Ferenczi’s Clinical Diary as a Postmodern Novel: Searching for the Artistic Movements in Psychoanalytic Process

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The perspective of literature formulations allows us to think of the Clinical Diary as an artistic product of Ferenczi’s unfolding experience of primary relatedness with his patients. The open and poetic style of his writing supports such an interpretation. Ferenczi’s own anxiety on surrendering to the experiment of mutual analysis was quite visible. Ferenczi undertook in intensive, genuinely interpersonal therapy: patient and analyst become both artist (writer) and medium. He was in fact the father of the post-Freudian approach to what he called the “traumatogenic” environing psychology of his patients. On a personal level, in his direct and forthright discussion of Freud and his work, he deeply influenced the creative unfolding of major psychoanalytic perspectives on theory and practice. The Clinical Diary is a personal novel of searching boundaries in psychoanalytical technical questions and also searching boundaries in human relations and in metapsychology of the conscious and unconscious processes. There are three storytellers: Ferenczi, his patients and Freud. Their storylines are mixed in special ways focusing on the secret questions of the analytical method.

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Let us begin with an remarkable similarity in the writings of the pupil and the teacher. Ferenczi writes about the dialogue of the unconscionouses in the Clinical Diary (CD, 1932/1988):

When two people meet for the first time, I said then, an exchange takes place not only of conscious but also of unconscious strings. … Others before me have already drawn attention to the remarkable frequency with which so-called thought-transference phenomena occur between physician and patient, often in a way that goes far beyond the probability of mere chance. Should such things be confirmed some day, we analysts would probably find it plausible that the transference relationship could quite significantly promote the development of subtler manifestations of receptivity. (CD, pp. 84-85)

Freud writes also in 1932:

One is led to a suspicion that this is the original, archaic method of communication between individuals and that in the course of phylogenetic evolution it has been replaced by the better method of giving information with the help of signals which are picked up by the sense organs. But the older method might have persisted in the background and still be able to put itself into effect under certain conditions … (Freud, 1932, p. 55)

The Position of a “Wise Baby”

The perspective of literature formulations allows us to think of the Clinical Diary as an artistic product of
Ferenczi’s unfolding experience of primary relatedness with his patients. The open and poetic style of his writing supports such an interpretation. In this context it is not at all surprising that anger with his own long-ago, much-loved analyst and friend, Freud became more visible and focused as Ferenczi got deeper into the work. If we see Ferenczi’s anger as an example of positive therapeutic reaction, the Diary can be understood as the final expression of his longing to experience a state of primary relatedness with his patients and with Freud (Aron, 1998). We can see Ferenczi’s commentary to Oedipus:

One has to ask oneself how much of what is involved in the undying love of the child for its mother, and how much of boy’s murderous desire against the rival father, would develop in a purely spontaneous way, without the premature implantation of passionate adult eroticism and genitality; that is, how much of the Oedipus complex is really inherited and how much is passed on from one generation to the other. (CD, p. 79)

If one were to remove the intrusive and destructive aspects of the infant’s contact with the care-taking environment, what would one find? According to Ferenczi, what remains is “the desire for tenderness without reciprocity” (CD, p. 114). For Ferenczi, this is “neither a response nor narcissism, but passive object love. Being loved as an object without loving in return” (CD, p. 114). This original state is not in any way one removed or isolated from the environment and world surrounding the infant/child. In fact, according to Ferenczi, it is precisely the opposite of this. Infants are not “torn apart into ego and world” (CD, p. 114). Without the “protective devices” that develop along with individuality and a sense of self, “infants communicate with the environment over a much broader surface” (CD, p. 148). This manner of contact and communication is viewed by Ferenczi as far superior to that of adults: “If we had the means to get such a child to tell us what this hypersensitivity makes him capable of, we would probably know much more about our world than our narrow horizon now allows” (CD, p. 148). Based on such an understanding of the infant/child, Ferenczi can describe the baby as “wise” (CD, p. 82), or as possessing “omniscience” (CD, p. 147) and/or as having an “astral”, clairvoyant aspect (CD, p. 207). We will see how important these ideas are for Ferenczi, especially as they serve as a partial foundation for his view of the effects and consequences of traumatisation. Even more, they serve as a basis for hope in the curative power of psychoanalysis and in humankind finding an utopia in which all could dwell. So Ferenczi can say that “the child is the only reasonable being in a mad world” (CD, p. 171).

Ferenczi’s own anxiety on surrendering to the experiment of mutual analysis was quite visible.

The interpretation of every detail as expressing a personal affect toward the analyst, which Rank and I perhaps exaggerated, is likely to produce a kind of paranoid atmosphere, which an objective observer could describe as a narcissistic, specifically erotomaniaical delusion of the analyst. (CD, p. 95)

Ferenczi’s contributions go much further, however, than simply recognizing the ubiquity of transference. From early on, Ferenczi also highlighted the analyst as a real person. He saw “the real impact of the analyst as a bridge to the transference from original objects.” In addition, he pointed out that the patient was aware of and reacted to even the nuances of the analyst’s behavior. Ferenczi’s final observations stemming from his technical experiments refine and extend these early observations, but the theme is consistent throughout his writings. Later he was to say that patients develop a refined sensitivity to the analyst and that every patient without exception notices the smallest peculiarities in the analyst’s behavior (Ferenczi, 1932/1949).

Curiously, this had a tranquilizing effect on the patient, who felt vindicated; once I had openly admitted the limitations of my capacity, she even began to reduce her demands on me. As a further consequence of this manifest
“circulus benignus”, I really find her less disagreeable now; I am even capable of transferring friendly and joking feelings onto her. My interest in the details of the analytical material and my ability to deal with them—which previously seemed paralyzed—improved significantly. I must even confess that I am beginning to be aware of the beneficial influence of this liberation from anxiety in relation to other patients as well, and thus I am becoming, not only for this patient but also for the others, altogether a better analyst. (CD, p. 99)

**What About Hate?**

Such perfect happiness was perhaps enjoyed only in the womb, that is, a passionless period, which is briefly interrupted by the trauma of birth, but which continues to be enjoyed during the period of nursing. (CD, p. 151)

Sentimentality is useless for parents, as it contains a denial of hate, and sentimentality in a mother is not good at all from the infant’s point of view … It seems to me doubtful whether a human child as he develops is capable of tolerating the full extent of his own hate in a sentimental environment. He needs hate to hate. (CD, p. 202)

Winnicott (1949) acknowledges that the child (patient and analyst too) needs his own hate. For Winnicott, as surprising as this may sound given the use his work is often put to, it is important, even imperative, that the mother hate her infant. “The mother hates her infant from the word go”. The provision the mother and/or maternal figure grant the child has to do with the manner in which the infant’s or child’s hate, along with the mothers hate, get managed. In fact, it could be argued that the essence of the “holding environment” in the treatment setting itself has much more to do with these considerations concerning hatred and its management than anything one might claim about the presence or absence of “love” in the current clinical setting or in the patient’s life-history. As Winnicott (1949) always maintained, the (psychological) reactions to impingements are of much greater import than the impingements themselves. In every one of our patients, these reactions have always already occurred. Hate on the patient’s side is always an aspect of the treatment; the more traumatic the past experiences the more crucial it becomes that this be acknowledged and handled well. No compensatory or full love can replace this necessity. Ferenczi’s words: “The unavoidable— but perhaps partly superfluous and unnecessary— sufferings of the first adaptation (regulation of organ functions, training in cleanliness, weaning) make every human more or less passionate” (CD, p. 151).

**Who Is The Artist?**

As Loewald (1975) wrote it later, patient and analyst become both artist (writer) and medium. For the analyst as writer his medium is the patient in his psychic life. For the patient as autobiographical writer the analyst becomes his media. And both of them are creators, they have their own creative capabilities. Ferenczi express this co-creative activity in his Diary as it is visible in the psychoanalytic process.

Loewald (1975) suggests that the psychoanalytic situation and process involves a re-enactment, a dramatization of aspects of the patient’s psychic life history, created and staged in conjunction with, and directed by, the analyst. The idea of the transference neurosis expresses this understanding of psychoanalysis as an emotionally experienced recapitulation of the patient’s inner life history in crucial aspects of its unfolding. Seen in this light, psychoanalysis shares important features with dramatic art. Aristotle defined tragedy as the imitation of action in the form of action. Viewed as a dramatic play, the transference neurosis is a fantasy creation woven from memories and imaginative elaborations of present actuality, the present actuality being the psychoanalytic situation, the relationship of patient and analyst.

Ferenczi clarified that the transference did not arise spontaneously from within the patient, but rather was influenced by and created in response to the analyst, that is, that transference was induced. He began to speak
of transferences as artificially provoked: “Occasionally one gets the impression that a part of what we call the transference situation is actually not a spontaneous manifestation of feelings in the patient, but is created by the analytically produced situation” (CD, p. 95).

In the promotion and development of the transference neurosis, analyst and patient conspire in the creation of an illusion, a play. The patient takes the lead in furnishing the material and the action of this fantasy creation, while the analyst takes the lead in articulating, and explicating the action and in revealing and highlighting it as an illusion (note that the word illusion derives from the Latin ludere, to play). The patient experiences and acts without knowing at first that he is creating a play. The transference interpretations reveal the relations between the play and the original action that the play imitates.

The patient’s demands to be loved corresponded to analogous demands on me by my mother. In actual fact and inwardly, therefore, I did hate the patient, in spite of all the friendliness I displayed; this was what she was aware of, to which she reacted with the same inaccessibility that had finally forced her criminal father to renounce her. (CD, p. 99)

The specific impact of a play depends on its being experienced both as actuality and as a fantasy creation. This Janus-face quality is an important ingredient of the analyst’s experience in the analytic situation and becomes, if things go well, an important element in the patient’s experience.

The art of psychoanalysis, with regard to the analyst, consists essentially in the handling of the transference. The fantasy character of the psychoanalytic situation is its character as play, in the double sense of children’s and adults’ playing and of drama as a play. Play and fantasy have their roots in life experience, draw their sustenance from it, and give life its meaning. The dramatic play is a re-enactment of life in fantasy, and this fantasy life enters actual life giving it renewed and enriching meaning. The playing of the child, and of the child in the adult, also has its roots in life experience and gives meaning to life experience.

The good analytic work is an artistic creation fashioned by patient and analyst in collaboration. For the most part such an hour does not come about by deliberate, premeditated steps or decisions on the analyst’s part; it tends to proceed by virtue of the momentum of the process in which analyst and patient are engaged at a propitious time, although the soil from which such an hour grows is likely to have been prepared and cultivated by the analyst for a long time. The progression in such an hour is quite similar to the progression of a work of art, a poem, a musical composition, a painting, at a propitious moment or period during the artist’s work. There, too, it is the momentum of an active imaginative process which, as it were, creates the next step, propelled by the directional tension of the previous steps. This directional tension is the resultant of the artist’s imagination and the inherent force of his medium. A word, a sound, a color, a shape—in the case of dramatic art an action—or a sequence of these, once determined, strongly suggests the next step to be taken. In the mutual interaction of the good analytic hour, patient and analyst—each in his own way and on his own mental level—become both artist and medium for each other. For the analyst as artist his medium is the patient in his psychic life; for the patient as artist the analyst becomes his medium. But as living human media they have their own creative capabilities, so that they are both creators themselves. In this complex interaction, patient and analyst—at least during some short but crucial periods—may together create that imaginary life which can have a lasting influence on the patient’s subsequent actual life history (Friedman, 1995).

The transference neurosis is not only, as Freud called it, a transition between illness and life, it is a transitional state between mere inner fantasy and actuality. I am here, I believe, in the neighborhood of Winnicott’s (1971) “third area, that of play which expands into creative living and into the whole cultural life of
man”. Winnicott also speaks of patient and therapist playing together. As in the child’s play, such fantasy action is called forth and shaped by present actuality (including the mental life of the analyst), and shapes present and future actuality. As a fantasy creation in which both patient and analyst in their different ways participate.

The Mutuality

Ferenczi undertook in intensive, genuinely interpersonal therapy—including, of course, the manifestations of his countertransference—and the deep-rooted discoveries. He suggested that psychoanalysis depends on the workings of language, it has to believe in words, and have fantasies about what they can do. The Clinical Diary offers a way of living literature. My paper demonstrates the birth of a postmodern novel in the field of the psychoanalytic dialogue, and examines a verbal practice about what people can do to and for each other with language.

I have finally come to realize that it is an unavoidable task of 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. (CD, p. 52)

Ferenczi is here recognizing and proposing a model of the analytic process that is far beyond the simplistic notion that the analyst needs to be a better parent to the patient. Here, Ferenczi acknowledges that it is inevitable that the analyst will “repeat with his own hands,” will actively participate in re-creating the trauma. The sense in which the analyst has to be a better parent is that, unlike the original traumatizing parent, the analyst can recognize his or her own participation and can discuss it directly with the patient. It is in this recognition of the analyst as a participant, pulled into the patient’s transference and then observing and interpreting from the countertransference response, that Ferenczi anticipates contemporary approaches (Hoffer, 1991).

Ferenczi goes even further. Not only has he anticipated our contemporary views, but we may even have to catch up with his insights. Not only does he recognize that the analyst is pulled in as a participant in the reexperience of the trauma, that the analyst himself must become the patient’s abuser, but Ferenczi also realizes that the patient observes this participation by the analyst and reacts to it. The patient not only misperceives the analyst as being the abuser, in a “transference distortion,” but also gets the analyst actually to play that role; in contemporary terms, the transference is “actualized” (Sandler, 1976).

Ferenczi, however, is not content with the idea that countertransference is only a response to the patient’s pathology; he emphasizes the analyst’s own character traits and how these inevitably play a part in the establishment of transference and countertransference. Furthermore, the patient can observe these countertransference responses and character traits of the analyst and react to them. Thus, Ferenczi was the first to point out the ways in which the patient becomes the “interpreter” of the analyst’s countertransference experience (Hoffman, 1983; Aron, 1991).

While Ferenczi championed the necessity of a thorough training analysis, he believed that no amount of training analysis would be enough. The intensity of Ferenczi’s feelings about training clearly stemmed from the brevity of his own training analysis and his continual wish for further analysis. He suggested that ultimately patients would necessarily have to help their analysts to further their own analysis. In the Clinical Diary especially, Ferenczi elaborated his thoughts about the patient as therapist to the analyst (an idea also promoted by Searles, 1975).
In fact, we analysts must admit to ourselves that we are much indebted to our patients for their sharply critical view of us, especially when we promote its development, which helps us to gain considerable insight regarding some peculiarities or weak points in our own character. I do not know of a single case of training analysis, my own included, that was so complete that it would have rendered corrections of this kind completely unnecessary in the analyst’s subsequent life and work. (CD, p. 26)

Ferenczi’s attempt at mutual analysis was designed to enlist the patient’s efforts in analyzing the analyst so that the analyst would be cured enough to analyze the patient in turn. This effort led Ferenczi to risk revealing himself to patients in a personally sincere, honest, and non-defensive manner. He did not do this lightly or without much personal suffering and struggle. Ferenczi’s Diary makes clear that he proceeded thoughtfully, and, although he temperamentally was impulsive and extreme in his responses, he carefully deliberated about each move in the analytic experiments,

The psyche that has been fragmented or pulverised by trauma feels love, cleansed of all ambivalence, flowing toward it and enveloping it, as if with a kind of glue: fragments come together into larger units; the entire personality may succeed in again becoming united (homogeneous). (CD, p. 12)

The question arises whether the primal trauma is not always to be sought in the primal relationship with the mother, and whether the traumata of a somewhat later epoch, already complicated by the appearances of the father, could have had such an effect without the existence of such a pre-primal-trauma [urutraumatischen] mother-child scar. (CD, p. 83)

Ferenczi shifted the theory of psychoanalysis from one that focused on the unfolding of libidinal drives, with objects as the most accidental factor, to a relational theory in which the character of the parents and the actual interpersonal functioning of the family system were most central for the development of the child’s character structure. Ferenczi became increasingly interested in the quality of the child-parent matrix and in the quality of parenting. He became increasingly interested also in the interpersonal realities of the family functioning, including both gross abuse and more subtle or chronic abuses, denials, and “confusions.” It was these interpersonal factors that he thought were important for development, psychopathology, and treatment.

In my case infantile aggressiveness and a refusal of love toward my mother became displaced onto the patients. But as with my mother, I managed with a tremendous effort to develop a compulsive, purely intellectual superkindness, which even enabled me to shed real tears (tears that I myself believed to be genuine). (Could it be that my entire relaxation therapy and the superkindness that I demand from myself toward patients are really only an exaggerated display of compassionate feelings that basically are totally lacking?) Instead of feeling with the heart, I feel with my head. Head and thought replace heart and libido. (CD, p. 86)

The Basics of a Postmodern Novel With Two Authors

Ferenczi came to believe that this independence cost him his life. “In my case the blood-crisis arose when I realized that not only can I not rely on the protection of a higher-power but on the contrary I shall be trampled underfoot by this indifferent power as soon as I go my way and not his” (CD, p. 212).

The Clinical Diary in my point of view is a personal novel of searching boundaries in psychoanalytical technical questions and also searching boundaries in human relations and in metapsychology of the conscious and unconscious processes. There are three storytellers: Ferenczi, his patients and Freud. Their storylines are mixed in special ways focusing on the creative and artistic face of the analytical method.

Ferenczi’s clinical ideas depend on a theoretically complex model of language, and the interrelationship of thought and psychic structure, which has much in common with contemporary and postmodern theories of the symbolic or semiotic function. Ferenczi’s implicit model of language process is more profoundly connected to
postmodernism than the models of symbolic representation used by Freud. This prefiguring of postmodernism lies in Ferenczi’s weaving together preverbal, enactive, and verbal representations; his focus on language phenomena right on the bridge of symbol and action; and his repudiation of a single notion of representation and self state in favor of a vision of the speaking patient and speaking analyst as a multiply voiced, multi-selved complex of identities. Many aspects of Ferenczi’s life long preoccupations contribute to this implicit theory of language and the symbolic function.

Among the contributions of postmodern thought is the insight that our formulations of “truth” and “reality” are guided by, limited to, and embedded within the system of language in which we live. Meanings are multiple, unstable, and open to interpretation, always to be understood within specific social, political, and historical contexts. Meaning is socially constructed or negotiated between people, and there is no essential meaning until we construct it by engaging in communication and dialogue with one another. Deconstructionist notions of literary interpretation deny that texts have a single fixed meaning. Texts may generate a variety of meanings in excess of what is intended. From this perspective, the psychoanalytic situation is a dialogic conversation in which patient and analyst co-construct meaning and interpretation and in which many pathways of meaning known and unanticipated are possible.

In one case the communication of the content of my own psyche developed into a form of mutual analysis, from which I, the analyst, derived much profit. Indeed, it also gave me an opportunity to express ideas and views about the patient that otherwise would not come to her notice; for example I could mention utterances indicating moral or aesthetic distaste, an opinion I had heard about her elsewhere, etc. If we can teach the patient to cope with all this, we are helping him to cope in general, hastening his release from analysis and the analyst, and we also hasten the transformation into memory of those tendencies toward repetition, hitherto resistant to change. (CD, p. 3)

Kristeva (1980) has articulated a view of varieties and registers of speech that constitute the complexities of identity, which she sees as an unstable structure fluidly expressive of many aspects, self states, and voices. Her stance against centralized authorial or authoritarian readings and interpretations, her sensitivity to the volatility and complexity of the shared dialogues in the consulting room, and more recently her attunement to the anguish of fractured identities in difficult or borderline cases would all be highly familiar and resonant for Ferenczi. In particular, her re-reading of Lacan’s great divide between the symbolic and the imaginary into a more fluid, less dichotomous, less dramatically fissured distinction between the semiotic and the symbolic would be right up Ferenczi’s alley. In this formulation Kristeva also breaks down the sharp distinction between word and deed, stressing instead the continuity and coexistence of the sensuous materiality of speech and the formal abstract systems through which language is constituted.

Some patients have the feeling that when this kind of mutual peace is attained the libido, released from conflict, will, without any further intellectual or explanatory effort, have a “healing” effect. They demanded that I should not reflect quite so much, I should just be there; that I should not talk so much, or make any effort, and … I could even go to sleep. (CD, p. 12)

Unfortunately, at the end of the session these achievements will be largely destroyed again. Does the fault lie in the fact that the imagination has assumed more love in us than we actually have to give? (CD, p. 12)

Wittgenstein (1953), in his Philosophical Investigations, argued that language is best conceived of as an activity involving the use of words as tools. Words are not labels for things, but gain their meaning through their use in social interchange, language games. Words are actions. If words are acts and if acts are
communications, then psychoanalysis can no longer be thought of as only a talking cure. The talking cure becomes a cure through action, interaction, and enactment, in which what is talked about is enacted and what is enacted must be talked about.

Levenson (1987) was among the first analysts following Ferenczi, but now with the benefit of semeiotics, structuralism, and poststructuralism, to state this more precisely, “Transference must involve the reenactment, between patient and therapist, of what is talked about. It is what is done about what is said”. Levenson (1982) clarifies that “Psychoanalysis originally postulated a serious antinomy between word and deed. It was the ‘talking cure,’ and what was acted upon could not be spoken about—that is, could not be analyzed”. In contrast, contemporary philosophy, follows Wittgenstein’s remark that “Words are also deeds.” Ferenczi could not have articulated this in these terms, but his clinical thinking anticipated much of it. The talking therapy is an “active” and interactive technique!

In a highly dramatic moment of the Clinical Diary Ferenczi realizes that he has hurt a patient more than necessary, more than he had known. In the act of interpreting, he had cruelly flung words into his patient’s face. He understands that his words could have murdered! Ferenczi comes to the realization that,

> 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. (CD, p. 52)

It is not an accident that Ferenczi describes words in such concrete terms as having the power of actions, words as acts; throughout his work, acts are viewed as language and language as action. In this passage, we read Ferenczi as he discovers the inevitability of reenactment, in the psychoanalytic space, of the patient’s most powerful trauma, “This hangman’s work is inevitable” (CD, p. 53). Moreover, Ferenczi realizes that the enactment reenacts both the patient’s life history as well as his own. “This gave me an opportunity to penetrate much deeper into my own infantilism: the tragic moment in childhood when my mother declares: You are my murderer” (CD, p. 53). Ferenczi comes to see the analytic engagement as an inevitable, mutual participation and recreation of the childhood histories and particularly of the pathogenic traumas, of both the patient and the analyst. In his investigations of mutuality he deconstructed the polarized dichotomies of word and deed, association and interpretation, transference and countertransference, patient and analyst or dream and dreamer. The poem of Szabó Lőrinc was written in the same period:

> And so I came to believe that “truths” don’t exist as we know them;
> I think that everything is either an image or a poem.
> Tsuang Tsi dreams the butterfly – that’s how it now seems –
> the butterfly dreams him, and the three of us are but my dreams.

**References**


