disappears as part of the external reality, and becomes intra- instead of extra-psychic; the intra-psychic is then subjected, in a dream-like state as is the traumatic trance, to the primary process, i.e. according to the pleasure principle it can be modified or changed by the use of positive or negative hallucinations. In any case the attack as a rigid external reality ceases to exist and in the traumatic trance the child succeeds in maintaining the previous situation of tenderness. (p. 228)

Again we see "identification with the aggressor," Ferenczi's description of the child's defensive self-loss in the face of devastating and overwhelming pain and confusion. He used the words "identification" and "introjection" almost interchangeably. As Frankel (2002) noted, Anna Freud (1967) later gave this defense the sense it has for most people: becoming an aggressor oneself so that one no longer has to feel oneself a victim. She thus appealed to the common observation that bullied children often turn to beat down children smaller or otherwise more vulnerable than themselves. Ferenczi, on the contrary, had been describing the experience of the traumatized child who felt—partly because the adult afterward said so—that he or she had wanted or created the incest or provoked the violence or abandonment. It has been my own observation that even a child unwanted from before birth, as Ferenczi (1929) too had noted, often feels that there is something repulsive or defective about himself or herself that makes the rejection reasonable.

> of his own guilt and still more ashamed. Almost always the perpetrator behaves as though nothing had happened, and consoles himself with the thought: "Oh, it is only a child, he does not know anything, he will forget it all." (pp. 228–229)

The perpetrator is both right and wrong. The adult patient does not remember the origins of his or her suffering in any way that is now useful. Instead one carries the suffering in embodied memory, psychosomatically, as Ferenczi learned from his collaboration with Georg Groddeck. Or one lives dissociated: "A helpless child is mistreated, for example through hunger. What happens when the suffering increases and exceeds the small person's power of comprehension? Colloquial usage describes what follows by the expression 'the child comes to *be beside itself*'" (Ferenczi & Dupont, 1988, p. 32). In the clinical situation, clinicians may notice that such patients speak of "the baby" or "the child" without awareness that they are speaking as if of someone else.

The confusion of tongues also returns us to the theme of the wise baby. Not only sexually abused children have their tongues confused, though these most violently do:

> In addition to passionate love and passionate punishment there is a third method of helplessly binding a child to an adult. This is the terrorism of suffering. Children have the compulsion to put to rights all disorder in the family, to burden, so to speak, their own tender shoulders with the load of all the others; of course this is not only out of pure altruism, but is in order to be able to enjoy again the lost rest and the care and attention accompanying it. A mother complaining of her constant miseries can create a nurse for life out of her child, i.e. a real mother substitute, neglecting the true interests of the child. (Ferenczi, 1949a, p. 229)

Though, as Haynal (1989) noted, Ferenczi was fascinated by catastrophe theories in geology and paleontology, his theory of psychological trauma included both catastrophes like sexual attacks on children and the continual misuse, neglect, exploitation, and misattunement that Khan (1963) would later name "cumulative trauma" and Bernard Brandchaft (2007) would name "systems of

Identification with the aggressor, in the Ferenczian sense, describes the everyday clinical experience of patients who are completely convinced that because others have rejected them, they truly belong outside the human community. Possibly we find here the earliest roots of the horrible shame so well described by Morrison (1987, 1999) and others (Gump, 2000; Kilborne, 1999; Lansky, 1994; Orange, 2008b). From the outset we have identified with the others who have felt themselves, and then treated us, as burdens, as intrusions, as nuisances, as toys to be used and discarded, as useful adjuncts, as worthless, lazy, selfish, good-for-nothing, even as evil, or, in the words of Ferenczi, as "little psychiatrists," and so we have developed our sense of ourselves. Often we grow up feeling ourselves to be a confused mixture of these humiliated identifications, and so we arrive, defeated and despairing, feeling guilty for what others have done "as if I raped myself," at the therapist's door. As Brandchaft's similar, though not identical, account will also show, the aggressor's agenda has taken over the whole being of the child who becomes our patient. This pervasive damage may or may not be immediately evident, but a therapist attuned to the depths of shame and bewilderment may begin to sense the traumatism. "The most important change, produced in the mind of the child by the anxiety-fear-ridden identification with the adult partner, is the introjection of the guilt feelings of the adult which makes hitherto harmless play appear as a punishable offence" (Ferenczi, 1949a, p. 228).

Of course, only with difficulty does the patient—or a therapist with a similar history, perhaps—connect this confusion and shame with its origins, because our tongues can also be confused in this very identification with the aggressor. In Ferenczi's (1949a) words,

> When the child recovers from such an attack, he feels enormously confused, in fact, split—innocent and culpable at the same time—and his confidence in the testimony of his own senses is broken. Moreover, the harsh behavior of the adult partner tormented and made angry by his remorse renders the child still more conscious

pathological accommodation" (see Chapter 7). This "terrorism of suffering" was fully capable of creating a wise baby, admired all around but really living outside itself and much more precariously organized and lost to itself than anyone thinks until Humpty Dumpty—who has sat, even if unwittingly, on the wall between "normality" and catastrophe for a lifetime—has a great fall (i.e., meets major retraumatization and perhaps breaks down).

It may be that such a wise baby becomes the "apparently normal personality" of the highest functioning people described by the trauma theorists of today (Hart, Nijenhuis, & Steele, 2006), whose embodied and emotional memories remain dissociated and largely unavailable to them. Developmental or relational trauma—whether abuse, neglect, usurpation, or some combination—may transform the child just as Ferenczi described long ago. Only when the system crashes, or when the barely surviving person meets a clinician prepared with the hermeneutics of trust, can the work of healing such fragmentation begin. Such patients need, Ferenczi believed, all the advantages of a normal nursery. They have never been allowed to be children, with the needs and dependency of children. Both Michael Balint (1968) and Donald Winnicott (1955) would call these needs regressive, but all three understood that many of these attachment needs had never been met and that the going-back was not to a refinding but to a desperate hope of finding the needed "something" for the first time. "The man abandoned by all the gods," Ferenczi (1949b) thought, might at the last moment find himself in his traumatic struggle

> no longer alone. Although we cannot offer him everything which he as a child should have had, the mere fact that we can or may be helpful to him gives the necessary impetus towards a new life in which the pages of the irretrievable are closed and where the first step will be made towards acquiescence in what life yet can offer instead of throwing away what may still be put to good use. (p. 234)

TERATOMA AND SPLITTING

We next consider some Ferenczian descriptions of the damage that very early and extreme trauma wreaks on the psyche.

> It is no mere poetic license to compare the mind of the neurotic to a double malformation, something like the so-called teratoma which harbors in a hidden part of its body fragments of a twin-being which has never developed. No reasonable person would refuse to surrender such a teratoma to the surgeon's knife, if the existence of the whole individual were threatened. … I can picture cases of neurosis, in fact I have often met with them in which (possibly as a result of unusually profound shocks in infancy) the greater part of the personality becomes, as it were, a teratoma, the task of adaptation to reality being shouldered by the fragment of personality which has been spared. Such persons have actually remained almost entirely at the child-level, and for them the usual methods of analytical therapy are not enough. What such neurotics need is really to be adopted and to partake for the first time in their lives of the advantages of a normal nursery. (Ferenczi, 1930, pp. 441–442)

What is *teratoma*?* Stanton believes that teratoma remained a powerful but little developed metaphor for traumatic process, which he thought can leave behind a kind of "underdeveloped embryonic twin" (Stanton, 1991, p. 336), leaving the fragment that remains to live as if it were whole, under great strain.† Insofar as the trauma survivor is aware of the very young twin, it seems to him or her ugly and shameful—as the word *teratoma* suggests—and something to be rid of. In my experience, these traumatized patients apologize to me constantly, feeling what they see as their shameful and disgusting neediness as a terrible burden that no one should have to bear. They often tell me that their child-self is

* *Teratoma* is Greek for "monster," a medical term for "a unique form of tumor which contains all three of the germ layers of the developing embryo: it has skin and nervous tissue from the ectoderm, intestinal and glandular epithelium from the endoderm, and fibrous tissue, bone, and muscle from the mesoderm" (Rudnytsky et al., 1996; Stanton, 1991).

† Judith Vida (2001), on the contrary, thinks that Ferenczi saw the teratoma as an effect, not as the traumatic process itself.

already dead or should be surgically excised like a tumor because it causes only trouble.

Although aspects of Ferenczi's trauma work appear in much everyday clinical work and apply to adult trauma as well,* *teratoma* points to the damage wreaked by physical, emotional, and sexual violence to infants and small children, long before they can tell a story about it. Each of the clinical hermeneuts we study in this book perceived this devastation, recognized that orthodox psychoanalysis could not address it, and tried to find a response without leaving the psychoanalytic world completely.

Leonard Shengold (1979), who acknowledged his indebtedness to Ferenczi in his works on soul murder, explained the necessity for such splitting off:

> The child who is tormented by a parent must frequently call on that same parent for help and rescue … if the very parent who abuses and is experienced as bad must be turned to for relief of the distress that parent has caused, then the child must break with what he has experienced and must, out of desperate need, register the parent—delusionally—as good. Only the mental image of a good parent can help the child deal with the terrifying intensity of fear and rage which is the effect of the tormenting experiences … this is a mind-splitting or a mind-fragmenting operation. (p. 539)

Ferenczi saw these patients as in need of a normal nursery. What does this mean? Once again we see the compassionate effect of a hermeneutics of trauma and trust:

> The love and strength of the analyst, assuming that trust in him goes deep enough and is great enough, have nearly the same effect as the embrace of a loving mother and a protective father. The help offered by the mother's lap and strong embrace permits complete relaxation, even after a shattering trauma, so that the shattered person's own powers, undisturbed by the external tasks of precautions or defense, can devote themselves in an unsplintered way to the internal task of repairing the function-impairment

* For a description and treatment of adult trauma, see Boulanger (2002), and for an existential phenomenological account, see Stolorow (2007).

> caused by the unexpected penetration. (Ferenczi & Dupont, 1988, pp. 68–69)

The analyst, according to Ferenczi, becomes a kind of papoose board or supportive splint for a badly fragmented person until enough healing can occur, especially through processes of mutual engagement in the unconfusion of tongues, past and present, to allow for more unbinding. This function, similar though not identical to the "holding environment"—which Winnicott saw as necessary for normal development—is additionally crucial because of the way Ferenczi understood what happens psychologically to a severely traumatized person:

> From the moment when bitter experience teaches us to lose faith in the benevolence of the environment, a permanent split in the personality occurs. The split-off part sets itself up as a guard against dangers, mainly on the surface (skin and sense organs), and the attention of this guard is almost exclusively directed toward the outside. It is concerned only with danger, that is to say, with the objects in the environment, which can all become dangerous. Thus the splitting of the world, which previously gave the impression of homogeneity, into subjective and objective psychic systems; each has its own way of remembering, of which only the objective system is actually completely conscious. … Only in sleep do we succeed, by means of certain external arrangements (creation of a secure situation by closing windows and doors, by wrapping ourselves in protective, warm bedclothes), in calling off this guard. (Ferenczi & Dupont, 1988, p. 69)

Here Ferenczi produces a radical alternative to the Freudian understanding of defense, a central part of the hermeneutics of suspicion. Once we understand the shattered person as desperately attempting to hold and protect the remaining fragments and shards, we develop a different hermeneutic, a way of hearing resistance and defense as almost heroic (again, more when we come to Kohut and Brandchaft).

ANALYTIC ATTITUDE

If a therapist, protecting her or his own emotional vulnerability,* meets such a patient with traditionally "neutral" and distant analytic attitudes, there is, Ferenczi learned, no hope. "The [usual] analytic technique creates transference, but then withdraws, wounding the patient without giving him a chance to protest or to go away; hence interminable fixation on the analysis while the conflict remains unconscious" (Ferenczi & Dupont, 1988, p. 210). Ferenczi asked a different question: How must an analyst or therapist meet such a patient, devastated by earlier or later mistreatment?

> If the patient notices that I feel real compassion for her and that I am eagerly determined to search for the causes of her suffering, she then suddenly not only becomes capable of giving a dramatic account of the events but also can talk to me about them. The congenial atmosphere thus enables her to project the traumata into the past and communicate them as memories. A contrast to the environment surrounding the traumatic situation—that is, sympathy, trust—mutual trust—must first be created before a new footing can be established: memory instead of repetition. Free association by itself, without these new foundations for an atmosphere of trust, will thus bring no real healing. The doctor must really be involved in the case, heart and soul, or honestly admit it when he is not, in total contrast with the behavior of adults toward children. (Ferenczi & Dupont, 1988, pp. 169–170)

Here we encounter Ferenczi's version of the central thesis of this book, developed in two previous chapters: Meeting the patient with attitudes formed by the hermeneutics of trust changes what becomes available for understanding. Suspicion may unmask but cannot heal.

> If the patient really feels that we will in fact take care of him, that we take his infantile need for help seriously (and one cannot offer a helpless child, which is what most patients are, mere

* Freud (1912) knew well that his "surgical" recommendations were designed not only to protect the reputation of psychoanalysis but also for this purpose: "This emotional coldness … creates for the doctor a desirable protection for his own emotional life" (p. 115).

> theories when it is in terrible pain), then we shall be able to induce the patient to look back into the past without terror. (Ferenczi & Dupont, 1988, p. 210)

The courage comes because the patient, still injured and terrified but no longer completely alone, comes to have a sense that perhaps she or he will not be left to perish, to die alone.

> It helps the analysis when the analyst is able, with almost inexhaustible patience, understanding, goodwill and kindliness, to meet the patient as far as possible. By so doing he lays up a reserve by means of which he can fight out the conflicts which are inevitable sooner or later, with a prospect of reconciliation. The patient will then feel the contrast between our behavior 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. (Ferenczi, 1931, pp. 473–474)

Only when a therapist offers such a participatory and supportive understanding (the psychoanalytic witness; Orange, 1995; Poland, 2000) does the patient often fully realize the depth and extent of the injury, denial, and abandonment.

> In contrast to our own procedure, we then learn of the ill-advised and inappropriate actions and reactions of adults in the patient's childhood in the presence of the effects of traumatic shocks. Probably the worst way of dealing with such situations is that of denying their existence, of asserting that nothing has happened and that nothing is hurting the child. Sometimes he is actually beaten or scolded when he manifests traumatic paralysis of thought and motion. These are the kinds of treatment which make the trauma pathogenic. One gets the impression that children get over even severe shocks without amnesia or neurotic consequences, if the mother is at hand with understanding and tenderness and (what is most rare) with complete sincerity. (Ferenczi, 1931, p. 479)

At the same time, Ferenczi came to realize that if kindness and warmth were indispensible, they did not suffice. The analyst, with all her own frailties, with all the limitations resulting from

her own emotional history, would surely harm the patient and be justly reproached:

> It is an unavoidable task for the analyst: although he may behave as he will, he may take kindness and relaxation as far as he possibly can, the time will come when he will have to repeat with his own hands the act of murder previously perpetrated against the patient. In contrast to the original murder, however, he is not allowed to deny his guilt.* (Ferenczi & Dupont, 1988, p. 52)

That we will inevitably retraumatize—"murder," he said—our patients, even when we have become capable of loving them, should make us humble. We remain finite beings, and no amount of elasticity (Ferenczi, 1930), wisdom, and compassion will give us enough time or endurance to make up to our patients (or to their significant others) for the crimes they have endured. Instead, we must acknowledge *our* crimes and misdemeanors, as kindly as possible; we must admit how little we understand, we must confess our exhaustion and frustration. We must accept responsibility for our current contribution to our patients' suffering (Vida, 1993). We must be sincere.

Nor should we expect (cf. Rudnytsky, 2002) that one episode of honesty and humility will be enough for someone who has learned to trust no one:

> It does not seem to suffice to make a general confession and to receive general absolution; patients want to see all the sufferings that we caused them corrected one by one, to punish us for them, and then to wait until we no longer react with defiance or by taking offense, but with insight, regret, indeed with loving sympathy. (Ferenczi & Dupont, 1988, p. 209)

In other words, an offhand "Yes, I make mistakes" or even "You are right, I shouldn't have done that" does not restore trust. A genuine apology acknowledges both the harm done to the other and sometimes even our less-than-generous motivation. It expresses

* This aspect of Ferenczi's work resonates with the contemporary American relational school's emphasis on enactment. See, for example, Aron and Harris (1993) and Harris and Aron (1997).

genuine sorrow. Sometimes it is necessary to say that I don't know exactly why I did or did not say something and that I will think it over and get back to you. If it turns out that I was actually being selfish, self-absorbed, or retaliatory, I may have to say so. If I was truly preoccupied and elsewhere, I may have to say so. Whatever the case, in Ferenczi's view the honesty demanded of patients in analysis required a matching sincerity on the analyst's side. He thus placed himself at risk, "without any insurance" (Haynal, 1993, p. 199), to an extent unthinkable among proponents of "standard technique." When our patients correct us, he said, "the analyst must swallow a good deal and he must learn to renounce his authority as an omniscient being" (Ferenczi, 1949b, p. 242). He had to acknowledge and accept having caused additional suffering to his patient and at the same time restore the comfort and hope needed to go on.

But this is not enough either. We have to change our way of being with the patient from the inside out. We have to find a way to love this patient. For Ferenczi, deprived of a good-enough analyst for himself, this meant engaging in his ultimately disappointing but informative experiments in mutual analysis.

MUTUALITY

Detractors have become so distracted by Ferenczi's experiments in mutual analysis—motivated, they claim with Freud, by Ferenczi's allegedly neurotic "*furor sanandi*" (passion to cure)*—that they miss his central message. To reach our most devastated patients, he believed, we must allow ourselves to be known, criticized, and changed by them—a massive challenge to the authoritarian orthodoxies in psychoanalysis and other forms of psychotherapy. Eleanor Roosevelt famously said that understanding was a two-way street, and so, Ferenczi taught us, is psychoanalysis. Today large groups in the psychoanalytic world are exploring this

* A welcome rehabilitation of therapeutic passion appears in Hoffman (2009b).

message: relational psychoanalysts, relational self psychologists, and intersubjective systems theorists. Outside psychoanalysis, a dialogic and relational approach is growing in the worlds of humanistic psychotherapies such as gestalt therapies (Hycner & Jacobs, 1995; Staemmler, 2009). But Ferenczi's own words, admittedly less theoretically developed because original in his time, still challenge us to live up to our fine theories: "One could almost say that the more weaknesses an analyst has, which lead to greater or lesser mistakes and errors but which are then uncovered and treated in the course of mutual analysis, the more likely the analysis is to rest on profound and realistic foundations" (Ferenczi & Dupont, 1988, p. 15).

Today's emphases on mutuality and intersubjectivity owe a profound debt to Ferenczi's willingness to place himself continually at risk on many levels but always, of course, for the sake of the sufferings of the traumatized. This attitude drove Ferenczi to his experiments with mutuality and convinced him that only together can we enter the path toward healing and reintegration. In the evocative words of Vida and Molad (2004),

> Being traumatized … is the experience of facing annihilation. Reliving a trauma takes us back inside the experience with no sense of how it's going to end. There is no as-if, and no sense of the person one is in the present that travels into the reliving … in the community of empty mouths communication can take place, with the exercise of personal responsibility, and in fact, *a transformational embrace* of mutual trauma is a possibility. (pp. 346–347)

They suggested that working in a Ferenczian spirit means working in the dark at times, embracing the risks of mutual retraumatization (Jaenicke, 2008), witnessing the other's suffering, and making and finding such a wholehearted psychoanalysis as a way of life. Antal Bókay (1998) eloquently expressed the effect that Ferenczi's shift to the hermeneutics of trust makes in our clinical life. In contrast to the "decent profession" of methodical and more distant psychoanalysis, Ferenczi's psychoanalysis

> involves free and mutual self-creation in which the participants are magicians, lovers, and true friends. Subjective existence and recovery take place in language. … The dialogue in question is a real one: *we do not talk about our inner meaning using conversation as an instrument, but rather we exist in it*. (p. 196, emphasis added)

Gadamer could not have said it better.

In the end, Ferenczi's experiments, and his experience of the hazards of full mutual analysis for his other patients, led him to the conclusion: "Mutual analysis: only a last resort!" (Ferenczi & Dupont, 1988, p. 115). What can we conclude from his conclusion? He drew back, in the end, I believe, not from fear of his own inflated grandiosity or burnout. He believed that the dangers of grandiosity lay more on the side of holding a hypocritical and distantly authoritarian, theory-loaded analytic role. Allowing oneself to be constantly criticized, and seeking to meet the patient's needs, did not seem to him grandiose. Nor did he fear burnout, any more than did Winnicott (oh god, let me live until I die!). To discover what could help the most devastated, he would easily give his own life, it seems to me.* What turned him away from mutual analysis was the old medical adage "do no harm." He quickly found that the complexity of his and his patients' relationships made mutual analysis too costly for too many people, and he had to abandon it in the literal sense. What he learned from it, however, has been teaching psychoanalysis and psychotherapy about mutuality, intersubjectivity, and sincerity ever since.

CLINICAL HERMENEUTICS

It is possible to identify several humanistic clinical attitudes—surely not rules—as typically Ferenczian.

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* We also need to remember that the pernicious anemia, from which he died, easily yields today to treatment with vitamin B_{12}.

The Patient's Needs Require the Analyst's Full Sincerity and Tact

In Balint's (1957a) paraphrase, "Ferenczi has shown us how we have to watch every tone, every movement, every gesture, so that only true sincerity should lead us and not the 'professional hypocrisy' which reduces the patient to silence" (p. 240).* We may note here that it is not a question of the "authenticity" so prized in contemporary psychoanalysis but rather, as Ferenczi repeatedly emphasized in his last years, that we had to find a way to transform any pretense of caring for our patient into something genuine. Until we could do this, we had better not pretend.

The tact and timing—some might say "strategy"—always valued in clinical work—does not disappear in this account. To wait for the opportune moment to raise a question can simply be a matter of developmental sensitivity, as both Ferenczi and Winnicott would agree. But anything phony will prevent the needed safety within which all the terrors can come out and be grappled with together.

Be Ready to Experiment

Ferenczi, ever a fallibilist (Orange, 1995), held his own ideas and those of others lightly. He, in Balint's (1957b) words, "never forgot that psychoanalysis was really discovered by a patient, Miss Anna O., and the merit of the physician, Dr. Breuer, lay in the very fact that he was always ready to accept his patient's guidance and to learn from her the new method of healing" (p. 238). Later, when Ferenczi stumbled in his own work, he took it as a sign that he himself needed further analysis. In his view, "If a patient is willing to continue the analysis and work still does not proceed, then it is the physician and his method that are at fault" (p. 238). In much the same spirit, a Gadamerian hermeneut expects always to be questioned by the other with whom we seek understanding.

* Balint had been Ferenczi's patient in the 1920s and was later his colleague, friend, and literary executor.

Be Ready to Acknowledge Mistakes and Negative Attitudes Toward the Patient

Again, in Balint's (1957a) words,

> He shrank from no sacrifice if, in the opinion of a patient, the treatment failed to progress because of his [Ferenczi's] personal peculiarities. He revised his words, his usual modes of expression, his gestures, even the pitch of his voice, if his patients criticized them; and he was always prepared, at whatever cost to himself, to examine the limits of his sincerity. He did not allow himself a single false or even a vacant tone in a patient's presence. (pp. 238–239)

Assume the Patient Is Wounded and Confused, Not Hostile

This forms a crucial premise of any therapeutics informed by a hermeneutics of trust and obviously contrasts with all forms of psychoanalysis and psychotherapy that assume aggressive motivations as psychological bedrock.

Assume That Defenses Serve Survival Needs

For example, "an important source of masochism: pain [may be] the alleviation of other greater pains" (Ferenczi & Dupont, 1988, p. 23). We will pursue this idea further in chapters on Heinz Kohut and Bernard Brandchaft.

Assume That the Patient Is Our Partner in the Search for Meaning

In the words of Vida and Molad (2004), "The elaboration of Ferenczi's ideas leads to a radically different conceptualization of the therapeutic encounter" (p. 339), in which the analyst no longer simply decodes the patient's unconscious meanings.

Finally, Ferenczi concluded, we need not choose between understanding and kindness. A few months before his death, reflecting on the long work with the most fragmented of his patients, he wrote,

> In addition to the capacity to integrate the fragments intellectually, there must also be kindness, as this alone makes the integration permanent. Analysis on its own is intellectual anatomical dissection. A child cannot be healed with understanding alone. It must be helped first in real terms and then with comfort and the awakening of hope. … Kindness alone would not help much either, but only both together. (Ferenczi & Dupont, 1988, p. 207)

What Ferenczi had done, in short, was to place healing, not theory, in the center of psychoanalysis. Practice gave meaning to theory "rather than being merely its byproduct" (Bókay, 1998, p. 194). This practice involved a hermeneutics of trust that included treating patients with humanity and compassion. A Ferenczian hermeneutic psychoanalysis, Bókay continued, "is not a profession but a *way of life*, a self-creation through dialogue" (p. 194).

Perhaps poet Attila Jozsef,* the greatest Hungarian poet and contemporary of Ferenczi, said it best:

> You have made me the child again
> without a trace of thirty years of pain.
> I cannot move away, whatever I do
> it is to you I am drawn, despite myself.
> I have slept on the threshold
> far from a mother's arms
> hiding within myself, insane.
> Above, a vacant heaven;
> O sleep! it's at your door that I am knocking.
> There are those who weep in silence
> Yet seem hard like me,
> Look: my love for you is of such strength
> That I can love myself, with you.

* I owe this to Haynal (1989a).

A TALE OF TWO FERENCZIS

It seems to me that in contemporary psychoanalysis, in the years since the *Clinical Diary* and all three volumes of the Freud–Ferenczi correspondence have become available, we have come to have two versions of Ferenczi, almost another traumatic split in our memory of him.* First, we have the Ferenczi of mutual analysis, who told his patients what he could not bear about them and even more what his own failures were, the paradigm of mutuality and confrontation and egalitarianism and playing by ear. But we also have the maternal Ferenczi, generous and tender and compassionate, convinced that his patients' suffering and terror required an asymmetrical analytic relationship. His hermeneutics of trauma and trust had led him to believe his patients had actually suffered abuse and abandonment that needed more than a distant, intellectual knowledge. This second Ferenczi inspires those who believe that confrontation and frankness do not suffice but instead are probing to describe something like "analytic love" (Shaw, 2003). This second voice often gets lost in tales of what the patient is doing to the analyst. In my reading, throughout the *Clinical Diary*, Ferenczi alternated between these two attitudes as if he were fighting his own battle between them. He experimented with mutual analysis and came to value mutuality and sincerity so much, just because he came to understand them as the absolutely necessary conditions for the possibility of sustaining the maternal attitude. When he felt his own compassion breaking down or, worse yet, when his patients felt it breaking down, the two grown-ups had to explore together what kinds of evasions or dissociations, on both parts, might be interfering with healing the completely devastated child/adult who had entrusted a raped and shattered soul to this analyst. In these moments we need, he said, "the humble admission, in front of the patient, of one's own weaknesses and traumatic experiences and disillusionments, which

* Something similar may be happening with Winnicott.

abolishes completely that distancing by inferiority which would otherwise be maintained" (Ferenczi & Dupont, 1988, p. 65).

Note that this practice does not require a full-on mutual analysis; it *does* require the transformation in attitude that supported Ferenczi's clinical experiments. He continued,

> Should it even occur, as it does occasionally to me, that experiencing another's and my own suffering brings a tear to my eye (and one should not conceal this emotion from the patient), then the tears of doctor and of patient mingle in a sublimated communion, which perhaps finds its analogy only in the mother–child relationship. And this is the healing agent. (Ferenczi & Dupont, 1988, p. 65)

In a genuinely Lévinasian spirit, Ferenczi cared enough for the face of the suffering other to develop a hermeneutics of trust. Like others who followed this path, he paid a high price in rejection and misunderstanding.

So let us consider briefly Ferenczi's courage. With fear and trembling, but also with increasing confidence, he emerged from Freud's shadow to open himself to the face of his suffering patients who called to him, "Don't let me perish helplessly!" Where in our training are we taught to hear this call or to respond if we are able to hear it? Suppose it comes in a form previously unrecognized? Ferenczi refused to retreat to the familiar (Borgogno, 2004) and instead allowed his patients to lead him into the darkest, ugliest regions of human cruelty perpetrated on children and its devastating aftermath. His "child analysis in the analysis of adults" (Ferenczi, 1931) prefigured the work of Winnicott and left him vulnerable not only to rejection by Freud and slander by Jones but to oblivion until recent years. The wise baby grew up to leave psychotherapists the gift of his commitment and courage.

For the Lévinasian ethic, this path of commitment remains a radical path that we may not evade, unless we are willing to abandon our patients as they have already been abandoned. We may today know something more about mitigating "compassion

fatigue" and "vicarious trauma" (Courtois & Ford, 2009) than Ferenczi knew. What he knew was that meeting each devastated patient would require a level of involvement and willingness to change that we could not imagine in advance.

"AND WE SHALL BE CHANGED"

"The trumpet shall sound," proclaims the basso in G. F. Händel's famous aria, "And we shall be changed."* In psychoanalysis, we may not hear the trumpet of theological expectation, but if we surrender ourselves to the intersubjective complexity into which Ferenczi invites and challenges us, we will be profoundly changed. According to contemporary intersubjectivist Chris Jaenicke (2011), in psychoanalytic treatment "a meeting of subjective worlds occurs in which we are called upon to partially reorganize our basic organizing principles … unless we are able to meet this challenge, to embrace this depth of involvement, the therapy will not have a lasting effect. To change, we have to let ourselves be changed" (p. 14). The question, he said, that our patients pose to us "is whether we are willing to go to the bottom with them" (p. 29). Though in the end Ferenczi understood that literal mutual analysis—the result of his own unsuccessful analysis with Freud—had to fail, he remained committed to the idea that any fully engaged analysis must transform both people. To explain the "therapeutic action" in intersubjective systems (Orange, Atwood, & Stolorow, 1997; Stolorow et al., 2002) or relational terms (Mitchell, 2000a), I must describe what both parties bring to the field, how complex and interdependent are the processes of mutual influence and asymmetric (Lévinasian) role responsibility. I must relate how both of us have been changed by each other and by the work/play/struggle we have done together.

By you who walk through my door in the next hour with your unique need to be met and embraced, despite whatever I may

* This concluding section is adapted from my Foreword to Jaenicke (2011).

bring that hinders or complicates my compassion, I am humbled and changed. In the face of your grief so immense that it seems a dying of sorrow right here before me, I am transformed in ways for which I have no words. In the face of your challenge not to ignore your despair by taking up easier problems, I am changed. In the face of your apparent wealth and privilege that reawakens my rotten shame, I am changed. In the face of your history of violence and abandonment that reminds me of my own degradation but also that we share a common humanity, I am changed. In the face of your soul murder by parents who unleashed their hatred and cruelty upon you, and who even now thwart all my capacity and desire to comfort and protect, I am humbled. In the face of your need and desire, child and adult, to be uniquely loved and cherished, and my own complex needs to love and to cherish as well as to be loved, I am challenged and changed. As a result of our personal "participation in the suffering of the patient" (Jaenicke), "we shall be changed" (Händel). Understanding all this, I owe first to my patients and second to Ferenczi.