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RESEARCH

The axiomatic of Sandor Ferenczi's thinking. A study of Sandor Ferenczi's theoretical-clinical model

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ABSTRACT. – The authors, via the application of Riolo's axiomatic methodology,[1] set themselves the objective of tracing the contributions of Sandor Ferenczi in his *Clinical Diary* with regard to the developments in contemporary psychoanalysis. The choice of the *Clinical Diary* was motivated both by the fact that this was Ferenczi's last text, and because the journal form allows one to grasp the author's nascent thinking on concepts that go on to have subsequent developments. The result was that of "extracting" the fundamental assumptions, which in theory constitute a seminal legacy, to allow for a more accurate understanding of Ferenczi's theory and technique. We are hoping that our work may help guide and encourage further and innovative studies on this important Hungarian author's thinking.

Key words: axioms; metapsychology; observational theories; clinical theories; operational theories.

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[1] The categorization used for this work of axiomatization takes its cue from an SPI [Italian Society of Psychoanalysis] research group conducted by Nando Riolo on *Psychoanalysis and the Scientific Method* and from the framework used within it; this research was published in issue IV, 2021 of the Rivista di Psicoanalisi [Journal of Psychoanalysis] with the title: "Comparing psychoanalytic theories. An axiomatic investigation."

"In science there should be no room for fear of something new.
In its perpetual incompleteness and inadequacy science knows it can hope to save itself only through new discoveries and new perspectives."
S. Freud (vol. 10, p. 9)

Introduction

The aim of our work is to guide readers through the Clinical Diary, a work that we can consider a sort of "Zibaldone" [vernacular commonplace book] in which Ferenczi wrote down clinical cases and intuitions in random order. The *Clinical Diary* has been preferred to other texts as it represents Ferenczi's last work, similar to Freud's *Biographical Compendium*. The reading of the Clinical Diary, due to its nature, has been supported by other texts such as *The Confusion of Tongues (1932a), The Unwelcome Child and His Death-Instinct (1929), Stages in the Development of the Sense of Reality (1913)*, which instead present more systematized theories regarding the psychic apparatus. Our conceptual research draws inspiration from Riolo's (2021) work on the *axiomatic-deductive method* that offers a methodology for classifying the fundamental topics of a text.

The *axiomatic method* allows us to extract the fundamental assumptions represented by general propositions from the text, which act as basic postulates or axioms.

The method consists of four axiomatic levels, organized according to a descending abstraction criterion ranging from theory to operational practice. The axiomatic levels are therefore represented by: i) metapsychological theories: theoretical constructs whose level of abstraction places them far from clinical practice (e.g., Orpha); ii) observational theories: less abstract theoretical concepts closer to clinical practice (e.g., Identification with an attacker); iii) clinical theories: concepts that define clinical phenomena related to psychopathological disorders (e.g., terror causes dissociation); iv) operational theories: technical procedures related to therapy (e.g., traumatic repetition of parental behaviour for therapeutic purposes).

The axiomatic classification of the *Clinical Diary*

In this paragraph we will apply the axiomatic classification criteria described above. These criteria were derived from a partially modified Riolo classification. In particular, the research group will proceed via specific reading of the individual topics contained in the different days of the journal. After extensive discussion, the individual topics were described via concise definitions that gradually achieved maximum conceptual convergence among the participants in the research group (Table 1).

Table 1.

Metapsycological theories 9%
1. Orpha
2. Masculine and Feminine
3. Drive for Affirmation and Reconciliation
4. Principle of Resignation
5. Sadism and Masochism
6. Domination of the Death Drive
Observational theories 11%
1. Wise Baby
2. Trauma
3. Identification with the aggressor
4. Oedipus
5. Anality, Genitality and Urethrality
6. Guardian Angel
7. Intropression
8. Narcissistic split of the self
Pathogenetic (clinical) theories 27%
1. Hysteria (autoplastic modifications)
2. Terror causes dissociation
3. Hysterical Paralysis and Catatonia protect against aggression
4. Personality Traits are conditioned and modified by violence
5. Depression is caused by deprivation and malnutrition in children
6. The Anaesthetic Effect of pain is present if its representation is missing
7. Deprivation in the etiopathogenesis of hallucinatory psychosis
8. The Defensive function of fragmentation and splitting
9. In neurotic patients the tendency towards Alcoholism reproduces the weakened states of consciousness at the time of trauma
10. The inheritance of Psychosis is realized via an insertion of the mad Super Ego (parent) on the personality of the child
11. Delusions are projections of unspeakable psychic content in which objective reality is present more than it is supposed to be
12. Hallucinations are real perceptions coming from the environment and psyche of other people, which mad people access because of their motivated hypersensitivity
13. Precocious children do not submit to their parents and close themselves off to their demands If they are punished physically, the injustice they have suffered gives them masochistic pleasure
14. If analysis succeeds in linking the enjoyment of displeasure to what has occurred in reality, the compulsive character of Masochism may disappear, and displeasure appears in anticipation of future benefits
15. Paternal suggestion is equivalent to the fear of being killed, the maternal one is a fear of being abandoned by the mother, the threat of withdrawal of libido
16. Pathological Boredom is present when a person is no longer aware of what he/she wants and does not want
17. In Masochism, physical pain mitigates greater pain
18. Sadism in the child is caused by the primary scene (because it is truly sadistic)
19. Homosexuality and Perversion arise from fear

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Table 1. Continued from previous page.

Operational theories 53%
1. In Mutual Analysis the doctor temporarily renounces the function of "inspector" and must overcome false differences between analyst and patient. A subsequent modification that results is that they both relax. All relaxation therapy and excessive goodness with patients is an exaggerated demonstration of absent feelings of compassion
2. Accepting to definitely be a human being means giving up any "technique" and baring oneself completely. If this occurs, the patient logically suspects that the analyst's analysis is imperfect and, awakening from his/her shyness, will dare to indicate the paranoid traits himself/herself.
3. The confidence with which the analyst communicates the interpretation makes it difficult for the patient to contradict the doctor without hurting his/her feelings.
4. Self-disclosure and sincerity.
5. Fluctuating attention is negative because it reveals the analyst's insensitivity.
6. Countertransference
7. Coldness of the analyst
8. The compassion of the analyst is necessary to relive the trauma.
9. Analyst's cruelty towards the patient.
10. Analysis, to be such, must facilitate regression: the patient must have the possibility of being himself/herself without shame for once.
11. The negative aspects and errors of being an analyst must be confessed to the patients so that it may increase their confidence in the analyst.
12. Empathy. The analyst must participate in the patient's pain and make every effort to alleviate it because too much pain cannot be tolerated.
13. The analyst must be totally available to the patient and stimulate healthy narcissism in the patient which he/she is lacking, in order to stimulate the patient to wanting to live.
14. The importance of the analyst's "conviction" to build a sense of unity in the self of the patient who has suffered a trauma.
15. The analyst must make the patient feel that life is worth living, show his/her power and sense of self-confidence.
16. The analyst must let desires be experienced and not their absence.
17. Corrective Experience.
18. The analyst should explain to the patient his/her personal limit in participating in Mutual Analysis.
19. Containment of the patient via a time limitation to the type of setting.
20. Containment of the patient by putting a limit on perverse satisfaction.
21. Validate the renunciation of perverse satisfaction.
22. Stripping pain from all defensive and avoidant forms.
23. The denial of hostile feelings of the analyst toward the patient through, for example, sublimation originating from elements of madness in the patient's mind.
24. Traumatic repetition of parental behaviour in analysis for therapeutic purposes.
25. Disclosing analyst violence towards the patient.
26. Separate the patient from maternal dynamics via the reality process.
27. Propose a regressive attitude to relieve symptoms for healing.
28. Goodness as an activator of passive aggression for defensive purposes.
29. The lack of recognition of moments of affective offering causes the onset of a hypocritical attitude in the patient with notes of envy, aggravating the symptoms.

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Table 1. Continued from previous page.

30.	Clinical use of Active Confrontation on splitting.
31.	Using active and passive Empathy toward the patient.
32.	Interpret a dream by creating an emotional context that activates the patient on the manifested part.
33.	The ability to analyse the patient is maintained through the analyst's acceptance of being a source of non-gratification.
34.	The situation of analysis via symbiotic binding should be interspersed with moments of deprivation (experience).
35.	Relaxation and trance technique.
36.	Abandoning hypocrisy.
37.	Co-feeling and sharing in the feelings of the patient amplifies trauma processing.

As can be seen, the fourth level expressed the highest number of classifications, confirming that Ferenczi's thinking was more about the relationship with the patient and his treatment than about theory. Indeed, it is significant that moving from an upper to a lower level of abstraction means increasing axioms: from 9% of metapsychological theories, 11% of observational theories, 27% of clinical theories, to reach 53% for operational ones, which account for more than half of all Ferenczian axioms.

Although Operational theories account for 50% of Ferenczian axioms, in this work we have preferred to focus our attention on first-level axioms (metapsychological theories) and second-level axioms (observational theories).

This choice was dictated by the fact that contemporary literature on Ferenczi's way of thinking neglects his theoretical contribution in favour of the operational clinical one. The latter has now become the main reason for reflection and discussion among scholars. We are inclined to believe that analysing metapsychological theoretical concepts, together with the axiomatic classification itself, will help to steer toward new directions of research, and in this sense makes this research original.

The metapsychological theories

The first-level axioms describe how psychic processes are constructed and work, and their dynamics. The presentation of concepts follows the order in the table.

The term *Orpha* is used by Ferenczi to represent a supernatural ability to which the child resorts to in the face of a mostly sexual trauma suffered in early childhood, which orients the soul to preserve life at all costs, so much so that it prefers madness over death, as happened to his famous patient Elisabeth Severn, described in the *Diary* using the abbreviation R.N. This

traumatic experience, which occurred early on, caused her to destroy her individuality: the mind fragmented completely leading to a kind of psychic death. "When this happens - says Ferenczi - the forces of Orpha (term, borrowed from the myth of Orpheus, symbolizing salvation), that is, the vital organizer instincts, come into play. They: "have preserved life *'coûte que coûte'* [no matter what] thus allowing the production of fulfilment hallucinations and consoling ghosts*"* (*Clinical Diary*, p. 56) anaesthetizing consciousness and sensitivity in the face of intolerable sensations. R.N. on the surface was able to live and act, but inside her there was a: "Murdered Ego, rekindled every night by the fire of her suffering (…)." When psychism fails - says Ferenczi - it is the organism that thinks and when these primary forces have awakened, they always remain and are put in play even in less serious situations or pain. *Clinical Diary*, p. 52). Orpha is an affectionless unconscious intelligence, a superior resilient force that prevents self-destruction, triggered by the traumatic condition as a back-up libidic instinct, which assesses the gravity and defense capabilities to be activated: "[...] it is the maternal part that prevents the person, in the grip of traumatic shock, from losing their grip on life" (Antonelli, 1997, p. 791).

In our axiomatic investigation we came across the principles, real theories, that Ferenczi sometimes calls drives. We refer to the principle of the masculine and the feminine represented by the drive of affirmation and reconciliation and to the principle of resignation; the latter refers to obedient adaptation and submission following trauma. These are real instinctual biological consistencies that trigger, in turn, relational-matrix psychic representations, which push the subject to a dysfunctional adaptation or, as the case may be, to the development or integration of the Self. The Author, by theorizing the existence of a drive principle such as those mentioned above, provides us with a new source of altruism, considered not as a complex of selfish motivations tending to satisfy needs, or a narcissistic objective choice as Freud argues, but as something that pushes towards the search for mutuality with another, getting a glimpse of the biological origins of intersubjectivity. On 23 February (*Clinical Diary*, p. 97) Ferenczi deals with the masculine and feminine principle, astounded by the improved mental condition of a patient who after years of suffering, complaining, and frequent states of loss of consciousness and frigidity, turns toward the understanding of others, to generosity, to the capacity for tolerance and maturity in sexual sensations. In this case, the typically feminine principle of conciliation seems to Ferenczi to influence, as a drive, the behaviours and experiences of women, constituting an internal dimension so as to determine their feelings and suffering: not only as something intolerable but, above all, as a source of satisfaction. Masculinity and selfishness, as opposed to motherhood and goodness. A prime example, Ferenczi argues, is a mother who tolerates living "parasitic" beings that develop at the expense of her body.

Ferenczi hypothesizes that the *principles of motherhood and conciliation* are a slight modification of the Freudian hypothesis of the life drives, and those of affirmation and overwhelm of the death drive. This is confirmed by arguing that the drives for conciliation and affirmation together constitute existence, as Eros and Thanatos do for Freud. Ferenczi assimilates the ability to suffer, under the influence of the drive of conciliation, as was the case for Freud with the principle of reality, as an intelligent reaction of femininity: "The wisest gives in." In other parts of the *Diary* Ferenczi considers the principle of conciliation or harmony to be the absolute principle that must be considered and without which no change can be made, proposing the idea of a ubiquitous influence of the feminine and overcoming the gender condition.

It is also stressed that the unilateral prevalence of the egoistic principle is sadism, the one of goodness, related to the feminine principle, is masochism, thus proceeding to a dissolution of the drives.

With regard to the *principle of resignation*, sometimes called that of accommodation, and defined as autoplastic adaptation, it stands as a principle of Freudian reality in contrast to the principle of pleasure. For Ferenczi, the victim's aggressive reaction after trauma is followed by a sense of anguish, with a further stage of obedience.

Ferenczi wonders whether aggression or regression toward self-destruction comes first. Killing is absolutely impossible because the child would remain alone, thus the only choice for him/her is self-destruction as a response to the anguish caused by the non-responsive environment with the consequent adaptive modalities: dissociation, or identification. In the latter case, one's emotions disappear and the will of the other takes over, as in the identification with the aggressor or in superegoic identifications, in the sense of "living the life of another" (*Clinical Diary,* p. 266). This process of identification seems to be the medium through which the *principle of obedience* is implemented**.** Self-destruction is countered by obedience, which becomes the impulse of life intrinsic to the subject (*Clinical Diary* p. 194). When the ego does not have its own individuality[2], mimicry takes over: in this phase the situation of displeasure is ended through a resignation and an immediate adaptation of one's Self to the environment, which is adhesive and functional to the relationship with the adult (*Clinical Diary,* p. 236). Ferenczi mentions two forms of adaptation: autoplastic under the aegis of the death drive leading to adaptation and then to the trauma and alloplastic involving a vitality and a reaction principle (life drive).

The concept of *death drive* is present in Ferenczi's quote from the

[2] *Mimicry*: imitation in the animal world of colours and shapes belonging to the environment for protective or aggressive purposes, they may even be random and without purpose.

Clinical Diary of 13 August (p. 303) which encapsulates his thinking and his distance from Freud: "The idea of the death drive goes too far, it is already tinted with sadism,[3] the relaxation drive and the dividing (sharing) of pleasure and sorrow accumulated in excess are what is real, or rather what was real, when it had not yet been disturbed in an artificial and traumatic way." The weakness of the vital capacity would therefore depend not so much on the action of the death drive, but on the consequence of early and real trauma: the destructive impulses would take effect when the child does not receive the love, tenderness and conditions of protection and care from his/her parents that allow him/her to consolidate the life drive.

Ferenczi, in fact, in the *The Unwelcome Child and his Death-Instinct* (1929b) states that the child has an innate tendency to slide toward death: "The infant is much closer to non-existence than the adult who is separated from it by the experience of life (…). The life force that endures life is therefore not so great at birth and it seems to be consolidated after a progressive immunization against physical and mental damage, guaranteed only by treatment and education managed with tact" (p. 363). He adds that only with maturity is the life drive able to counterbalance the destructive forces. Ferenczi also makes an aside on Freud's cases, which appear to suffer from a congenital weakness of vital capacity, when he states that the congenital aspect of this weakness is only apparent as it results from early trauma. The Author, who seems to agree with the Freudian assumptions of the death drive,[4] criticized by many since its metapsychological onset, strongly shifts the emphasis to caregivers, suggesting a connection between transmitted conscious or unconscious messages, explaining his perspective on the importance of the traumatic role through the example of a mother showing her rejection and impatience.

Even Karl Abraham did not accept the theory of the death drive, although he had never openly taken a stand against it, and in his *Essay on Segantini (1911)* he speaks of a «lust for death» which will push the artist toward self-destruction. In this case, it was death that triumphed and his desire had been born with him and had never abandoned him.[5] Although Segantini had tried to compensate, reconcile and sublimate the drives that fought within him through his paintings, and to harmoniously unite life and death, the early experience of the loss of "his beloved mother" produced in

[3] Sadism understood as a deviation toward the object of the death drive that becomes manifest only in relation to the object.

[4] In *Beyond the principle of pleasure* (1920) Freud theorizes a fundamental category of the impulses that oppose the life drive and have a tendency towards the complete resolution of tensions, leading the individual to an inorganic state.

[5] The artist lost his very young mother when he was just born and he too was in danger in life because of his frail condition, to which the death of his brother was also added.

him an incurable pain that interfered with his life. In this essay Abraham shifts the origin of the evolution of melancholy from the oedipal conflict to the maternal traumatic by inserting it into the psychopathological story:[6] in fact, the hatred produced will be decisive for giving rise to mourning or melancholy.

Abraham's view differs, however, from the inherent relationality of Ferenczi's thought, in that it does not emphasize the child's trauma or his/her specific weakness but values the responsibility of the primary object and the character availability of the subject, without attributing specificity to the action of the death drive. These experiences remind us of the concept of "cumulative trauma" of Masud Khan (1979) and concern the "not being wanted" or "being greeted with hardness or without affection", or "being welcomed and then abandoned", as in the case of Segantini, with the early death of his mother.

Ferenczi builds a bridge between these subjects and their suicidal tendencies: "They die easily and willingly and can use many organic means for a rapid death and if they escape this fate they retain pessimism and tedium in life" (Ferenczi, 1929b, p. 363).

He concludes that it is only with the oedipal conflicts and the demands of genitality that the consequences of the "tedium of life", whose origin is more remote, become manifest.

The child is totally dependent on the mother who can establish a relationship that is life-enforcing or death-enforcing.

The child, then, will introject the real relationship with the mother. This is the big difference with Freud in the sense that the death drive must be seen as the result of a missed encounter with the environment, reassessing the relational dimension at the expense of the instinctual one.

With this concept,[7] Ferenczi pre-empts Spitz's later research into the *anaclitic depression* construct, and inaugurates a line of research, which, from Searles and Bolwby arrives to Kohut,[8] on the existence of a destructive secondary rage to a wound of the Self, devaluing the Freudian energy drive hypothesis and not considering impulses as isolated components.

In summary, although Ferenczi did not diversify the concept of instinct and drive, in the various passages examined his thinking on this subject can be considered threefold: i) comparable to a dead relationship that does not allow for the vivification of the impulse of life (particularly in the newborn), ii) comparable to a traumatic relationship in the context of an objec-

6 It should be noted that Abraham was one of the first analysts who followed this line.

7 It occurs when children, hospitalized early and removed from maternal care, manifest noticeable psychophysical degradations, indicative of their desire to let themselves die.

8 For Kohut, aggression is secondary and not primary and arises originally as a result of the failure of the non-empathetic object-Self to correspond with the child's need.

tive relationship that can give rise to an active search for that traumatic object characterized as an object of love (repeating traumatic coaction), iii) similar to the trauma itself, which is expressed through a process of fragmentation that generates split parts considered as dead parts of the Self.

Observational theories

The second-level axioms, consisting of observational theories, describe the unconscious processes close to clinical practice that, as a result of mostly traumatic experiences, result in dissociations and fixations at various levels.

Below are some examples that can be explored and researched.

The concept of "wise baby" was introduced by Ferenczi in his short essay in the *The Dream of the "Wise Baby"* (1923) in reference to children who, due to deprivation of care in early childhood, could develop strong intelligence and self-destructiveness. These children are forced to take on the role of parents toward their parents to protect them, because the destruction of the internal image of the father and mother could lead to their psychic death. To avoid this, they fragment their personality, keeping the omnipotent part at the expense of the part most in need of care. They fear abandonment and defend themselves by closing themselves in or seeking a substitute for the healthy dependence that was never experienced, to the point of structuring a mystified personality. Subjects who, transported in the wave of seduction or terrorism of suffering, found a way to compensate for the frustrations produced by the environment by prematurely acquiring the expression of wise men, adults, and those who have a strong tendency to adopt maternal attitudes by helping others. Regarding *Trauma* Ferenczi states that: "… if the trauma affects an unprepared soul or body, that is, that without a counterinvestment, then it acts on the body and spirit in a destructive way, that is, by fragmenting them. The cohesive strength of individual fragments and elements is lacking. Organ fragments, organ elements, fragments and psychic elements are dissociated" (*Clinical Diary*, p. 133). Ferenczi insists on the existence of a *real traumatic factor* that is linked to sudden external events that exceed the individual's ability to deal with them, also referred to as an exogenous element. This understanding, which remains in the background as a "railway spine" concept (Balint, 1949), that is, something that strikes and overwhelms, was used by Freud and Breuer in the *Studies on Hysteria (*1892-5*),* whose aetiology was linked to a traumatic episode of child seduction. The seduction of the adult, which for Ferenczi is real, causes a trauma in the child who is silenced by the adult's authority, loses the ability to think.

Identification with the aggressor is structured as a result (Rocchi, 2014): the child tries to enter the aggressor's head and guess his desires to please him.

The relationship with the aggressor is internalized and the aggressor ceases to exist as an external aggressor and becomes a part of the child's Self. The result is the annulment of the aggression and the restoration of the pleasant pre-traumatic reality.

For Ferenczi, in fact, in the face of a traumatic impact, the fragile psyche of the child splits, cancelling and erasing its Self: so, the victim, doing what the aggressor expects, identifies with the aggressor becoming him/her. All this is because the child cannot change the external reality, such as being able to protest, for example, and the only possible change is on the Self. Then the child dissociates the trauma, in order to preserve maternal tenderness: the sense of security and protection.

Another highly pathogenic factor is the lack of a witness; the mother is no help, and if the child acts as a bad child, he/she deserves the punishment of the parent. This causes the child to take on the hate and save the parent.

According to Ferenczi, the trauma is also present in the perversions of the child as a result of exogenous conditioning, which blocks his/her healthy development: introjection of the parent's, desires and trauma. The Author is, in fact, convinced that the ambivalence toward the object of love is due to the sense of guilt. It is the guilt that can turn the object of love into an object of hate: guilt and hatred towards the person who seduced the child turn playful child eroticism into adult sexual sadomasochism. (*Clinical Diary*, p. 426).

Ferenczi has also proposed a reinterpretation of the theory of sexual development with a criticism of the Oedipus complex which he considers to be an excess of passion triggered by the parent, so from the outside, and not as an incestuous desire of the child toward the mother, a natural product of the child's development. His position, with respect to Freudian theories, overturning the concept of the Oedipus complex in favour of the child and to the detriment of the parent: the parent seduces the child who is the victim and not the other way around. Ferenczi (1929a) is inclined to give more importance: "to incestuous tendencies repressed in adults, which present themselves under the mask of tenderness." In this regard, he claims that: "Children want nothing more than to be treated in a kind, tender and sweet way. Their motions and gestures are delicate and when they are not, there is something wrong." The Author concludes by asking himself: …. how much concerns the child's eternal love for the mother and how much the child's desire to kill the rival father would develop entirely spontaneously, even without an early introduction of passionate adult eroticism and genitality…?" (*Clinical Diary*, *5 April*).

Ferenczi often deals with genitality compromised by trauma, in particular noting a regression toward anality in the event of threats and prohibitions. "It cannot be ruled out - adds Ferenczi - that anal eroticism is in fact a hysterical genitalization by displacement and that anal deposit is the final

result of a struggle for genitality" (*Clinical Diary*, p. 204). The genitality and urethrality complex is taken up in the *Clinical Diary* (p. 268) where Ferenczi argues that due to physical proximity it is easy to shift interest and sensations of the genital organs to the bladder and intestines, and for this reason children should not be prohibited from complaining about intestinal and urinary disorders as, indeed, adults do. The topic of erogenous zones is dealt with in several passages of the *Diary* (p. 287) and in the *Confusion of Tongues* (p. 425)*,* where Ferenczi openly criticizes aspects of the theory of Freudian genitality urging for a restructuring which unfortunately however, he only sketches out or mentions in passing.

Ferenczi tackles the theme of the *Guardian Angel* by returning to the case of R.N., who was brutally abused by her father. When this happens the object relationship was impossible, transforming it into a narcissistic relationship where the child did things alone and, "abandoned by all the Gods", alienated herself from reality by creating another world within which she could have what she lacked. She detached from her Self a piece in the form of a person: the guardian angel, who assists with maternal love and cares for her tormented part. All this "with the greatest wisdom and penetrating intelligence." The guardian angel is "the personification of goodness itself, which promotes the production of fulfillment hallucinations and consoling ghosts" (*Clinical Diary*, p. 56).

In doing so, R.N. had carried out an autotomy of the divided mind, henceforth, into two different personalities that lived separately; an extreme way to save herself and protect her Self, the only way to exist.[9]

The neologism *intropression*, considered a precursor to projective identification, was first introduced by Ferenczi in the last annotation in *Notes and Fragments* (1932c)[10] as "Intropression of the Super Ego". Intropression must be regarded as the "reciprocal relational" of introjection, or forced introjection, which Ferenczi traces back to authoritarian and severely intrusive forms of education. With this concept, the Author seeks to define the notion of introjection for the devastating effects of violence and parental repression on children, which inoculates the guilt, secrecy and prohibition of thinking. It also established a way of conceiving and using psychoanalytic practice, which involved submission and the inability to manage one's own mental resources.

By broadening the field, we can therefore affirm that intropression, by generating a strong identification, makes it impossible to disidentify from

[9] This psychic condition would seem similar to hallucinoses and hypnoid states in hysteria, as in the case of the fable of the "Little Match Girl" who, surrounded by people who do not support her art and life, imagines fantastical situations by lighting her matches one by one to save herself.

[10] *Child analysis*, education is a *compression within* the Super Ego (by adults).

the aggressor (Cabré, 2014); a problem that Ferenczi had already discussed in 1927 in *The Adaptation of the Family to the Child*. In fact, intropression represents an attempt to disqualify and deny the representations and thoughts of the child, but also those of the patient, with the consequent loss of confidence in the value of the interpretation of psychic reality. It can cause the annihilation of narcissistic needs, impeding the development of potential individual abilities, which are replaced by foreign transplants belonging to the one who imposes them, and permanently deform the host. In short, intropression is an unconscious communication through which superegoic content is transmitted, forcibly interfered with, to control, manipulate, and subdue the subject's mind. Ferenczi argues that it is scientifically important that the still weakly developed personality responds to sudden displeasure, rather than through defense processes, with identification through fear, and introjection of the other who threatens or assaults.

In the face of trauma, Ferenczi describes this concept as a protective mode of "self-healing", an autoplastic defence that splits the person into a purely cognitive psychic being, observing events from outside the Ego: a part that knows and sees everything but feels nothing (narcissistic dimension), and another that suffers, but does not understand and is powerless and defenceless in its pain (childhood dimension). A painful self-isolation, an event that takes place within the unrepresented and unrepresentable, in place of which there is a psychic death, an autotony or, to put it in Green's words (1983), a void deprived of emotional tones, where the introjected absence produces a chasm on the "structure" that animates the production of the sense of the death narcissist with non-sense. This mechanism favours the establishment of a narcissistic prosthesis: a protective narcissism which by its nature, can become megalomaniacal (*Clinical Diary*, p. 179) hindering the establishment of a healthy narcissism and the internalization of an object capable of containing and modulating impulses and excitations. This creates a primary fragility that can become irreversible. It is interesting to note how this and other concepts have highlighted Ferenczi's contribution to the understanding and treatment of narcissistic and borderline disorders.

The evolution of Ferenczi's thinking via contemporary authors (Winnicott, Bolwby, Bromberg, Liotti and Farina, Kohut, Searles)

We will discuss some heuristic implications of Ferenczi's thoughts which find parallels with other influential authors and testify to the preciousness of his theories and his germinative and pro-parental character.

Beginning with Winnicott we find numerous similarities with Ferenczi's thinking, despite him being an analyst who is not inclined on citing his colleagues. We need only think of what Glauco Carloni defined (2001), when

referring to Ferenczi, as the term *maternal style* to underline a therapeutic set-up within which the analytical situation was equated to the mother-child relationship. A set-up developed by Winnicott in concepts such as good enough mother, holding, handling, to describe, with the term primary maternal preoccupation, the ability of the mother to adapt to the needs of the child in a natural and spontaneous way. The ability that the analyst acquires in order to adapt to the needs of the patient, allowing him/her to empathize with the patient's primary needs in an intersubjective relationship. Ferenczi and Winnicott not only focused on the relationship with the mother but considered the environment and external reality to be decisive for the individual, confirming the importance of reality within the therapeutic relationship.

When Winnicott then proposed analysis as a game he moved closer to some theoretical clinical insights already formulated by Ferenczi in: *The Adaptation of the Family to the Child* (1927) where he described, 25 years before Winnicott, the concept of "transitional object". While in *Child-Analysis in the Analysis of Adults* (1931) he insisted on the need to apply the experience of child analysts to adult treatment.

Ferenczi, in fact, with some patients, preferred to modify the classical technique and adapt to the patients, using a relationship based on the coordinates of the mother-child bond, rather than using frustration and giving up treating them.

Ferenczi, is present in Winnicott with the concept of the *Wise Baby* (1923), which can be assimilated to the *False Self* as a child's defense against maternal deficiencies (Winnicott, 1960).

These reflections on the birth of an adapted object are also found in Ferenczi in the term teratoma, described as a principle of relaxation and neocatharsis (1929a): "to have in a hidden part of the body a twin embryo whose development has stopped and whose preservation constitutes a threat to the whole person" (p. 394). It seems, nevertheless, that in this case the teratoma is the monstrous twin hidden in the psyche and not the hider, as in the false Self.

It should also be pointed out how Ferenczi's fragile containment ability to communicate countertransference feelings to the patient will be developed, later, in Winnicott's famous 1947 Article on *Hate in the Counter-transference*. In this essay, the confession of the therapist's hatred of his patient is not only desirable but, on the contrary, both the patient and the psychoanalytic process can benefit from it. The patient, as Winnicott argues, needs hatred in order to hate because: "one cannot expect a psychotic patient in analysis to tolerate his/her hatred towards the analyst until the analyst is able to hate the patient" (p. 244).

Ferenczi's continuity in Winnicott's thinking is finally found in *Playing and Reality* (1971) when he states that the analyst should hide his knowledge and avoid displaying it. Only in this way will the analyst favour the

knowledge of the patient, whose creativity can be destroyed by the traumatic effect of an analyst who knows too much, hindering the patient's ability to represent and symbolize his mental processes autonomously.

These recommendations echo Ferenczian concepts such as empathy, professional hypocrisy, interpretative fanaticism, the admission of errors by the analyst and, above all, humility (Ferenczi, 1928) as an essential technical and ethical factor for the psychoanalyst, who denies the idea of the omniscient analyst.

A further development of Ferenczi's thinking is seen in Bowlby (1969), who, in studying the effects of events in childhood on the development of the child, considers it impossible to understand the individual outside the environment in which he/she was formed (Bowlby, 1973), valuing the aspect of the context that was so dear to Ferenczi as well. Bowlby does not limit himself to obvious events, but highlights everyday facts and behaviours, such as the ongoing pressures that each individual experiences and/or exerts in their relationship with others, which are necessary to maintain, re-establish or change their identity.

In the process leading to the construction of the child's subjectivity, the effects of distortion and exclusions in the communication between parents and children, as well as those relating to pre-existing fantasies in parents, become important.

Parents may have more or less desired a child, expected a child of a different sex, thought of a replacement for a lost or missing person, etc. In this sense, Bowlby, developing Ferenczi's brilliant intuitions, broadens the concept of trauma by giving it a more conspicuous relational and transgenerational connotation in the debate between the intrapsychic and the environment.

Bowlby does not speak of object relationship, his interest is to give a scientific basis to attachment theory, starting with ethology, which he speaks of extensively, and Darwin's theories. The author is not in agreement with Freud with regard to the innate mechanism of survival; instead, it is the constant proximity of the mother that is the necessary precondition for satisfying the needs of the child: "The newborn automatically attaches to the caregiver, both from the point of view of behaviour and from an emotional point of view, the mother must do nothing, must not affirm her importance by gratifying the needs of the child, it is enough just to be present."[11]

For Bowlby, attachment is a fundamental and innate biological need in the species and does not speak of drives because he is focused on the centrality of the relationship. Bowlby moves closer to Ferenczi when he says:

[11] An attitude that we often observe in patients who via analysis find this lost, wasteful or insufficient condition: for them it is enough to be there.

"I believe that in my work there are two main points [...] the first is the importance of the events of real life [...] the second concerns the desire for comfort, protection, reassurance especially when one is in a state of suffering and unhappiness that is not at all a childhood desire but the natural state of man when he is deeply troubled". (Hunter, 1994).

Bromberg takes up the Ferenczian concept of trauma, elaborating it and expanding its contours. Unprocessed child traumatic experiences are found in the psyche as dissociated islands that constitute a multiplicity of states of the Self. Trauma, for this author, is characterized by an initial hyperactivation and only later by dissociation. Hyperactivation is disorganizational and threatens to overwhelm the mental ability to reflect and cognitively process the experience, leading the subject toward depersonalization, annihilation, and loss of continuity of the sense of Self. Dissociation, which manifests itself later, is the defense of an untenable condition, and aims to protect from the fragmentation of the Self that leads up to psychic death, which is: "The inability to maintain the inner sense of being alive" (McGilchrist, quoted by Allan Schore in Bromberg's introduction of «The Shadow of the Tsunami»).

What differentiates Ferenczi from Bromberg is the absence of hyperactivation: Ferenczi speaks of silencing, to underline the child's inability to react to the adult due to his or her condition of submission. However, both authors speak of dissolution of the Self but, while for Bromberg dissociation leads to isolating a part of the traumatized Self into a closed monad that allows for survival, for Ferenczi personality does not progress, nor does it evolve. Dissociation, therefore, for Bromberg allows for adaptive functioning, despite the traumatic experiences of anguish that characterize some states of the Self.

Both Authors agree on the importance of the relationship: the psychic apparatus is always and only in relation to another and is determined by the object relationship. Protection, reassurance and tenderness bring these authors closer in their approach to the patient.

At the basis of every psychopathological situation Bromberg sees a traumatic dimension that, via dissociation, limits mental life in the ability to reflect, creating a condition of relational incapacity. In this sense, for the understanding of dissociative processes in relation to traumatic situations, Bromberg's theory (2007) can be considered a fundamental point of reference for contemporary psychoanalysis. Indeed, Bromberg's model of the psychic apparatus is not organized in the classical psychoanalytic sense by repression, but on the basis of dissociative processes.

In Bromberg's clinical practice there is also a shift of interest from the reconstruction of the patient's personal history to the interactions between the patient and the therapist, giving greater importance to *enactment* and the subjective experience of the patient and analyst and the structuring of a relational

space where the subject feels safe. Even with this Author, as with Bowlby, we can trace the presence of a "relational" common thread that starting from Ferenczi conducts psychoanalytic research up to the present time.

Liotti and Farina's (2011) contributions on dissociation deserve particular attention. The authors point out that disorganized attachment in the first year of life is a powerful predictor of dissociation, much more so than subsequent traumas. They argue that the interaction between traumatic memories and disorganized attachment may represent the necessary antecedent of pathological dissociation.

The possible underlying mechanism would seem to lie in the specific interaction between two evolving innate motivational systems: the defence system and the attachment system.

The defence system deserves special attention because it is involved in all traumatic experiences with its neurophysiological responses and results in the activation of many symptoms observable in patients suffering from the results of psychological trauma, such as fainting symptoms, motor uncertainty, obtundation and typical pervasive feeling of personal impotence. Ferenczi had already pointed out that the defensive function in the face of trauma had bodily responses.

There are numerous themes dear to Ferenczi, which we find in Kohut, such as fragmentation in response to the traumatic condition, and even more so the concept of narcissism, as is evident from the *Clinical Diary:* "An indispensable basis of personality, narcissism, that is, the recognition and affirmation of one's Self as a truly existing, precious entity, with a certain magnitude, shape and meaning, can only be achieved if the positive interest of the environment – let us say libido – somehow guarantees, via the external drive, the solidity of that personality form. Without such a counterthrust, such as love, the individual tends to explode, to dissolve into the universe, perhaps to die." (p. 210)

The above content is confirmed by operational theory no.13 extrapolated by us: «The analyst must be completely available to the patient and stimulate in the patient that narcissism that is lacking in stimulating him to life». Again, a mutual space recommended by Ferenczi and later by his subsequent supporters to solve serious mental disorders.

Kohut, in agreement with Winnicott, thinks that aggression does not come from a primary destructive drive, but from deficient or traumatic experiences. It is necessary, Kohut (1971) argues, that the real objects behave in a way that satisfies the needs of the child's object-Self, that they constitute for him/her a deposit of perfection, strength and goodness (*idealized parental imago*), capable of providing admiration, sending back to the child an image of perfection (*grandiose Self*).

If the needs of the child have not been understood and satisfied in the right way, if empathic failures and traumas have occurred, narcissism does

not evolve toward a mature development but remains fixed where the relational failure has occurred.

A fragmentation of the psycho-corporeal Self and the object-Self is thus determined, which prevent the development of idealizing translations by fostering a regressive state in the face of trauma, that is disarticulated, fragmented, and unable to manage psychic pain.

Harold Searles deserves special mention. In his essay "*The Patient as Therapist to his Analyst",* included in the collection on *Countertransference* (1979), which resembles the Ferenczian elaboration of mutual analysis quite closely, emphasizing the concept that: "[…] the more sick a patient is, the more necessary it is for the success of the therapy that he/she becomes a therapist for the one who has officially been designated as his/her therapist, that is, the analyst […]" (p. 281).

In fact, although psychoanalytic literature has been written primarily on the assumption that the analyst is healthy, and therefore does not need the help of the patient, the analyst's psychopathology can remain masked in the patient's psychopathology.

The author reinforces the concept of *therapeutic symbiosis,* that is, symbiosis in the relationship between patient and therapist, which, as it did for Ferenczi, traces back to the healthy relationship between mother and newborn, and represents a necessary stage in the treatment of psychosis.

For Searles and for Ferenczi, the schizophrenic has also lost the boundaries of the Ego, referring to the problem of differentiation between the infant's Ego and the outside world, considered as: "one of the fundamental conditions of the identification process" (p. 307). For this to happen, a symbiotic relationship between the infant and the nurturer is indispensable, defending a concept of the psychoanalytic relationship that is essentially symmetrical.

But in Searles we also rediscover Ferenczi in the "Collected Papers on Schizophrenia" (1965) where two of his works are mentioned: *Evolutionary stages of the sense of reality* (1913) and *Thalassa* (1924),

In the latter, the question of the 'boundaries of the Ego' is proposed again in the context of the love relationship that is similar to breastfeeding. Two situations characterized by a strong mutual involvement in bodily intimacy, with a similar state of the Ego of the two participants. In *Sexual processes in schizophrenia* Searles shares this idea with Ferenczi, when he compares: "the abandonment of boundaries during orgasm with the state of undifferentiation in the development of the newborn Ego and the lack of boundaries of the self between the mother and her baby during feeding" (p. 415).

The author confirms that in the first months of life, when we were not very differentiated, the presence of a "foreign and dangerous" environment is similar to the absence of boundaries that characterizes sexual orgasm, present in schizophrenics as the state of the Self.

Another equally significant aspect of Searles' work, analogous to that of Ferenczi, is described in *Oedipal Love in the Counter Transference* (1965), where the importance of communications to patients is explained.

All these issues remind us of the *Clinical Diary*, despite the fact that it was published many years after the publication of Searles' work, which, with regard to traditional psychoanalysis, stated that: "to the extent that it is strictly traditional, it is essentially the result of delirium".

The axiomatic classification of the *Clinical Diary* as the basis for conceptual research on Ferenczi's thinking

As we have seen the statements in the Clinical Diary that we have attributed with our axiomatic classification under the term 'operational theories' are the most numerous. This is not surprising, given Ferenczi's generally acknowledged interest in clinical concepts rather than metapsychological elaboration. The precise description of the 'operational theories' contained in the Clinical Diary allows for a systematic investigation into the origin of many theoretical-clinical concepts that characterize the current relational orientations of psychoanalysis. It is a job we want to do in the future. Here we will show an initial approach to this investigation with regard to three specific 'operational theories' that we have defined; they are the pillars of many current trends in relational psychoanalysis:

24. Traumatic repetition of parental behavior in analysis for therapeutic purposes
26. Separating the patient from maternal dynamics through the reality process
32. Interpreting a dream by creating an emotional context that triggers the patient on the manifested part

Let us start with operational theory number 24. Traumatic repetition of parental behavior in analysis for therapeutic purposes. Traumatic repetition as a situation in analysis is explained via a case in the Diary. In particular, with patient B. Ferenczi goes so far as to say that in the analytical situation, in any case, the patient is re-traumatized because: "that even if the analyst behaves as he sees fit, pushing kindness and relaxation to the limits what is possible, there will always come a time when he/she will have to reproduce with his own hands the murder once perpetrated on the patient. However, unlike the initial crime, he/she is not allowed to deny his/her guilt." Ferenczi points out that he does this: "by recognizing, without wishing to disguise it, the inadequacy of my help and not hiding my painful feelings in this regard (…)" he concludes – "However, there is

a difference between our sincerity and the hypocritical silence of the parents!".

This theory can be matched and traced to current trends in relational psychoanalysis that emphasize the importance of the real patient-analyst relationship such as interpersonal orientation. In particular, according to this orientation, the therapeutic relationship can be conceptualized as a knotting of the real relationship and the transference relationship that is not always possible to disentangle. Levenson (1983), via his concept of isomorphic transformation of the analytic relationship, is, among others, the contemporary Author who has most modernly elaborated the concept of patient re-traumatization. The isomorphic transformation of the therapeutic relationship takes place, according to Levenson, when it assumes almost the same characteristics as the relationship that was traumatic in the patient's history. The analyst is trapped there as he is deeply identified with a pathological object of the patient's life, with a mechanism very similar to Racker's complementary countertransference (1964). Unlike historical parents, however, Levenson argues that the patient's suffering is not due to himself/herself but to the analyst, with the therapeutic outcome of alleviating the patient's inappropriate guilt.

Operational theory number 26. Separating the patient from maternal dynamics through the reality process, is also a fundamental concept of interpersonal psychoanalysis in the context of modern relational orientations. Clara Thompson, one of Ferenczi's patients described in the Clinical Diary with the acronym D.M., had already highlighted this aspect in her Article on Ferenczi's *relaxation method* (Thompson, 1964). In fact, she writes in this work, regarding the meaning of analytical work – "The ideal for him was that the relationship should gradually change, as the mother-child relationship changes during the course of a child's growth. For this purpose, he suggested helping the patient become more aware of the real situation in the analysis, gradually leading him to evaluate how many of his/her feelings came from transference and how many from what the analyst actually had as his/her object. We know that it is often the case that the patient recognizes a real element of the analyst's personality to link a similar element to it of the personality of one of the parents, which is generally more pronounced. Analysing the situation as if it were only a matter of transference, i.e. reporting everything to the parent and assuming that the analyst does not have such personality disorders ends up confusing the patient, who often understands the truth, whether the analyst denies it or simply silently accepts his/her observations." Lucidly, Clara Thompson points out here that the last works of Ferenczi, of the last 6 or 7 years of his scientific production, are an attempt to recover the concept of trauma that Freud had used before 1897 to explain his patients' hysterical symptoms. In clinical theory, the relationship between reality and transference in analysis is conceived in a more complex, less simplistic, modern way, but it is significant that Ferenczi anticipated it in the Diary.

As for operational theory number 32. Interpreting a dream by creating an emotional context that triggers the patient on the manifested part, it is today accepted by most relational Authors in that the work of interpretation should be carried out at the level of the manifest text, with the abandonment of the Freudian dichotomy of the manifest dream and the latent dream, in the context of a conception of therapeutic action aimed at enhancing the unrepressed unconscious, the importance of intercorporeality and mutual sensory contact. This leads to the consequent enhancement of the process of co-construction of the meaning of the dream, within the context of the patient-analyst emotional relationship. A timely review of the interpretation of dreams through the use of manifest text was carried out by Sandro Panizza in his recent monograph on interpretation (Panizza, 2016), and we refer readers to this for further insights.

Conclusions

Beyond the period in time when the *Diary* was written, we were struck by its modernity and the echo that is felt by many contemporary authors despite the fact that Cremerius (1991) (who compiled a list of analysts who[12] are indebted to Ferenczi's teachings) observed that they generally never reference him or even seem to repudiate him, casting a shadow of shame on the famous probity of science.

Indeed, we also found that this forgetfulness is not always due to conformist adherence to the ostracism to which Jones condemned him as psychotic. Too many times, at a rereading of Ferenczi, we were surprised to find some considerations that we believed were the result of our personal experiences and reflections. Even for Winnicott, when in his Postscript entitled *Donald Winnicott on Donald Winnicot*t, in the collection "Psychoanalytic Explorations" (1959), he confesses that: "It's certainly possible that I took this idea of mine about antisocial tendency and hope, which was extremely important to me in clinical practice, from somewhere. I never know what I got from a glance at Ferenczi, for example, or from a footnote by Freud." The mere presence of Ferenczi alongside Freud, as forgotten suggesters of his own ideas, seems to us Winnicott's most subdued appreciation for this Author.

It is not easy to draw conclusions from a myriad of theories, concepts, clinical data and elements of psychoanalytic technique such as those we encountered in the systematization of his thinking, whose vastness has been compared to that of a sea (Antonelli, 1977). The most significant result has

[12] The Author quotes Winnicott, Mahler, Masud Khan, Spitz, Kohut, Searles, Sullivan, Fairbairn etc.

been the exponential dominance of the operational theories over the three preceding them, representing more than half of the entire Ferenczian axiomatics that irrefutably confirms his predilection for technique and relationship with the patient over theory, which was instead favoured by his Maestro.

In fact, Ferenczi did not have time to set up a new metapsychology, despite, perhaps, thinking about it. One must only look at the axioms found in our study, and the affirmation of Lacan (1966) who considers him: "[...] the first generation author best suited to discuss what is required of the psychoanalyst" (p. 334); a confirmation of his interest in the analyst's metapsychology, which is made explicit to us in the "Elasticity of Psychoanalytic Technique" (Ferenczi,1927) when he argues that: "A problem not touched on until today […] is that of a metapsychology that remains to be studied regarding the analyst's psychic processes during analysis" (p. 316).

Nevertheless, even according to Balint (1968) Ferenczi believed that technique was his preferred topic, because he was more interested in solving psychoanalysis through his therapeutic action in a particular psychic experience than, as Wolstein (1993) argues, confining it to a hermeneutic reflection on the existential dualities of life. Ferenczi felt like a clinician, committed to patient care and more stimulated by therapeutic value than by theories, for which he had less passion. Unlike Freud, he was not interested in: "[…] finding something new, but rather testing my technique to achieve better results" with patients (Ferenczi a Freud, 6 novembre 1921, in Grubrich-Simitis, 1986).

But the central point of his work is the exogenous experience of an Ego in relation to the environment, in a tension toward the original state of pleasure generated by the environment itself, firstly a marine environment, as described in *Thalassa* (1924), and then maternal in *Stages in the Development of the Sense of Reality* (1913) or, conversely, overcome by relational trauma in the *Confusion of Tongues between Adults and the Child* (1932a).

With Ferenczi, we went from a theory of drives in relation to the object only accidentally, to one that attributes a pivotal role to the development of the child's personality, the character of the parents, and the way the interpersonal system works, laying the foundations for relational, two-person, and intersubjective psychoanalysis.

As Bolognini (2016) states: "A considerable part of current psychoanalysis can afford to explicitly recognize its debt and its line of descent from the very Ferenczian matrix, without feeling at the margins of orthodoxy for this" (p. 11).

In conclusion, we were able to see how much innovation Ferenczi's work has brought to psychoanalytic thought, even permitting Freud (1933) to affirm in his obituary that, thanks to Ferenczi's work: "every analyst can be said to be his student" (p. 320). However, our work is not over yet, because any axiom identified can be the subject of insight and study regarding Ferenczi's work, which is considered a construction site that is open to the elaboration of new ideas and that we intend to analyse in more depth in the future, hoping that others can also do so.

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