

Hyman Spotnitz and Sandor Ferenczi: Psychoanalysts of Passions

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The paper compares and contrasts the life and work of Spotnitz and Ferenczi as well as their relation to Freud. The following factors are considered: 1) Personal, social, academic, and professional influences; 2) Data base of patients; 3) Research orientation; 4) Technique, character style, elasticity/flexibility, and empathy; 5) Techniques and theories of techniques; and 6) Theories of motivation and psychodynamics.

Spotnitz's work is recorded in six books, over 100 articles, several audiotapes and four videotapes. Moreover, Spotnitz continues to publish into his 90th year. Meadow, Margolis, Liegner, Rosenthal and others continue to supplement Spotnitz's views largely in the journal *Modern Psychoanalysis*, which has been published since 1975. Ferenczi's work, about 200 articles, is largely contained in his *Selected Papers* (1955), diary (Dupont, 1988), correspondence with Freud (Brabant et al. [1992]; Falzeder & Brabant [1996]), and letters (Ferenczi & Groddeck, 1982). Some of his work has not been translated into English or is not yet within the public domain. Therefore, this article is work in progress.

This author wishes to dedicate this paper to the memory of Cyril Z. Meadow, a man of many passions, who constantly encouraged me to write and to thank Gerald W. Vogel for an empathic critique of this paper.

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The Personal, Social, Academic, Professional and Experiential Influences

Ferenczi's father, born Baruch Frankel in Crackow, moved to Hungary in 1850 to fight the Hapsburgs when he was 18 years old. He was an intellectual and revolutionary who wanted to be assimilated into the Hungarian culture, as exemplified in his changing his name to Bernat Ferenczi, a common Hungarian name. The father owned a bookstore and printing press where artists, musicians, and authors congregated. Young Sandor, who was his father's favorite, was 15 years old when his father died.

Ferenczi's mother, Roza Eibenschutz, also from Crackow, bore 12 children, efficiently handled the household, helped with the family business, and was president of the local union of Jewish women. After her husband died, she capably took care of the bookstore, looked after the children, and entertained the intellectual community. In writing to Groddeck, Ferenczi (Ferenczi & Groddeck, 1982) revealed, "[I]t is certain that as a child, I received from her too little love and too much rigor; sentimentality and caresses were unknown in our family" (p. 56). In his correspondence with Freud, Ferenczi (Brabant et al., 1992) confessed, "My mother was, up to my father's death, strict and, according to the way I felt at the time and as I do now, often unjust. I have conscious recollections of 'fantasies of being abandoned' and bitter fantasies of revenge from my seventh to eight year" (pp. 382-383). Moreover, Ferenczi admitted that during puberty he was plagued by "thoughts of death . . . night after night" (p. 392). These complaints and an ensuing need for love and affection were major emotional gyroscopes throughout Ferenczi's life. At a later point in life, Ferenczi believed that his mother had sexually molested him.

Ferenczi was born in 1873 in the burgeoning industrial city of Miskolc, forty miles from Budapest. He was the eighth of twelve children and the fifth of six sons. He was reported to be a caring brother despite his profound envy and jealousy of his siblings.

Ferenczi proved to be an excellent student throughout his schooling. Demonstrating a wide-ranging interest in politics, psychology, law, and literature, Ferenczi frequented the lively and cosmopolitan coffee-houses of Budapest where he discussed these topics with artists, writers, and the intelligentsia. Although he felt shy, people found him to be witty, enthusiastic, friendly, and restlessly curious.

Ferenczi had been friends with Gizella Altshul, ten years his senior, who married Geza Palos. Although the marriage was not successful,

it did produce two girls. Around 1904 Ferenczi fell in love with Gizella, but could not marry her because Palos would not grant a divorce. In 1911, Ferenczi, who had been analyzing one of Gizella's daughters, Elma, developed romantic interests in Elma. Ferenczi sought assistance from Freud who took Elma into analysis for six months and then returned her to Ferenczi. Freud urged Ferenczi to finish the analysis with Elma and marry Gizella as soon as possible. Granted a divorce in 1919, Gizella was free to marry Ferenczi. To complete the drama, the couple was informed of Palos's death on the way to their wedding.

After Ferenczi completed medical school, he interned and trained in hospitals where he treated indigent "incurable" patients. His initial reading of Freud left him feeling displeasure and disgust, but he subsequently acknowledged that his emotional reaction betrayed an element of truth in Freud's work. In reviewing *The Interpretation of Dreams*, Ferenczi deemed the work "unscientific." Prior to meeting Freud in 1907, Ferenczi had published 60 professional articles in neuropsychiatry.

The initial encounter of Ferenczi, age 34, and Freud, age 51, was "electric" according to Jones (1955, p. 34). Freud began to address Ferenczi as "My dear son," invited Ferenczi to spend a fortnight with his family at Berchtesgarden, and hoped that Ferenczi would marry his daughter, Mathilda. Freud realized that his theoretical orientation could be complemented by Ferenczi's extraordinary clinical sense.

Ferenczi's early theories and techniques were those of Freud, largely because Ferenczi admired Freud and wanted to please him. Freud, in turn, respected Ferenczi and had great hopes for him as the heir to the crown of psychoanalysis. Although Ferenczi expressed his wish to be analyzed by Freud, a close personal and collegial relationship developed as reflected in their vacationing and traveling together, and being members of the "secret ring" (Grosskurth, 1991). One of their trips brought them to the United States where Ferenczi served as Freud's advisor for the Clark lectures.

Ferenczi's wish to be extensively analyzed by Freud was doomed. Ferenczi's yearning for a close relationship was also frustrated because Freud's tolerance for intimacy was not congruent with Ferenczi's needs. It appears that Freud was wary of fully engaging Ferenczi as an analysand, and when he did, despite his brilliant exposition of transference, did not recognize nor analyze Ferenczi's negative transference. Similarly, Kardiner (1977) observed, "Yes, I was afraid of my father in childhood, but the one whom I feared was Freud himself. He could make me or break me which my father no longer could . . . He pushed the entire relation into the past, thereby making the

analysis a historical reconstruction" (p. 58, original emphasis). As Ferenczi's attachment to Freud slowly loosened and Ferenczi was less constrained to mirror Freud, Ferenczi's techniques became increasingly innovative and focused on affective experience and interchange (*erlebnis*) rather than interpretation and insight (*einsicht*)—the "here and now" rather than the "there and then." Ferenczi was loath to admit to himself and others his departure from Freud's path, except toward the end of his life. It should be noted that between 1921 and his death, Ferenczi held a close relationship with Georg Groddeck. Their correspondence (Ferenczi & Groddeck, 1982) reveals Groddeck to be similar to Ferenczi in temperament and approach to patients. Groddeck became Ferenczi's confidant, colleague, physician, and perhaps was the major stabilizing force in the last decade of Ferenczi's life. Similarly, Ferenczi had a close professional and personal relationship with Otto Rank, with whom he co-authored a groundbreaking book.

The personal bond between Freud and Ferenczi was first strained when Ferenczi pressed Freud for more emotional closeness and quizzed Freud about his relations with Fliess. Further stress occurred during their Sicilian trip in 1911. Ferenczi expected to co-author a paper with Freud, but instead was asked to take Freud's dictation. Despite the spats, the pair worked well together for many years. The greatest chasm between Freud and Ferenczi was precipitated by Ferenczi's (1933) classic, controversial paper "Confusion of Tongues between Adults and the Child: The Language of Tenderness and Passion." Freud counseled Ferenczi not to deliver the paper, but Ferenczi insisted upon delivering the paper. Subsequently, the paper was banned for publication in the psychoanalytic presses until 1949. Beside the personal and political factors, what were the substantive issues?

Ferenczi had resurrected Freud's seduction model of pathology and downplayed the phantasy model. Finding Freud's intrapsychic and instinct models insufficient, Ferenczi evolved a two-person trauma model. Moreover, Ferenczi extended his dyadic theory of pathogenesis into the treatment hour, thereby emphasizing the emotional here-and-now relationship between patient and analyst. Based on Freud's (1917) concept of the introjected object, Ferenczi introduced the dynamic of identification with the aggressor, thereby reinforcing a paradigm shift toward object relations. Ferenczi also brought the crucial development period to the preverbal, mother-baby era as exemplified in his statement, "Children know the truth before they know the meaning of words" (qtd. in Thompson, 1964, p. 75). He anticipated the double-bind theory when he announced that children become confused and

emotionally distraught when there is a difference between the parents' words and their actions.

Ferenczi's shift in theory and technique was influenced by his association with Rank and by his clinical experience that instructed him to consider more seriously the manifest complaints of his patients. Ferenczi (Dupont, 1988) also was offended by some of Freud's attitudes, namely:

The calm unemotional reserve; the unruffled assurance that one knew better; and the theories, the seeking and finding of the causes of failure in the patient instead of partly in ourselves, the dishonesty of reserving the technique for one's own person; the advice not to let patients learn anything about the technique, and finally the pessimistic view, shared with only a trusted few, that neurotics are a rabble, good only to support us financially and to allow us to learn from their cases: psychoanalysis may be worthless. (pp. 185-186).

In excruciating conflict, Ferenczi challenged Freud's tendency to distrust patients' reports and to interpret all material as derivatives of unconscious processes. He began to view some material as being accurate, reliable, and "real," including reports of sexual molestation. Ferenczi (1933) was the first analyst to give serious credence to the patient's critique of the analyst's stance and analytic process. "Indeed it is unbelievable how much we can still learn from our wise children, the neurotics" (p. 165). Ferenczi liked the term "wise child" because it was a self-reference to a certain adaptation of a child to trauma.

As the bond between Freud and Ferenczi unraveled, Ferenczi withdrew to Budapest, was progressively isolated physically and emotionally from Vienna, and attended more to his patients. Finally, Jones (1955), using *ad hominum* arguments, determined that Ferenczi's deviations could only be a function of a form of mental derangement. Jones's denouncement and censorship of Ferenczi is one of the most tragic, if not scandalous, chapters in psychoanalytic history. Jones's position becomes understandable when given the fact that Ferenczi, during his analysis of Jones, failed to detect the negative transference. Moreover, Jones was deeply envious of Freud's high regard for Ferenczi. During Ferenczi's terminal illness, Freud was solicitous of Ferenczi's health and, in turn, Ferenczi begged Freud to leave Vienna and seek asylum in England. There is only praise and no trace of ill will in Freud's (1933) obituary of Ferenczi.

A major dynamic in Ferenczi's life that influenced his career shifts appears to be his wish to be accepted and loved, especially by Freud—a

factor traced by Ferenczi himself to his need for love from his mother. Rachman (1997) speculates that Ferenczi also wanted Freud to accept his identification with the revolutionary parts of his father. Given Ferenczi's rejection by his mother, he probably looked toward his father for that which the mother could not supply. The loss of his father when Ferenczi was 15 may have set the stage for the disappointments he experienced in his analytic and personal relations with Freud.

Hidas (1993), in correlating Ferenczi's life experience and his theories, suggests that Ferenczi's (1929) paper on the unwanted child is largely autobiographical. Ferenczi's letters to Groddeck (Ferenczi & Groddeck, 1982) reveal a man who felt not only rejected and unwanted by his mother, but also accused of her murder. Many of these experiences are reflected in Ferenczi's evolving theoretical and technical stances.

Spotnitz

Hyman Spotnitz was born in the North End of Boston in 1908. His father, Eiser, was born in Bialystock near Wolkovitz, Poland, into a very studious family. Fearing being drafted into the army, Eiser ran away from home at age 12 or 13 and immigrated to New York City. He gravitated to Boston where he bought and maintained a candy store for many years. When he was about 28 he married Annie, then 18. She had been born in Ostrog, Poland. When she was 16, she immigrated with a grandaunt to Lynn, Massachusetts, where she worked in a factory until she married Eiser. She assisted him in the candy store while bearing three daughters and two sons. Hyman was born nine to ten months after his parents married. Both parents were extremely interested in and supportive of the education of their children.

Spotnitz (qtd. in Sheftel, 1991) reveals that his mother "loved me as part of herself. I never experienced her as loving me as a separate entity. She loved me and had a great deal of affection for me but she was always telling me I didn't eat enough . . . it made her happy if I did what she wanted" (p. 36). Spotnitz's complaint, however, about his mother's narcissism is not as grievous as Ferenczi's charges of maternal neglect, harshness, and molestation.

The parents insisted that young Hyman work in the store. "And that was where I grew up, in the candy store. I had to work there all the time and whenever I had nothing to do they put me to work. I was

always rebelling against that" (qtd. in Sheftel, 1991, p. 11). Spotnitz's rebelliousness is further outlined in the following interview.

Sheftel: Did your childhood experience prepare you to be a rebel and defy the establishment?

Spotnitz: Well, it's true that I was raised in a neighborhood where people were very impulsive, very passionate; they did what they wanted; they were very defiant. Of course I was defiant with my mother and father too. I told you the story of how I wanted to call my mother "Annie," and how furious my father was. He said to me, "You've got to call her mother," and he beat the hell out of me. So I would provoke him by calling her Annie. My sister saved my life; he was going to kill me, I'm sure. At least I felt that way. So I was a very wild child until I was about five or six or seven. After that, I got involved in Sunday School with the boys in the Jewish section and I followed in their footsteps. Until that time I had followed in the footsteps of the Mafia. . . . I was a gangster. (Laughter) I used to be part of the mob there, and there wasn't any crime that they committed that I didn't commit along with them. (p. 10)

Compare the foregoing account with Ferenczi's early years where he was raised by Polish/Jewish parents in a burgeoning city, lost in the middle of ten children, angry and depressed in puberty, raised in his father's bookstore/printshop, deprived of a father at age 15, and accused by a negligent mother of murdering her. Spotnitz felt loved by his mother, albeit as a projection of her narcissism. Young Hyman, even under threat of murder, rebelled against the father, but was saved by his sister.

Contrast Ferenczi's tumultuous courtship, marriage, and family life to Spotnitz's (qtd. in Sheftel, 1991) report. "I met her (Miriam) when she was 25 and I was 17. As soon as I touched her I was enthralled. It was a very passionate love affair" (p. 15). Their marriage produced three sons, all of whom have become successful physicians and surgeons. Spotnitz quipped, "I treated all my sons. That's why they never became psychiatrists." Recall that Ferenczi analyzed his stepdaughter and that Gizella was ten years his senior.

After Spotnitz's early "Mafia era," he recounts, "When I started reading around the age of 8 or 9, I used to read a book a day—that was my goal! I read everybody; I read all the classics and all the popular novels, all the trash books. I was an omnivorous reader. I read Shakespeare when I was in the first year of high school and as I read, I used the thesaurus and studied the significance of every statement. I loved Shakespeare and I was quite a Shakespearean scholar at the time" (qtd. in Sheftel, 1991, p. 10).

Spotnitz attended Harvard College and received his medical training at The University of Berlin where he wrote his dissertation on the quantitative measurement of visual distance. While at Columbia University, where he was granted a doctorate in medical science, he wrote about 25 papers on the physiology of vision and olfaction. Teamed with Polatin, Spotnitz co-authored six studies on insulin shock technique. He also gained considerable experience in the psychological treatment of schizophrenia. Both Spotnitz and Ferenczi were excellent students, scholars, and authors, as well as being well grounded in neurology.

Spotnitz was trained in the Freudian method at the New York Psychoanalytic Institute. He followed Freud's work, save that pertaining to the narcissistic neuroses. In fact, Spotnitz functions as a classical Freudian in his work with neurotic patients with oedipal conflicts (Meadow, 1989a). His experience with schizophrenic, narcissistic, and preverbal states led Spotnitz to question Freud's pessimism and unsuccessful clinical work with narcissistic disorders. The impenetrable "stone wall of narcissism" which deterred Freud was no longer a formidable barrier for Spotnitz.

While at the New York Psychiatric Institute and prior to his arrival at the New York Psychoanalytic Institute, Spotnitz announced that he had cured schizophrenic patients and had begun to formulate a rationale. Spotnitz recalls, "When I arrived at the New York Psychoanalytic Institute, they thought I was crazy for thinking that analysis could cure schizophrenia, but I knew they were wrong because I had already done it. So we were in conflict. They wanted to make an analyst out of me, and I wanted to find how to cure schizophrenia through psychoanalysis" (qtd. in Sheftel, 1991, p. 7).

Both Spotnitz and Ferenczi chose to work with and were strongly influenced by their experience with highly disturbed patients. Moreover, they worked with these patients despite an intellectual, academic, and political atmosphere that was inimical to their efforts. During these onslaughts, Spotnitz's defiant streak and Ferenczi's revolutionary bent probably served them well. One wonders whether their experience with seeming preoccupied and narcissistic mothers influenced their choice of patients.

Spotnitz enjoyed a successful personal psychoanalysis conducted by Lillian Delger Powers, who had been an analysand of Freud and was a training analyst at the New York Psychoanalytic Institute. Spotnitz's analytic schedule of five to six sessions a week for five-and-a-half years would have been a fulfillment of Ferenczi's dream. Contrary to Ferenczi's great need to be close to Freud, Spotnitz (Spotnitz &

Meadow, 1997) reports that he had no wish to have extra-analytic contact with his analyst. In fact, after termination, when Dr. Powers gained permission to see Spotnitz's three sons, he absented himself from the visit. There is no evidence that Spotnitz established a relationship akin to the Ferenczi-Groddeck alliance, save for the reports of friendship between Spotnitz and Selwyn Brody.

One can contrast Spotnitz's attitude and behavior with Ferenczi's toward his analyst and Groddeck. Vogel (1999) suggests that Spotnitz had a relatively adequate bond with his mother and had mastered his experience with maternal narcissism in his analysis, thus not needing extra-analytic contact. Ferenczi constantly hungered for close contact with maternal and paternal figures and worked with his patients as if they were he, a deprived child. Also, Ferenczi's father's untimely death did not allow Ferenczi time to work through his relationship with his father.

Compared to Ferenczi, Spotnitz's break from the classical model and alienation from the orthodox community were more abrupt—he was not allowed to complete his training at the New York Psychoanalytic Institute. With the encouragement of his analyst, Spotnitz persisted in treating schizophrenics and in establishing the modern psychoanalytic method. Perhaps his defiant spirit and experience with a caring sister enabled him to maintain his equilibrium. Another powerful influence and advantage that Spotnitz had was the fact that considerably more literature and supervision was available to Spotnitz, including Ferenczi's writings. When I asked whether he had read Ferenczi, Spotnitz (1998) replied, "I read everything."

At one point in his career Spotnitz (Spotnitz & Meadow, 1997) consciously identified himself with Freud by imitating Freud's behavior to the point of smoking cigars "I did everything Freud did." Because Spotnitz did not suffer any emotional dependency and frustration regarding Freud, he could be more objective about Freud. In attempting to understand why Freud had failed with schizophrenics, Spotnitz (Sheftel, 1991) candidly came up with his reservations about Freud. "It took me years to figure it out. He hated psychotics, he hated psychosis, he hated irrationality. He used cocaine and alcohol and nicotine to defend himself against insanity. He didn't want to be crazy, and you can't work with schizophrenics if you don't want to be crazy" (p. 31). Despite his criticisms of Freud, which are not dissimilar to Ferenczi's, Spotnitz bases his system on two of Freud's statements, "One can only reply to the patients that saying everything really does mean to say everything" (Freud, 1916a, p. 288). Also, "This work of overcoming resistances is the essential function of analytic treatment"

(Freud, 1916b, p. 451). Spotnitz's desire to study why psychoanalysis had failed with schizophrenics is in line with Freud's exasperated statement that he knew why analysis worked, but did not know why it did not work.

Besides Spotnitz's avowed influence by his analyst, Spotnitz seems to have been affected by several of Ferenczi's colleagues: Alexander, Lorand, and Rado.

Alexander's (1956) "corrective emotional experience" has influenced Spotnitz's thinking about the anaclitic countertransference. Spotnitz and Meadow (1976) affirm, "His ideas about constructive (corrective) emotional experience represent one of his most important contributions to modern psychoanalysis" (p. 29). Alexander, who had been a colleague of Ferenczi, later denounced him. Yet, Alexander developed his corrective emotional experience from Ferenczi's ideas without crediting Ferenczi. Ironically, Alexander, in turn, was denounced as a deviationist for using the corrective emotional experience. Kohut also borrowed the corrective emotional experience in the form of self-object transferences as a core concept in his system without acknowledging its roots.

Sandor Lorand, one of Spotnitz's analytic supervisors, was especially skilled in the treatment of children and adolescents and stressed the need for a flexible, versatile approach. He was familiar with Aichhorn's work with youngsters. He emphasized the building of a trusting, dependent relationship, where the goal of treatment was ego expansion. Spotnitz (1998, personal communication) recalls that Lorand was permissive and accepting. "He let me do what I wanted and my patients got well."

Early in his career, Sandor Rado, who also supervised Spotnitz, had been a skeptical, but loyal follower of Freud. Rado, as a first year medical student, sought out Ferenczi for a consultation in 1910 and became a member of Ferenczi's immediate circle. Ferenczi attracted a small group of writers and physicians who met biweekly and usually reviewed Freud's manuscripts. Rado recalls, "Ferenczi used me as a sort of traveling encyclopedia. He himself did not have a good memory, and if he needed an item in Freud he just turned to me: 'Page what?' he would ask. I knew the answer" (qtd. in Roazen & Swerdloff, 1995, p. 33). Rado could cite chapter and verse because of his fine memory and because Ferenczi passed all of Freud's manuscripts to Rado.

Rado describes his relation to Ferenczi: "My education in psychoanalysis consisted of dinner and coffeehouse parties with Ferenczi; I met him as a rule at least twice a week socially. In the early period of our acquaintance, I told him about everything I knew; and he reciprocated with his own observations. I discussed with him dreams and

symptoms" (qtd. in Roazen & Swerdloff, 1995, p. 69). The interaction between Rado and Ferenczi appears to be fashioned after the social and educative aspects of Ferenczi's early relationship with Freud. After a 12-year association with Ferenczi, Rado decided to be formally analyzed by Karl Abraham. Although Rado drifted into the Vienna-Berlin orbit and moved to America, Rado and Ferenczi remained friends. However, Ferenczi (Dupont, 1988), in his last entry to his *Clinical Diary*, eight months before his death, reproached Rado: "I did indeed also feel abandoned by colleagues (Rado etc.) who are all too afraid of Freud to behave objectively or even sympathetically toward me, in the case of a dispute between Freud and me" (p. 257).

Spotnitz (1987), in discussing his toxoid response, implies that Rado's "emotional neutralization" and "contagiousness of emotions" are important in the therapeutic interactions (p. 50). Spotnitz (1985) refers to Rado's use of induced emotions to "provoke a relieving outburst" in a depressed patient whose retroflected rage reaches an alarming degree" (p. 56). The concept of "retroflected rage" or the turning of aggression on the self, central to Rado's understanding of depression and masochism, seems to have been adopted by Spotnitz. However, Spotnitz differs from Rado in that Spotnitz claims that the bottling up of aggression is in the service of preserving the object (narcissistic defense), whereas Rado sees the internalization of rage as a way of maintaining the approval of the object.

Despite Rado's orthodoxy and his devotion to Freud and the psychoanalytic movement, people like Glover eventually unleashed vituperative attacks on him, branded him a heretic, and damned his theory and therapy as nonpsychoanalytic. Rado, along with Kardiner and Levy, went on to establish a psychoanalytic clinic and institute under the auspices of Columbia-Presbyterian Hospital.

Rado (1962) believes that Ferenczi deviated from Freud's instinct system when Ferenczi introduced the concept of adaptation with his distinction between autoplasmic (inner workings of libido) and alloplastic (outer workings of libido) adaptation. Thus, Ferenczi gave birth to the idea that sparked adaptation theory, especially as practiced by Rado, Kardiner, Levy, and the early Columbia school. Spotnitz's exposure to adaptation theory may have reinforced his ideas about the role of infantile experience, the nature and function of defenses, the role of trauma and external events, and facilitated his reexamination of Freud's theories. Ferenczi also fathered the interpersonal school of psychoanalysis through his analysis of Clara Thompson who influenced Harry Stack Sullivan, an admirer of Ferenczi. Spotnitz's orbit was

centered around New York City and seems to have had little contact with the Washington School of Psychoanalysis.

Accused of heresy and subject to vigorous attack, Ferenczi, Alexander, Rado, and Spotnitz broke from the mainstream and became powerful spheres of influence: Alexander directed The Chicago Psychoanalytic Institute; Rado cofounded the Columbia Psychoanalytic Institute; Spotnitz helped found The Center for Modern Psychoanalytic Studies, but declined to formally direct the institute; and Ferenczi established the Budapest Psychoanalytic School without establishing any formal structure.

Why were these innovative and productive clinicians subject to calumny? Vogel (1999, personal communication) surmises that the attackers identify themselves with authority, who overtly conform but covertly rebel. Any misgivings and anger are then projected onto the rule defiers. Self-esteem is preserved while dangerous "deviationism" is attributed to outsiders.

When one considers the vituperative attacks on Ferenczi made by Jones and the censorious measures used by others, such as Glover (1924), one can perceive some similarities in the attacks made on Spotnitz. The first professional attack on Spotnitz came in the form of his being dismissed from the New York Psychoanalytic Institute because he persisted in adapting psychoanalytic techniques to the treatment of schizophrenics. Liegner states, "Jealous colleagues from amongst the orthodox psychiatric establishment have leveled the pejorative 'charismatic' at him, implying an unscientific religio-mystical aura" (qtd. in Sheftel, 1991, p. 160). Ormont reports that at a social gathering in 1954, a graduate of a renowned psychoanalytic institute "launched into a scathing critique of 'that Hyman Spotnitz.' He called him sadistic, impulsive, and what not" (qtd. in Sheftel, 1991, p. 210).

Sternbach, who was a psychiatric social work supervisor at the Jewish Board of Guardians, recounts, "The antagonism of the psychiatric staff (who were all graduates or students of the New York Psychoanalytic Institute) against Spotnitz was so pervasive, that to fraternize intellectually with him was almost a passport to nowhere in career terms. One became immediately suspect of some kind of aberration, of crimes against Freud and against psychoanalysis and, in fact, against good patient care altogether, as if one had joined a club for the cultivation of psychotherapeutic Satanism" (qtd. in Sheftel, 1991, p. 237).

A more recent attack on Spotnitz was made by a psychoanalyst who challenged Spotnitz's ethics during a professional presentation, which is reported by Quackenbush (Sheftel, 1991, pp. 204-207) and Meadow

(1989b). The organization that promoted the conference was requested to investigate Spotnitz's work. The charge seemed so egregious to the Center for Modern Psychoanalytic Studies that it withdrew its membership from the sponsoring organization.

My modern psychoanalytic colleagues and I have been fielding questions and gossip about Spotnitz's clinical functioning for many years, ranging the gamut from his being psychotic, sadistic, sociopathic, to sleeping with patients. I have not been able to uncover any behavior that could be considered unprofessional. Whenever I tried to substantiate any of these charges, the "evidence" disappeared in a cloud of hearsay or turned out to be a technique that was justified by theory and the dynamics of the case. The terms "controversial," "challenging," and "experimental" better characterize Spotnitz's work. Pragmatic and empirical, Spotnitz has repeatedly asserted that he is interested in any approach that works. In a parallel vein, Rachman (1997) investigated the reports of Ferenczi's psychosis, sexual misbehavior, and unprofessional behavior and could find no substantiation for the charges. One supposes that when a psychoanalyst steps out of whatever is considered the mainstream, s/he is subject to scrutiny and attack.

Another sign of Spotnitz's break from the orthodox psychoanalytic establishment is his constant and strong support of "lay analysis." His assistance in founding The center for Modern Psychoanalytic Studies (CMPS) in 1970 and his subsequent yearly election as its Honorary President documents Spotnitz's devotion to the support of training nonmedical persons as psychoanalysts. Association with Spotnitz and CMPS meant being blackballed by the medically dominated institutes.

It was much easier for Ferenczi to support lay analysis because Freud always favored the movement. In fact, Ferenczi trained many nonmedical analysts. When Ferenczi visited New York City in 1926 and 1927, he caused great consternation in the orthodox community by teaching at the New School for Social Research and analyzing and supervising lay people.

Patient Data Base

Another factor that correlated with Spotnitz and Ferenczi's respective breaks with the establishment was their data base of patients. While Spotnitz was at The New York Psychiatric Institute, he developed an abiding interest in schizophrenia and the narcissistic neuroses. During

his stay at The Jewish Board of Guardians, he was challenged to treat intractable individuals and families. Similarly, Ferenczi, in his early years, worked with prostitutes, criminals, and the poor. Later, he contended with patients who were highly narcissistic and had failed in previous analytic ventures. He was known as "the analyst of difficult patients," "the analyst of last resort," and "the haven of lost cases" (Balint, 1958, 1967). Sterba (1982) tried to get Wilhelm Reich to Ferenczi for a reanalysis. Sterba (1982), in acknowledging Ferenczi's reputation as a "brilliant therapist," reports that Helene Deutsch remarked that "Ferenczi could cure a horse" (p. 88).

As one peruses *The Festschrift* (Sheftel, 1991), it is clear that many of Spotnitz's patients had come to him after unsuccessful or incomplete psychotherapy/psychoanalysis. L. Liegner observes, "He accepts and continues to work with patients or students deemed unsuitable by others, for as long as they are willing to work with him" (qtd. in Sheftel, 1991, p. 161). Ferenczi (1931) proclaimed, "As long as a patient continues to come at all, the last thread of hope has not snapped" (p. 128). Having an essentially preverbal population to work with, both clinicians were forced to go outside of the traditional in order to successfully treat those patients. Although Spotnitz and Ferenczi shared a common patient population in terms of pathology, especially when compared to Freud's cases, Spotnitz's patients also included children, adolescents, families, and couples. Moreover, Spotnitz has had extensive experience as a group psychotherapist and as an individual and group supervisor. Although Ferenczi worked almost exclusively with adults, he had an exquisite awareness of the inner life of children, and guided his analysands and students, such as Melanie Klein, into the treatment of children and families. He was also a much sought after supervisor.

Research Orientation

Although Spotnitz and especially Ferenczi had a desire to cure patients, both were interested in conducting clinical research. Ferenczi and Spotnitz have been researchers in the broad sense: "Critical and exhaustive investigation or experimentation having as its aim the discovery of new facts and their correct interpretation, the revision of accepted conclusions, theories, or laws in the light of newly discovered facts, or the practical applications of such new or revised conclusions, theories, or laws" (Webster, 1966). De Forest (1942), an analysand

and supervisee of Ferenczi, believed that his "high degree of imaginative power" made him "essentially a research worker" and that we should view his development of therapeutic technique from this perspective (p. 120).

Rado (1962), on the other hand, found Ferenczi in the 1920s to be more of an artist than a scientist.

It would not have occurred to Ferenczi to make systematic observations to find out something about a psychological statement any more than if somebody had come saying, 'Here is a beautiful poem written by a great writer; let us investigate what he says.' It would have been to Ferenczi a monstrosity, naturally, and he would have thought that anyone like that did not know what it was really about. This was his attitude: a brilliant idea which made his eyes light up, leaving him happy, settled all matters. (p. 37)

Rado characterized Ferenczi as having "poetic insights, but his brilliance could be undisciplined and reckless" (p. 39). Rado also found Ferenczi to be highly reductionistic and rigid in his use of symbols, as demonstrated in Ferenczi's paper of 1912, "Symbolism."

As one peruses Ferenczi's *Clinical Diary* (Dupont, 1988), it is clear that Ferenczi was an innovative experimenter and explorer, and pragmatic clinical researcher. He ceaselessly tried to amend unreliable traditional techniques, retained successful approaches, and discarded the useless. Until 1932 Freud encouraged and fostered Ferenczi's imaginative forays.

Spotnitz (Spotnitz & Meadow, 1976) has contended that his primary focus in psychoanalysis has been that of a researcher, "I have always been impressed with the value of psychoanalysis as a method of investigating human functioning than as a self-contained technique of therapy" (p. 15). "Experimentation played a vital role in the development of psychotherapy and is the key to its further development" (p. 7). More recently Spotnitz stated, "I was primarily interested in research" (qtd. in Sheftel, 1991, p. 7). After attending The University of Berlin Medical School and studying the cyto-architecture of the brain and the psychophysiology of the senses at the Kaiser Wilhelm Institute, Spotnitz returned to New York. "I was still interested in research in neurology and psychiatry and was awarded my doctorate in Medical Science from Columbia, which originally had refused to admit me" (qtd. in Sheftel, 1991, p. 8).

Abrams characterizes Spotnitz's years at the Jewish Board of Guardians: "Dr. Spotnitz took his whole office as his laboratory: therapists,

supervisors, that wonderful administrator of our office—Yonata Feldman—and the pioneer in group therapy, Samuel Slavson. All joined in his research regarding the treatment of the preoedipal patient” (qtd. in Sheftel, 1991, p. 434). Conferences conducted at The Stuyvesant Polyclinic (Spotnitz, 1963) provide good examples of his early scientific clinical explorations.

It is no accident that the center for Modern Psychoanalytic Studies has, for many years, required a clinical research project/dissertation as a condition for granting a certificate in psychoanalysis.

Spotnitz’s research has been more disciplined by virtue of his training and knowledge of methodology not available to Ferenczi. Ferenczi’s research was less systematic by virtue of his emotionality and humanistic background. Both clinicians were imbued with a free ranging spirit and held a healthy respect for the empirical. They were pragmatic and experimental rather than rigidly wedded to theory and dogma. Although stemming from orthodoxy, they proved to be imaginative, creative, and independent clinicians who, in turn, continue to influence the main stream. Fortunately, both were blessed with the ability to write and otherwise communicate their work.

Character Style, Technique, Elasticity/Flexibility, and Empathy: Ferenczi

According to de Forest (1942), Ferenczi displayed “a combination of humility and courage, of sympathy and humor, of brilliant imagination and keen sense of reality” (p. 121). Rachman (1997) characterizes Ferenczi as a highly empathic psychoanalytic pioneer whose predominant personal qualities were “enthusiasm, warmth, tenderness, giving, optimism, and compassion” (p. 90). Were these the qualities of the mother for whom he yearned? “He identified with the revolutionary spirit of his father, whom he idolized, and had a highly ambivalent relationship with his mother” (p. 90) who apparently was “harsh.”

Rado gives and takes away: “Ferenczi was an intuitively very gifted man” (qtd. in Roazan & Swerdloff, 1995, p. 34). “Ferenczi did have poetic insights, but his brilliance could be undisciplined and reckless” (p. 39). “Ferenczi correctly observed that a spontaneous display of kindness towards the patient, of warm interest in his destiny, is an essential human factor in all psychotherapeutic methods. However, some of his pupils went too far with the statement that the degree of therapeutic effect is proportional to the amount of love and affection

the physician is willing to give to the patient” (Rado, 1962, p. 121). Rado’s position may have attuned Spotnitz’s ideas about regulation of emotional response and contact function.

Meszáros (1993) describes Ferenczi as possessing “extraordinary curiosity, pursuit of knowledge, attraction to books . . . enthusiasm, intellectual superiority, flexibility. *Ferenczi never lost the ability to change his way of thinking when new important knowledge was available*” (p. 49, original emphasis). Other terms that recur in friends’ descriptions are “lovable, witty, brilliant, sensitive, conflicted, warm, lively.” According to Balint (1967), Ferenczi’s enthusiasm in modifying beliefs upset people. Thus he was given the title of “the enfant terrible of psychoanalysis” (p. 149).

Clara Thompson (1964), Ferenczi’s analysand, supervisee, and student, describes her mentor:

He preferred his sentimental tendencies and struggled against his conventional trends. He was not so much interested in systems of thought, in theoretical constructions, as in human feelings, emotions, and fantasies. He could enter like a child with complete emotional abandon into the feeling of a movie. He would be completely “carried away” by the joys and difficulties of the characters. Only on the next day was he able to be critical. He enjoyed good food, good wine, and good fellowship. He was a lovable personality, and his outgoing qualities were apparent in his relationship to his patients. (p. 73)

Spotnitz

The Festschrift (Sheftel, 1991) provides information about Spotnitz from 122 relatives, friends, colleagues, supervisees, analysands, and students who contributed accounts of their experiences with Spotnitz. Moreover, Spotnitz supplies considerable autobiographical material. The following quotes are all taken from Sheftel (1991). How much transference? How much reality? These are two questions that Ferenczi asked himself.

“My feeling of being loved, equal, approved of, and appreciated when Dr. Spotnitz greeted me with a kiss ‘hello’ at a conference” (Aizley, qtd. in Sheftel, 1991, p. 46).

“Over the years I have been joyfully influenced and affected by his courtesy, kindness, and by the stimulation and the freedom allowed me to experience and identify all my feelings” (Barker, qtd. in Sheftel, 1991, p. 47).

"His refusal to criticize. . . . He is not chafing to tell us all off, but is genuinely interested in what makes us run" (Bernstein, qtd. in Sheftel, 1991, p. 55).

"The Spotnitz I know is a Jewish mother. . . . He nourishes with his approachability and his availability. He is both 'good-enough' mother and guiding father" (Borowitz, qtd. in Sheftel, 1991, p. 58).

"He has the unique ability to make each person feel that you are the apple of his eye" (Ernsberger, qtd. in Sheftel, 1991, p. 97).

"His capacity to love us—one and all—at our worst, or in our most unlovable state. When he is most critical, it is the father legitimately reproving the wayward child with firm conviction, but unquestionably with love" (Friedman, qtd. in Sheftel, 1991, pp. 107–108).

E. J. Liegner talks of the "underlying kindness, concern and compassion of this man, who yet so often in the process of his therapeutic emotional communication presents himself as cruel, harsh, and brutally sadistic" (qtd. in Sheftel, 1991, p. 156).

L. Liegner finds that Spotnitz engages in "dramatic emotional interchanges. He can also be gentle and comforting when needed. What always comes through is his compassionate understanding of what the other person needs from him" (qtd. in Sheftel, 1991, p. 162).

"To me, he not only likes his work—he loves his work. And I also have the impression that he loves those he works with" (C. Meadow, qtd. in Sheftel, 1991, p. 84).

"He conveys deep respect for, and acceptance of the total person" (Merbaum, qtd. in Sheftel, 1991, p. 189).

"I feared his reputation as an aggressive S.O.B., but I have found out that he is really a compassionate Buddha" (Sugarman, qtd. in Sheftel, 1991, p. 243).

Brody, a personal friend, used to attend horse races where they bet small amounts. When they played tennis together, "He proved to be enthusiastic, hitting the ball aggressively and with verve" (qtd. in Sheftel, 1991, p. 70). Brody found Spotnitz to be extremely helpful regarding his professional career.

Sternbach (1991), in the first comparison of Spotnitz and Ferenczi, has determined that Spotnitz has succeeded Ferenczi in working with difficult patients with "genius and intuition" but without making the same mistakes. Both were convinced that interpretation and insight would not lead to healthy changes in the defense system. Spotnitz, while remaining within the Freudian framework, developed techniques that stimulated well-defended conflicts, brought them into awareness, but kept them in the realm of verbalization, thus restraining acting out. Sternbach notes that Spotnitz used negative suggestions, resorted to

seeming irrationality, and mobilized aggression. These techniques were foreign to Ferenczi (in Sheftel, 1991).

The following contains more quotes from *The Festschrift* that illustrate Spotnitz's flexibility/elasticity and use of self-disclosure.

Barker recalls that when Spotnitz left for a cruise around the world, "he left word for me of the places and times he could be reached" (qtd. in Sheftel, 1991, p. 47).

To a long term analysand/supervisee whose perfectionist needs prevented her from contributing to the *Festschrift*, Spotnitz laughed and said, "Let me write it. If I write it will be perfect. If it's not, you won't have to worry because you really didn't do it" (Bratt, qtd. in Sheftel, 1991, p. 65).

Davis recounts that she entered treatment "operating on a full-blown negative transference and was determined to act out on a treatment-destructive resistance" (qtd. in Sheftel, 1991, p. 86). She experienced Spotnitz as "cold, distant and harsh." After excoriating Spotnitz, Davis announced her termination. Spotnitz replied, "Would you come in one more time as a favor to me?" (p. 86).

Ernsberger asked Spotnitz to speak at an institute graduation knowing that he had turned down other requests. When he agreed to her request, she was puzzled and later asked why he had acceded. He replied, "The others asked me to do it; you said you needed me to do it, and I needed to hear that on that day" (qtd. in Sheftel, 1991, p. 96).

Fishbein summarizes Spotnitz's approach. "The analyst has first to study the patient's communications for their resistance patterns, then make an intervention to resolve them. A successful intervention is ideally based on the patient's need for a 'therapeutic personality.' The 'therapeutic personality' is discovered and developed by the analyst as he interacts with the patient, on whom it has a curative effect" (qtd. in Sheftel, 1991, p. 99). Fishbein also observes that between 1980 and 1985 there occurred a shift in Spotnitz's approach from emphasizing the role of aggression to including more of libido.

Freeman, who co-authored two books with Spotnitz, had had three failed analyses, needed treatment, and was low on funds. Spotnitz offered to treat her free of charge until her financial situation changed. They worked briefly then decided to terminate (qtd. in Sheftel, 1991, p. 104).

Goldwater reports that he slept during some sessions with Spotnitz who had not wakened him. "Once, some years later, when I was in a challenging mood, I asked him why he hadn't tried to keep me awake. He said, 'I was afraid of you.' This astonished me: what could he possibly have been afraid of?" (qtd. in Sheftel, 1991, p. 119).

Katz avows, "Dr. Spotnitz shared some very personal experiences in his life with me and it had a very strong impact on me. I felt touched, moved, drawn close and strengthened" (qtd. in Sheftel, 1991, p. 129). "Dr. Spotnitz is fond of talking about the need to be open and flexible in the task of resolving resistance" (p. 131).

Kesten characterizes Spotnitz as "a man who could sit silently and permit me to be" (qtd. in Sheftel, 1991, p. 132).

Rotter found Spotnitz saying, "Some of the funniest, most boring angering, hurtful, intelligent, stupid, humiliating, surprising and loving things in the years I have worked with him" (qtd. in Sheftel, 1991, p. 212).

Meadow who has worked with Spotnitz for many years remarks:

By the end of the control supervision, I had learned that patients need to have a repeated experience in the analysis of feeling understood. After the control analysis, we spent years analyzing my character; since he was classically trained he did this in the interpretive vein, which it is rumored he never uses. I found that he used different approaches depending on the conflict and the level at which I needed to work at the moment. (qtd. in Sheftel, 1991, p. 186)

Has Meadow provided us with the linguistic bridge or Rosetta Stone to translate the terms of Spotnitz into those of Ferenczi? Is the modern psychoanalytic concept of understanding consonant with the Ferenczian word "empathy"? Does the term "different approaches" overlap with Ferenczi's "flexibility/elasticity"?

Techniques and Theories of the Techniques

Ferenczi has been characterized by his genius in developing techniques that were compatible with Freud's theories. Shadowed in the light of Freud's brilliant theory building, Ferenczi has not received sufficient acknowledgment for developing theory. Nor did Ferenczi adequately recognize his own contributions. Noting that Ferenczi worked with very difficult cases who came to him from all over the world, Thompson (1964) describes his approach: Ferenczi's "efforts were tireless and his patience inexhaustible. He was never willing to admit that some mental diseases were incurable, but always said, 'Perhaps that it is simply that we have not yet discovered the right method'" (p. 66). Here we see the hopeful and persistent Ferenczi focusing on technique. On the other hand, he and others had neglected his contribution

to theory construction even when he evolved the concepts of introjection (Ferenczi, 1909), object relations (Ferenczi, 1913), use of counter-transference (Ferenczi, 1919), splitting of the unconscious (Ferenczi, 1922) and the use of the mother-child model whose reciprocal was the therapist-patient relationship. Moreover, Freud made it clear in his writings and communications that he was interested in theory, not clinical practice. For example, Freud told Kardiner (1977) in 1928, "I have no great interest in therapeutic problems. I am much too impatient now" (p. 77). It seems likely that Ferenczi did not aspire to compete with Freud in theory construction, but accepted the complementary but subservient label and role of technician assigned to him by Freud. It is easy to miss the magnificence of Ferenczi's theory building for the brilliance of his clinical expositions.

Ferenczi's Active Technique and Spotnitz's Contract

Initially, Ferenczi believed that the traditional method of psychoanalysis was producing "stagnant analyses" because libido was flowing into body parts, fantasies, and habits. Ferenczi met this problem by developing his "active" technique. Spotnitz, on the other hand, determined that lack of progress was due to "bottled-up aggression" and found that elicitation of aggression facilitated progress. Parenthetically, we may add that Freud met his lack of success with a philosophical appeal to the death instinct. Each of these clinicians adapted uniquely to difficult cases and clinical failure.

Ferenczi's use of his active methods was based on hints from Freud to subject patients to abstinence in order to uncover resistances. With typical fervor, Ferenczi (1920) sought to take "energetic opposition to premature satisfactions" (p. 201). Ferenczi outlawed masturbation, tics, and compulsions. At the same time, Ferenczi maintained that the patient, not the analyst, was active. His was a peculiar manner of trying to maintain the illusion of Freudian neutrality. But clearly, he was very active in getting the patient to change behavior, an approach that Ferenczi (1928) regretted. "Experience later taught me that one should never order or forbid any changes in behavior" (p. 96).

Spotnitz seems to attempt to shape behavior especially in his contract with the patient wherein he expects the patient to come on time, leave on time, pay on time, and above all, say everything. All deviations from these "rules" are seen as resistances to talking. All other behaviors such as touching, eating, and drinking are seen as acting out

and therefore are discouraged and/or analyzed. Spotnitz recognizes that any expectation of the analyst generates resistances, especially in a negatively suggestible patient. In essence, Spotnitz attempts to mobilize and analyze or resolve the resistances to the patient's behaving in an appropriate manner and in accord with the best interests of the therapy. Spotnitz's insistence that everything be put into words rather than into action is a residue of, or parallel to, Ferenczi's active technique: Both clinicians wished to forestall action and facilitate verbalization.

Although Spotnitz insists that putting everything into words is a firm rule, he respects the defenses/resistances that curtail verbal expression. Spotnitz treats this overarching rule as an ideal toward which the analytic process aims. Similarly, Ferenczi (qtd. in Dupont, 1988) asserted that "the patients have only one duty, namely to say everything, however unpleasant it may be for us" (p. 120). Ferenczi did add an important proviso. That is, if the patient commits to saying everything with feeling, the analyst must commit to listening with sensitivity. Without the latter, the patient "reintrojects the blame that is directed against us" (p. 1). That is, without an appropriate response from the analyst, the narcissistic defense (self-attack) will be exacerbated.

Ferenczi (1926) described his active technique retrospectively: "[T]he central idea of my method consisted in requesting the patient upon occasion, in addition to his free association, to act or behave in a certain way in the hope of gaining thereby, even though at the cost of an increase of unpleasant tensions, mental material that lay buried in the unconscious" (p. 37). For example, Ferenczi commanded a woman to carry out certain conditions of a phobia or ordered a patient to stop a given behavior. A similar technique, but based on a different rationale, is Spotnitz's (1985) "command" and Marshall's (1982) "ordering of the symptom." Spotnitz used these techniques to mobilize aggression, which he welcomed, whereas Ferenczi abandoned the techniques because he could not withstand the aggression from the frustrated patients. The active technique has evolved into a central concept in many therapies, for example, in the desensitization process in cognitive-behavior therapy as described by Wachtel (1977).

Ferenczi's Relaxation Technique and Spotnitz's Emotional Communications

When Ferenczi (1925) found that the application of the active technique infuriated patients, stiffened resistances, and did not bring about

the desired effects, he developed his "relaxation" techniques for the analyst and the patient. We recall that Ferenczi did not have the experience of defying his father and facing his rage. For the patient relaxation meant, "unifying the personality completely and allowing all perceptions to register on the self in an unfragmented way, that is, actually a kind of re-experiencing; in fact, the patient sinks into a jumble of hallucinations, emotional outburst, physical and psychical pain, into a feeling of helplessness and inability to comprehend, into fits of sarcastic, uncontrollable laughter at the naivete of his own expectations and stark reality" (Dupont, 1988, p. 54). In other words, Ferenczi expected the patient to feel and express everything. Relaxation on the part of the analyst implied not "the same cool, polite, friendliness" (p. 54), but a relaxation of the analyst's defenses against an empathic attunement to the feelings of the patient. Ferenczi refers to the desirability of "a dialogue of the unconscious," which amounts to an emotional interchange or a mutual regression in the service of the treatment. Ferenczi was probably aware that Freud (1904) had defined psychoanalysis as a "conversation between two people" (p. 249).

The criticism of Freud and Glover also moved Ferenczi to shift therapeutic gears away from active techniques. At this juncture, we see Ferenczi's bowing to authority in conjunction with a freeing of his penchant to be emotional as well as his willingness to learn from his mistakes and his openness to learn from his patients. For example, when an uneducated, rather simple patient objected to one of Ferenczi's interpretations, he was inclined to override the patient. Upon reflection he found the patient's version to be correct and more telling. Ferenczi listened carefully to his patients rather than function according to "the book." Spotnitz (1977) noted, "Often it turns out that the patient's point of view is better than the analyst's. Patients usually have more first-hand information" (p. 166).

Ferenczi's respect of the patient's viewpoint is not only the hallmark of his contribution to psychoanalysis, but represents a pivotal paradigmatic shift to a two-person model in the treatment situation. Ferenczi could not accept the idea that patients were lying. Nor could he fully accept the idea that patients were accurately recalling their past. While he tried to determine how much phantasy and how much reality, he developed the notion that the patient was trying to represent or symbolize something of affective importance. Thus Ferenczi established the groundwork for current concepts such as psychic reality, the narrative, and intersubjectivity.

As Ferenczi evolved his "relaxation, neo-catharsis stage," he deplored "psychoanalytic hypocrisy" which amounted to authoritative

interpretations from a supposedly healthy analyst. At the same time, he consistently advanced the importance of "tact," by which he meant the capacity for empathy (having the feelings of the patient). Spotnitz does not talk of empathy. One of his comparable terms is "objective countertransference"—the expectable feelings and understanding that an average analyst would have about the patient, which would include the patient's own feelings states. Other comparable terms that require and communicate empathy are mirroring and joining. These techniques are designed to foster the narcissistic transference. The attempts to establish the narcissistic transference illustrate Spotnitz's interest in the empathic process. What better way can a patient know that s/he is understood than to know that the analyst is an emotional twin? Both Ferenczi and Spotnitz are talking about the emotional basis of the analytic work. Gedo (1986) avers that Ferenczi was the first analyst to stress "the crucial importance of affective experience in the here and now" (p. 44). Ferenczi and Rank (1925) formally announced the paradigmatic shift from insight to experience. Spotnitz consistently emphasizes the importance of providing the patient with emotional communications. Meadow (1989b) succinctly states, "Spotnitz attended to countertransference states in a different way than had been developed before that time, and introduced what he called the maturation interpretation, in which the analyst experiences the patient's feeling states through induced countertransference and provides emotional communication to resolve the current major resistance" (p. 161).

Ferenczi went further with his tact/empathic approach. He realized that he had to plumb his own emotional depths in order to understand his patient and the relationship. Slowly, Ferenczi learned not to fear his emotional response to his patients and realized that his feelings were crucial for understanding the psychoanalytic situation. Since Ferenczi was the first analyst to discuss the use of the therapist's feelings, he may be deemed the father of countertransference, as it is used in modern psychoanalysis. Ferenczi (1919) introduced the term "resistance to the countertransference" as he realized the importance of the analyst's "insufficient consideration of the countertransference" (p. 188). Ferenczi and Rank (1925) also introduced the term narcissistic countertransference, although in a somewhat limited and pejorative manner.

Ferenczi's relaxation methods were based on his idea that given an atmosphere of acceptance, security, and trust, patients would consequently offer less resistance to communicating in an emotionally meaningful manner. He believed that his tender, indulgent, and maternal approach would allow for a regression to earlier traumatic eras,

whence infantile helplessness and hopelessness would emerge. He had not fully vacated the frustration evoked in the application of his active techniques. Ferenczi (1930) somewhat defensively emphasized, "even though we may not admit it, we do actually work with these two principles, frustration and indulgence" (p. 116). "The principle of indulgence must often be allowed to operate side by side with that of frustration" (p. 115).

In the initial stages of treatment Spotnitz (1985) advises, "A well-conducted analytic session is usually characterized by mild deprivation (to facilitate the release of the schizophrenic's aggressive impulses and feelings) followed by mild gratification later in the session" (p. 274). Using techniques such as contact function, object-oriented questions and mirroring, Spotnitz titrates the amount of aggression that is mobilized, verbally expressed, or discharged. Spotnitz (1985) warns, "The interventions should not be so positive as to discourage the patient from expressing negative feelings or from finding fault with the therapist" (pp. 274-275). Both Spotnitz and Ferenczi are interested in facilitating emotional communication. Ferenczi moved from a frustrating position and gravitated toward a more maternal approach. With Spotnitz's advocacy of the anaclitic countertransference, has he moved to a more benign position? When narcissistic patients are bogged down in self-attack, Spotnitz (1977) suggests that the analyst, "sense what the mother was like and repeat her pattern of relating to the patient. When you talk to the patient as the mother did, but don't really mean what you say, this therapeutic dramatization is experienced by the patient as an expression of love and solicitude" (p. 156). How early in life did these clinicians learn these strategies?

Ferenczi's Mutuality and Spotnitz's Object-Oriented Approach

Ferenczi took another daring step. Following his inclination to learn from his patients, he consulted with his patients when he was at an impasse. For example, he would say to a patient, "Perhaps it is simply that *we* (emphasis added) have not yet discovered the right method" (Thompson, 1964, p. 66). Another leap that invited free expression and/or attack from the patient was, "I think that you have touched upon a subject in which I'm not entirely free myself. Perhaps you can help me see what's wrong with me" (Thompson, 1964, p. 70). Of historical interest is the fact that Ferenczi (1925) was impressed with an intervention of Groddeck who, in the face of a patient's complaints,

would question, "What have you against me, what have I done to you?" (p. 225). This type of inquiry should not be unfamiliar to a modern psychoanalyst—the "object-oriented approach," which includes "consultation with the patient" (Strean, 1970).

When a patient is assailing himself, Spotnitz suggests that the therapist draw attention to the object (therapist) and invite the patient to attack the therapist. For example, when a patient said repeatedly that he was hopeless and helpless, Spotnitz (1985) replied, "You are doing fine. You are telling me what you feel. The question is whether I am hopeless and cannot cure you" (pp. 277–278). If the patient does attack the modern analyst, the analyst does not defend himself, nor interpret. Rather, the analyst fosters the patient's interest in his/her alleged defects. Although these "defects" are frequently projections of the patient's own warded-off impulses, the modern analyst keeps a peripheral eye on the possible reality of the accusations as a way of surveying the implications of objective and/or subjective countertransference. Spotnitz and Ferenczi are interested in determining the patient's and the analyst's contribution to the therapeutic moment. Spotnitz added the factor of direction and titration of aggression.

Ferenczi's next bold step, for which he is usually roundly criticized, was his inclination toward self-disclosure. In response to his more relaxed and accepting manner, his patients were able to feel freer in expressing their criticisms of Ferenczi's more visible limitations. In particular, R.N., who sorely tried Ferenczi's patience, was not only critical of him but also talked of Ferenczi's hatred of her. At first Ferenczi denied the accusation. Ferenczi (DuPont, 1988) reported that she pointed out his inclination "to kill or torture his patients" (p. 11). "I had to concede that the patient was right in many respects. . . . In actual fact and inwardly, therefore, I hated the patient, in spite of all the friendliness I displayed; this was what she was aware of" (p. 99). After he vented his antipathy, Ferenczi reports the consequences. "Curiously, this had a tranquilizing effect on the patient, who felt vindicated. Once I had openly admitted the limitation of my capacity, she even began to reduce her demands on me" (p. 99). Of further interest is that Ferenczi sincerely gives credit to the patient for the success of the intervention. In this instance Ferenczi learned that it was crucial not to hide his hateful feelings behind a thin facade especially when the patient intuitively feels the analyst's true feelings. The manner in which the analyst handles his negative feelings has been of great interest to Spotnitz and modern psychoanalysts such as Liegner (1980) and Epstein (1979). Winnicott (1949) was one of the first analysts who dared discuss this topic.

How close does Spotnitz come to Ferenczi's level of self-disclosure and mutual analysis? Examine the following excerpts from Spotnitz (1985).

"When the patient verbalizes self-hatred and thoughts of suicide, the analyst may say, 'I hate myself. I feel like committing suicide too.'" (An illustration of ego dystonic, negative mirroring leading to verbal attack on the object.)

- P: You don't mean it. Why would you want to kill yourself?
 A: Do you think I like to sit in this dark room hour after hour listening to a hateful person like you?
 P: Go drown yourself. (p. 269)

If the patient expresses sympathy, the intervention is unsuccessful, its purpose being to facilitate the verbal discharge of aggressive impulses. Spotnitz (1985) cites an interchange where he uses "ego-dystonic joining."

- P: I hate myself. I feel like killing myself.
 A: Sometimes I hate you and would like to kill you.
 P: Maybe you do feel like killing me, but I'd rather do it myself.
 A: If your life really isn't worth living, why deprive me of the pleasure of putting you out of your misery? You're entitled to a mercy killing.
 P: Do you really mean it?
 A: Why shouldn't I mean it? Some physicians recommend euthanasia to relieve intolerable and interminable suffering. I might be glad to cooperate.
 P: How would you go about it?
 A: There are plenty of ways to do it. I'll describe them and you can take your pick. Would you like to leave a suicide note?
 P: I'm beginning to think you would really enjoy killing me off.
 A: Why wouldn't it give me immense pleasure?
 P: To hell with you! I'm not interested in giving you pleasure. I'd rather kill you first. (pp. 269–270)

At first blush it appears that he is self-disclosing. In a sense Spotnitz (1977) is, for he prescribes, "The analyst should wait until he can speak honestly to his patient. Unless there is a real feeling of conviction that what you are saying is sincere, is backed by genuine emotion, that your communication is based on a real understanding of the patient, so that you can to a certain extent predict its effect on the patient, then it is better to wait until such conditions exist" (p. 159). In another

sense, his responses are formulated by his theory about the impact of mirroring and joining on the narcissistic transference. Moreover, the seeming self-disclosure is designed to help the patient turn aggression outward rather than let it implode internally. Furthermore, most of his responses are basically exploratory rather than declarative.

An analyst who was plagued by a patient's questions about the analyst's sexual life told the patient, "Go to Spotnitz. See if he'll answer your questions!" The patient asked Spotnitz if he would talk about his sexual experiences. Spotnitz questioned, "What do you want to know?" The patient replied that he really was not interested in Spotnitz's private life, but wanted to know if Spotnitz would be willing to self-disclose. Even if the patient had interrogated Spotnitz, Spotnitz would have explored with him why he wanted to know, how it would help his therapy, etc.

Spotnitz seems to invite mutual analysis when he takes responsibility for the patient's misery or lack of progress. But again, he displays great talent in turning the patient's questions into prompts to keep the patient talking.

Spotnitz, as Ferenczi, created a sound balance and interplay between theory and technique. In point of fact, it is no accident that the subtitle of Spotnitz's major work *Modern Psychoanalysis of the Schizophrenic Patient is Theory of the Technique*. In his prefaces to the two editions and *ad passim*, Spotnitz affirms the interplay between theory and technique. For example, in his original work with schizophrenic patients and before institute training, Spotnitz took a broad psychoanalytic stance. Experiencing successes and failures, Spotnitz separated Freudian wheat from chaff in his application of theory and technique. Spotnitz (1985) determined, "With due allowance for the complexities of the transference phenomena in the case of schizophrenia and the role of aggression, the whole treatment process could be formulated within the framework of the basic psychoanalytic method" (p. 13). As Ferenczi and unlike Freud, Spotnitz provides copious examples of his technique with patients.

Theories of Motivation and Dynamic Formulations: Drive Theory and Trauma

Ferenczi agreed with Freud about the dual instinct theory throughout his life. In fact, Ferenczi claimed that he originated the concept of the death instinct and that Freud, after renouncing it, purloined the idea.

In Ferenczi's astonishingly candid appraisal of Freud, Ferenczi (1926) ruefully reveals, "Once several years ago I myself came forward with the theory that all could be explained by a death-instinct. Freud's verdict was not favorable to the idea, and my faith in him enabled me to bow to his judgment; then one day there appeared "Beyond the Pleasure Principle," in which his theory of the interplay of death instincts and life instincts does far more justice to the manifold facts of psychology and biology than my one-sided conception could do" (p. 11).

However, Ferenczi (1909) supplemented drive theory and Freud's notion of identification by coining the object relations concept of "introjection" by which he meant "taking into the ego as large as possible a part of the outside world, making it the object of unconscious phantasies" (p. 47). "The neurotic is constantly seeking for objects with whom he can identify himself" (pp. 47-48). Ferenczi waxed and waned as a clinician relative to the importance given to drive or experience, endogenous or exogenous factors. Ferenczi (1929) finally arrived at the resolution that the effects of the self-destructive drive could be ameliorated by proper parental care. "The child has to be induced, by means of an immense expenditure of love, tenderness, and care, to forgive his parents for having brought him into the world without any intention of his part: *otherwise, the destructive instincts begin to stir immediately*" (p. 105, emphasis added). As late as 1929 Ferenczi used the death instinct and libido theory in conjunction with poor maternal care to explain chronic somatic cases. Ferenczi's technical approach to patients who had a diminished desire for life is "not unlike the 'pre-treatment' which Anna Freud considers necessary in the case of real children" (p. 106). After this stage of "indulgence and irresponsibility," Ferenczi then proceeded "cautiously to those demands for privation which characterizes our analyses generally" (p. 106).

As early as 1913, Ferenczi determined that an important influence on behavior was the prenatal experience. "We may assert that the traces of intrauterine psychical processes do not remain without influence on the shaping of the psychical material produced after birth. The behavior of the child immediately after birth speaks for this continuity of the mental processes" (p. 220). Spotnitz (1985) and the modern psychoanalytic community recognize the importance of uterine development as evidenced by their devoting its 1997 yearly convention to the work of Piontelli who has been studying the continuity of behavior of twins in utero through childhood. Spotnitz (1985) summarizes his view of the relationship between endogenous (drive) and exogenous (experiential) factors.

In summary, the schizophrenic individual possesses an inordinate potential for aggressive impassivity. . . . The potential may be a hereditary or constitutional endowment, or may be associated with life experience. In many cases, the condition seems to be overdetermined. To the extent to which it is related to environmental factors, the aggression is mobilized by frustration. More significant than whether the parent actually loved, hated, or was indifferent to her infant is the fact that the *totality of his environment failed to meet his specific maturational needs*. (p. 68, original emphasis)

Are there significant differences between Ferenczi and Spotnitz relative to the role of instinct and experience in their theories? The answer is a function of their stages of development. Both subscribe to the existence of an aggressive drive that is expressed as a function of the person's early life experience. Ferenczi eventually emphasized the lack of love as the primary factor in mobilizing the aggressive potential, whereas Spotnitz has been factoring in more variables such as heredity, constitution, prenatal environment, and optimal satisfaction and frustration of needs.

A difference does show up relative to how trauma and frustration are handled by the individual. The epitome of trauma for Ferenczi was the seduction of the child by the parent. Under the impact of the deceitful assault, the child is horrified, pained, outraged, and shocked. Thinking and feeling are paralyzed. Ferenczi (1933) hypothesizes, "The world of objects disappears partially or completely: everything becomes *objectless sensation*" (p. 261, original emphasis). Compare the foregoing account to Spotnitz's (1985) account of the deprived baby's dilemma. "To vent rage physically on the depriving object in the outside world is beyond the infant's power, but he can destroy the object in mind—in other words the part of the mind that is identified with the object" (p. 59). Sleep, "an objectless state," follows the narcissistic defense.

According to Ferenczi, splitting takes place as an adaptation to trauma and as a way of avoiding pain. One part remains the injured child. The second part identifies with the aggressor. The child submits, destroys a part of himself and substitutes the aggressor. Ferenczi (1933) emphasizes that children "subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and gratify these completely oblivious of themselves they identify with the aggressor" (p. 162). In Ferenczi's schema, the child not only protects the object, but also operates as a caretaker. The third portion of the split becomes the dispassionate observer. "The child identifies with

the aggressor instead of killing" (p. 121). When the child fantasizes the death of the parents, it is terrified. "Therefore the child becomes a psychiatrist who treats the madman with understanding and tells him he is right. (This way he will be less dangerous.)" Ferenczi goes on to say, "The child commits mistakes on purpose in order to justify and satisfy the adult's need for aggression" (p. 172). This self-sacrifice is compounded by the child's introjection of the parents' unconscious shame and guilt.

Spotnitz's child protects the parent from his aggression. Ferenczi's child is equally eager to preserve the object, but is more benevolent. In sum, the dynamics of Ferenczi's abused child are not far from Spotnitz's formulation of his narcissistic defense—attack on one's ego rather than the external object.

How do Spotnitz and Ferenczi stand in respect to the conflict/deficit issue? Spotnitz (1985) addresses the question directly. "My own point of view is that the schizophrenic patient's conflict about the release of aggressive impulses is a product of the patient's ego defects. In the modern psychoanalytic approach, the ego defects are characteristically dealt with by emotional communication and analytic group therapy" (p. 68). When Spotnitz analyzes neurotic conflicts, he tends to take a more classical position.

Ferenczi's position changed during his career. He followed Freud's conflict/drive theory into his activity phase. As Ferenczi moved into his relaxation stage, he clearly became impressed with the importance of the mother-child relationship, the traumatic effects of abuse, and the deprivation of love. He believed that the empathic/understanding ambiance and tender maternal stance of the analyst were central curative factors. As patients regressed to and relived their emotional arrests and traumas, Ferenczi was there to provide the emotional response and experience that the patient lacked—the forerunner of the corrective emotional experience.

There is a prevalent belief that Ferenczi satisfied and indulged his patients' neurotic needs. While there is evidence of some hand holding, kissing and hugging, especially from Clara Thompson's reports, the indulgences seem to be consistent with the customs of Budapest and of no greater import than some of Freud's generous behavior such as giving Roy Grinker a cigar, feeding his patients, gossiping and walking with patients, etc. Freud also provided Ferenczi with a model when he invited Ferenczi to have dinner with him and his family during one phase of the formal psychoanalysis.

Unfortunately, the word Ferenczi (1930) used to characterize his relaxation approach "*Nachgiebigkeit*" was translated as "indulgence." Rachman's (1997) analysis clarifies Ferenczi's meaning.

Rachman sees “*Nachsiebiskeit*” as an elaboration of Ferenczi’s (1928) elasticity principle. “The analyst, like an elastic band, must yield to the patient’s pull, but without ceasing to pull in his own direction, so long as one position or the other has not been conclusively demonstrated to be untenable” (p. 95). Ferenczi attempted to create an atmosphere where the patient felt free to talk from the deepest, most primitive and most disturbed level. In effect, he facilitated regression. He sought to create an ambiance that pre-existed the trauma or never existed for the patient—the forerunner of the corrective emotional experience. Ferenczi’s emphasis on love perhaps did not emerge only from his own countertransference. For was it not Freud (McGuire, 1963) who wrote to Jung that “cure is effected by love” (p. 13)? And again, “our cures are cures of love” (Nunberg & Federn, 1962, p. 101).

Ferenczi’s deprivation/fulfillment model influenced the thinking of those clinicians who worked with preverbal personalities: Winnicott (holding environment); Kohut (selfobject); Sullivan (use of self).

The Corrective Emotional Experience and the Anaclitic Countertransference

Ferenczi never used the term “corrective emotional experience.” Ferenczi’s colleague, Alexander (1956), coined the term when, tired and despairing of being the blank screen and mirror to a recalcitrant young man, Alexander scolded him for inappropriate behavior in the office. To Alexander’s surprise, the patient got down to serious work and thanked Alexander for reprimanding him—something that his permissive father had failed to do.

Ferenczi (Dupont, 1988), acting out of his trauma/deprivation model, experimented with providing the patient with an emotional experience that had not been available from the parents. His “leavened love therapy” was finally amended in one of his last dairy entries, June 22, 1932 when he was discussing a patient, R.N., who believed that she could be cured only if she were convinced of the analyst’s love. “Here the practical question arises: must the analyst give himself personally, unreservedly, to every patient (as a private person, and also as a sexual being)? Hardly possible! Solution: When the patient can feel *the potential capacity* for loving in the analyst, actual experience of it is not absolutely necessary” (Dupont, 1988, p. 135).

When Spotnitz (1985) discusses the anaclitic countertransference, he gets close to the corrective emotional experience. He indicates that

the anaclitic (nurturing) countertransference occurs to the analyst after five to six years of treatment and after all the countertransferences have been resolved. The analyst’s promptings reflect “the need for feelings that he (the patient) unconsciously wanted and did not sufficiently experience in his earliest years. The therapist may then become aware of strong desires to ‘nurture’ the emotionally deprived patient. . . . It encompasses feelings that the patient needed to become an emotionally mature adult” (p. 236). “The therapist becomes aware of admiration and genuine affection for the patient and also, at times, of strong desires to ‘mother’ or ‘father’ the patient, perhaps both” (p. 239). Spotnitz and Meadow (1976) suggest that the anaclitic countertransference may lead the therapist to powerful therapeutic interventions to repair early, severe emotional deficiencies. Explicit revelation to the patient of these feelings is not recommended. Rather, the feelings are used to help the patients verbalize these primitive needs and to analyze the patient’s resistance to having them satisfied in the real world.

Freud (1933) considered that Ferenczi’s work “made all analysts into his pupils” (p. 228). Thirty years ago, Balint (1958) observed, “Ferenczi’s last writings not only anticipated the development of psycho-analytic technique and theory by fifteen to twenty years, but still contain many ideas that may shed light on problems of the present or even of the future” (p. 68). What will a retrospective study of Spotnitz and Ferenczi tell us thirty years from now?

Summary

Hyman Spotnitz and Sandor Ferenczi were born 35 years apart in burgeoning industrial/commercial cities of Jewish/Polish immigrant parents. Ferenczi’s mother was energetic, harsh, and rejecting. Spotnitz’s mother loved him, contingent upon his behaving in her image. Ferenczi’s father was an intellectual and revolutionary, who favored his son, but died when Sandor was 15 years old. Spotnitz’s father encouraged education, but threatened to murder his son for young Hyman’s defiant familiarity with the mother.

Both thrived in academic life, became neurologists, and wrote prolifically. In a happy marriage, Spotnitz sired three sons. Ferenczi had no children of his own. Ferenczi’s love life was tumultuous, for he split his affections between his wife and his stepdaughter whom he had as an analysand.

Both gravitated toward the treatment of narcissistic disorders about whom they created innovative theories and evolved new treatment techniques.

Ferenczi was highly frustrated in his yearning to be Freud's analyst and intimate friend, which probably was a reenactment of his rejection by his mother and early loss of his beloved father. Spotnitz was more fortunate in his psychoanalytic experience in that he completed a 6-year analysis with a classically trained analyst who supported his professional endeavors. Spotnitz had no need for extra analytic contact. Both emulated Freud early in their careers.

Spotnitz was ostracized and demonized by the analytic community for his deviations from orthodoxy and for his creative techniques in treating narcissistic disorders that were deemed untreatable by Freud. Similarly, but later in his career, Ferenczi was censored and driven out of the psychoanalytic community because he supplemented the libido theory with the discarded seduction theory. He also gravitated away from the Oedipus complex and focused on the early mother-child relationship. Though his use of countertransference, he established the two-person model.

Ferenczi influenced Rado, Lorand, and Alexander, who, in turn, affected Spotnitz's thinking. Both were superb and successful clinicians who were guided by an empirical, research orientation. Spotnitz and Ferenczi generated innovative theories and techniques in dealing with "untreatable" patients. Both men supported lay analysis. Although characterized as being "enfants terribles," both established significant psychoanalytic schools.

In the clinical setting, Ferenczi and Spotnitz were highly empathic, giving their patients the feeling that they were understood. Ferenczi achieved his goal by dropping the traditional blank mirror stance, being natural, and trying to identify with the feelings of the patient. Spotnitz is relatively more thoughtful and systematic. He dropped the blank mirror concept and actively sought to mirror various aspects of the patient's personality. Spotnitz also eschews interpretations and relies heavily on countertransference data.

Many of the varied techniques used by Spotnitz, such as use of commands, appear to have their analogues in Ferenczi's work. Although Ferenczi and Spotnitz used different labels, they appear to be describing similar psychoanalytic constellations. Ferenczi's empathy is similar to Spotnitz's objective countertransference. Ferenczi's mutuality is similar to Spotnitz's object-oriented approach. Ferenczi's self-disclosure is similar to Spotnitz's anaclitic countertransference. Both use the concept of self-disclosure, but in different ways.

While Spotnitz and Ferenczi respected the place of Freud's instinct theories, Ferenczi, in his later work, emphasized the role of early trauma and seduction. Ferenczi gravitated toward a permissive and emotionally caring position that he thought would undo the effects of deprivation or trauma—the corrective emotional experience. Spotnitz, in his empirical and pragmatic stance, recognized a multitude of factors and titrated frustration and techniques in his overarching attempt to get the patient to put the story of his/her life into words.

Finally, Spotnitz and Ferenczi have provided rare expositions of what occurs in their professional lives as well as revealing their human qualities.

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300 East 74th Street
New York, NY 10021

Modern Psychoanalysis
Vol XXV, No. 1, 2000