

## EXPERIMENTATION AND PRUDENCE IN SÁNDOR FERENCZI'S CLINIC

*EXPERIMENTAÇÃO E PRUDÊNCIA NA CLÍNICA DE SÁNDOR FERENCZI*

*EXPERIMENTACIÓN Y PRUDENCIA EN LA  
CLÍNICA DE SÁNDOR FERENCZI*

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### RESUMO

Conhecido como *enfant terrible* da psicanálise pelas constantes experimentações no seu trabalho clínico, Ferenczi nem por isso deixou de ser rigoroso na criação de conceitos técnicos que buscaram aperfeiçoar e ampliar a capacidade terapêutica das intervenções psicanalíticas. Tomando os conceitos de experimentação e prudência à luz da filosofia de Deleuze e Guattari como referência balizadora, o presente artigo objetiva mostrar em que sentido a ousadia da clínica ferencziana não significou, em nenhum momento de sua produção, descuido teórico ou despreocupação irresponsável para com seus pacientes. Muito pelo contrário, tratava-se, antes de tudo, em seu caso, de uma imensa capacidade criativa colocada sempre a serviço da redução do sofrimento subjetivo daqueles que o procuravam para uma análise.

*Palavras-chave:* experimentação; prudência; clínica; Ferenczi.

### ABSTRACT

Known as the *enfant terrible* of psychoanalysis for the constant experimentations in his clinical work, Ferenczi did not fail to be rigorous in the creation of technical concepts that sought to improve and expand the therapeutic capacity of psychoanalytic interventions. Taking the concepts of experimentation and prudence in the light of the philosophy of Deleuze and Guattari as a guiding reference, this article aims to show in what sense the daring of Ferenczi's clinic did not mean, at any time of its production, theoretical carelessness or irresponsible

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unconcern towards his patients. On the contrary, it was, above all, in his case, an immense creative capacity always placed at the service of reducing subjective suffering of those who sought him for analysis.

*Keywords:* experimentation; prudence; clinic; Ferenczi.

## RESUMEN

Conocido como el *enfant terrible* del psicoanálisis por las constantes experimentaciones en su trabajo clínico, Ferenczi no ha desistido de ser riguroso en la creación de conceptos técnicos que buscaban mejorar y ampliar la capacidad terapéutica de las intervenciones psicoanalíticas. Tomando los conceptos de experimentación y prudencia a la luz de la filosofía de Deleuze y Guattari como referencia, este artículo pretende mostrar en qué sentido la osadía de la clínica ferencziana no significaba, en ningún momento de su producción, descuido teórico o despreocupación irresponsable hacia sus pacientes. Por el contrario, fue, sobre todo, en su caso, una inmensa capacidad creativa siempre puesta al servicio de reducir el sufrimiento subjetivo de quienes lo buscaban para un análisis.

*Palabras clave:* experimentación; prudencia; clínica; Ferenczi.

## Introduction

In view of how radical Ferenczi's relationship was with the psychoanalysis of his time, specifically as regards the clinical practice, which earned him a reputation as an *enfant terrible*, and also his relevant contributions to our times, a word seems to sum up his project as well as his works: experimentation. This is because, in our view, this would no doubt be a hallmark in the process leading to the technical innovations in the Ferenczian clinic, given their sustained concern with the possibility, or rather the need, to broaden the therapeutic reach of psychoanalytical interventions, notably in the tougher cases. Taking into account the importance of the notion of experimenting in Ferenczi's clinical practice, in its drifts and farther reaches, together with the need to connect it, as will be seen later, to the notion of prudence, without which it cannot actually proceed, let us examine what can be thought about it with the goal of highlighting the Hungarian psychoanalyst's main contributions.

In its dictionary sense, an experiment is a scientific essay intended to ascertain a physical phenomenon. This is also a commonly given definition in scientific methodology manuals: the experimental method – rooted in positiv-

ist philosophy – is concerned with the identification of variables, handled in a preestablished manner, with their effects suitably controlled by the researcher in the observation of the study. It is presented, thus, with the aim of constituting a rational and systematic knowledge that reveals aspects of reality. The term experimentation, which arose at the dawn of experimental sciences, is introduced in Francis Bacon's *Novum organum*, in 1620, as a way of attesting the true axioms and causes, as a means of testing experimentally a set of theories so as to corroborate it or rule it out. In common parlance, however, experimentation means only the act of experimenting, to engage in some sort of experiment. Unlike in the scientific field, it may take place at random, with no particular goal. In common to both domains, its result is always something unprecedented or unusual.

Undoubtedly, this unusual aspect is also a fundamental trait of Ferenczian technique. But it is in the field of contemporary French philosophy, not in science or common sense, that an issue is found that seems more relevant when discussing experimentation in the Ferenczian clinic, as follows.

## **Experimentation and prudence in Deleuze and Guattari**

In *A Thousand Plateaus*, Gilles Deleuze and Félix Guattari resume their arguments about the need to replace orthodox psychoanalytical interpretation with experimentation, which becomes its fundamental counterpoint. Not the phantom interpretation as in the model of classic psychoanalysis, but the experimentation in a program. Giving up the most reactive bias of the critic, as they had proposed in *Anti-Oedipus* (Deleuze & Guattari, 1972/1976), in *A Thousand Plateaus* (1980/1986) it becomes at once more propositive and incisive.

This is what needs to be done, say the authors: get installed on a stratum, experiment the opportunities it offers, look in there for a suitable place, eventual de-territorialization movements, possible escape ways, to live them, ensure here and there a convergence of flux, try each segment for sets of intensities, to always have a small chunk of a new land. It is by following a meticulous relation to the strata that one manages to release the escape ways, to overcome and evade joint fluxes, release continuous intensities (Deleuze & Guattari, 1980/1986).

In fact, since the end of the 1960s, from his study about Spinoza and his practical philosophy (Deleuze, 1981/2002), any method, according to Deleuze, could be presented as a form of vital experimentation with which to increase or decrease our power to know. Knowledge, in this sense, improves our ability to act. The shifting of questions or the creation of other fields for questioning does

not constitute here a mere methodological particularity, but assumes vital connotations. Any and every experience, scientific or artistic, can then be understood as a vital experimentation. Since we don't know beforehand what affections can potentialize our life, say the authors, what we can do is to experiment.

As each living being is defined by the affections it experiences, and none of them share with another exactly the same affections, it is up to each one to live its own joys and sorrows. Each has to undertake its own experiencing according to the circumstances one is involved in. No prior judgment can be made about what is suitable or not for a being existing in a singular situation; there is no pre-established path to get to know oneself properly (Vinci, 2018).

But the notion of experimentation in Deleuze and Guattari is followed by that of prudence, which evokes the Spinozan caution, the living being's own way to handle its ability to affect and be affected, its own way to remain in existence (*conatus*). It is thus a strategic attitude to guides experimentation. Prudence as a dosage, as a rule immanent to experimentation (Deleuze & Guattari, 1980/1986). To Spinoza, the prudent man is not the one able to refrain from action or the one who measures the consequences of each move before acting. In the Spinozan view, the potency, to be able to act or not, does not precede the action, but is immanent to it. The more a being experiences, the more susceptible to the joys it is, and therefore the more potency for acting it may acquire (Spinoza, 1677/2009).

This relation between experimentation and prudence seems fundamental in Ferenczi's specific case, for he was often unfairly accused of imprudence about his innovations in the field of psychoanalytic technique. In our view, these charges are baseless, as we intend to demonstrate.

## The prudent experimentation in Ferenczian clinic

In the first phase of Ferenczian experimentation, the active technique, so supported and admired by Freud, is mainly a matter of frustration; in subsequent phases, its clinical interest is related to the possibilities of gratification as a factor of progress in analytic therapy. But at all times, as shown by André Haynal, the research that supported it was totally coherent and prudent: Ferenczi "sought to understand the role of the analyst – a taboo topic hitherto – and its implications in the therapeutic process" (Haynal, 1988/1995, p. 23).<sup>1</sup>

In the active technique, the aim was to intervene through interdictions and injunctions, always contrary to the principle of pleasure. The heightened ten-

sion brought about by the displeasure unleashed by such interventions resulted in a libidinal displacement that would bring to surface the unconscious matter to be interpreted. In the 1921 article about “extensions” of that technique (Ferenczi, 1921/1993), the main idea was to intervene straight and immediately on the body, while in the book about the “Perspectives of psychoanalysis” (Ferenczi, 1924/1993), jointly published with Otto Rank, it was about stimulating repetition, valued as such in its dimension of the therapeutic experience, in contrast to remembering. Here it still was mainly about interpreting, about the active technique as an aid to interpretation, but Ferenczi was already mindful of the importance of the prudence that should attend this experimental activity, as is made clear in the 1926 article about “Contraindications” (Ferenczi, 1926/1993).

Ferenczi can be seen as starting a 180-degree turn in his method in 1929, when he moves the emphasis away from active technique and develops the principle of relaxation and neocatharsis (Ferenczi, 1929/1992), which did not please Freud at all. He realized that the active technique ended up, after all, raising resistance, and that, by prodding the patient to change their behavior, he was often inviting them to relax.

The experiment with relaxation involved a reduction of tension and frustration in the analytic setting, by empathic interventions rather than by interpretation, by displays of true care and affection, by sincerity and honesty on the part of the analyst, by reducing the need of power and control in the relationship, and by mutuality in interaction when needed. That is, it was, above all, about employing empathy instead of an active confrontation of resistance, as happened in the classic and active techniques previously devised.

According to Lewis Aron, if for Freud the analysis was a struggle, a kind of metaphoric clash, for Ferenczi, from then on, psychoanalysis became essentially an act of motherly tenderness, an experience of affective collaboration (Aron, 1996). Lessening tension instead of building it up did not imply an analysis conducted by attempts to erase every instance of anxiety, tension, frustration or deprivation. Ferenczi made clear his view of ambivalence in relaxation therapy by introducing a new notion: that of “economy of suffering”. What was at stake was the real need to lead the patient to suffer more than necessary along the analytic path.

The experimentation with relaxation was not only a conceptual innovation in the exchange between therapist and patient, but a means to emphasize the analyst’s contribution to the therapeutic process. It basically highlighted the idea of a psychology by two people, as Balint (1968/1992) put it. The analyst’s procedures, interpretation style, personality and ability were presented in a dual

perspective, side by side with the analysand's workings. The analyst's inclination to nurture a mutual and democratic ambience for interchange in the analytic setting helped mitigate the harmful effects of issues such as power and control, which are inherent to the analyst's place of supposed authority (Rachman, 1997).

Ferenczi is known as the first psychoanalyst to employ his countertransference reactions as a meaningful tool to understand the analytic process, which could also decisively assist in the therapeutic setting. His concern for empathy, his work with challenging cases, his emotional openness and his dedication to treatment and healing effectively contributed to push him towards understanding that countertransference analysis was a central aspect of analytic therapy. The concern with empathy meant the most relevant aspect of analysis was the two-way relationship, in which the analyst's interventions were examined to allow understanding, say, a negative reaction of the patient in transference. This change, absolutely fundamental for the technique, from resistance explanation to empathic understanding signaled a notable transformation in the comprehension of the psychoanalytic bond.

Starting from the countertransferential reaction, the analysis of countertransference suggested by Ferenczi not only acknowledges the analyst's emotional reaction as an integral element of the analytic setting, but encourages him to explore it as part of his contribution to the therapeutic process. Replacing the analyst that chiefly interprets the patient's inner world, there is now the one who works together with him.

The affirmative view of countertransference also allowed the analysand to freely express his every feeling towards the analyst, obviously including the negative ones. According to William Rachman, no analyst before Ferenczi, and few after him, so openly supported patients to be as demanding towards analysts as the Hungarian psychoanalyst. As he wouldn't respond with a defensive distance, disregard and silence, as an orthodox analyst, or with retaliation, the patient could use him to contain his hatred and assorted negative feelings, as proposed later by Bion (1959/1993). In such circumstances, the empathic bond faced its toughest test when the analyst struggled to accept, understand and respond therapeutically to the patient's open and direct hostility. Ferenczi even suggested to analysts to take such attacks as relevant statements about the emotional state of the therapeutic setting, instead of as resistance inherent to transference relations (Rachman, 1997).

The key to therapeutic success was an ongoing empathic relation by monitoring the countertransferential reaction. And the key to working with the countertransferential reaction was a willingness to grant that the analyst had emotional

reactions to the patient; that these emotions could be positive or intensely negative; that such negative reactions could be noticed by the patient, even at times when the analyst was not aware of them; and that the analysis would greatly benefit if he were to admit his negative reaction to the patient.

Ferenczi's experiments with mutual analysis are known to have comprised the most controversial and perhaps the least understood of his technical innovations. In this case it concerned a radical clinical experimentation, that went together with an open and daring thinking, full of rich and vital relational elements, as Spinoza demanded, which compels us to reassess the very nature of the analytic relationship (Aron, 1996).

Mutual analysis was grounded above all on the idea that the analysand can offer the analyst something valuable at times when the latter is unable to provide an adequate interpretation or even an empathic response. The least the analyst can do in such circumstances, said Ferenczi, is to be sincere about his inadequacy, conceding his blind spots and countertransference weaknesses.

He must be willing, intellectually and emotionally, to keep a humble and inquisitive stance that allows questioning his theoretical considerations, method, therapeutic intervention techniques and personal contribution for the effective advancement of the analysis. That is, to be apt once more to inspect his inner emotional workings as reflected in the analysand's reactions.

But Ferenczi did not undertake his clinical experiments with mutual analysis unaware of the attending problems and hazards, for, as mentioned before, there was always prudence on his part, and it wouldn't happen otherwise here. He knew that, by placing himself in the hands of his patient, he ran a considerable risk. Nevertheless, he was willing to risk his own emotional safety in order to keep an empathic affective connection with the analysand (Rachman, 1997).

Even so, in her preface to the *Clinical Diary*, Judith Dupont warns us not to throw away the baby with the bathwater: Ferenczi, she says, found that mutual analysis is a resource that, for want of something better, became necessary due to analyses that did not reach deep enough. From this discarded technique, though, something remains: the countertransference interpretations.

In fact, maybe all the experimentation of mutual analysis is essentially the result of didactic analyses as performed then, including Ferenczi's and Freud's (...). But anyway, the question posed (...) is still pertinent, even in an era of courses carefully elaborated and of multiple supervisions: namely, how can the analyst manage his own weakness and blindness? (Dupont, 1985/1990, p. 23)<sup>1</sup>

To search prudently for the reaches of empathic consonance was, undoubtedly, an essential element of mutual analysis, in spite of all its inherent difficulties. Ferenczi was essentially trying to find a way to respond to the analysand, in a moment of therapeutic crisis, that wouldn't blame him for the dilemma experienced in transference/countertransference; an extremely sensitive task, especially while handling hard cases.

According to Franco Borgogno, mutual analysis may be seen currently as what foreshadows the analyst's actual ability to sustain and elaborate, along the sessions and in the long term analytical process, a reversal of roles that is an inevitable stepping stone to attain an apprehension of vanished or disperse elements of the patient's personality (Borgogno, 2015).

## Final considerations

Ferenczi's clinical experiments with mutuality, as well as his theoretical and technical revisions based on the rehabilitation of the crucial relevance of trauma to subjectivation processes, are certainly among the most important innovations in the history of psychoanalysis. His therapeutic inquiries led to theoretical, clinical and technical discoveries regarding not only trauma, but also to dissociation, the use of countertransference, and the workings of the transferential-countertransferential matrix, as we have seen. These ideas, still disputed, remain at the heart in contemporary debates about psychoanalysis and psychoanalytic technique in its many forms. Ferenczi's labor in opening towards countertransference, that led to mutual analysis, remains to this day a daring, unrivalled accomplishment.

As we know, most of his work was for decades stifled and forsaken by the psychoanalytical mainstream, scorned for his renewed interest in the etiological importance of external trauma, and because he was seen, even by Freud in the early 1930s, as someone who inspired "dangerous regressions" in his patients, besides trying to cure them through affection (Freud & Ferenczi, 1920-1933/2000). One of the great tragedies in the history of psychoanalysis was, alas, the suppression for more than half a century of the experiments reported in his *Clinical Diary* (Ferenczi, 1932/1990), as well as his correspondence with Freud.

As we see, Ferenczi's therapeutic endeavor concerns extensively the heart of the analytical setting, the core of its therapeutic possibilities, that is, the relationship between patient and analyst. His discoveries happened precisely in these areas which now attract the keenest attention of contemporary analysts, both



theoretical and practical. In many respects, Ferenczi, in his disagreements and debates with Freud, admired mentor, established the agenda of nearly every controversy in the current psychoanalytical arena: the emphasis on technique vis-à-vis metapsychology; on experimentation rather than interpretation; on empathy instead of neutrality; on the intersubjective above the intrapsychic.

In a memorable symposium on Nietzsche that took place in France in 1973, Deleuze said about Winnicott some well-known words that in our view apply exactly to Ferenczi, a kind of unconscious mentor, so to speak, of the British psychoanalyst: “a psychoanalyst like Winnicott”, as Deleuze said, or like Ferenczi, we say,

keeps really at the edge of psychoanalysis because one feels this procedure will no longer be adequate at a certain point. There is a moment when it is not anymore about translating, interpreting, spelling out as phantasms, converting in signifiers or significant, no, it's not that. There is a time when it will be necessary to share, to be in tune with the patient, one needs to go to him and share his state. (Deleuze, 1973/1985, p. 59-60)<sup>1</sup>

In a brief article that paid homage to Ferenczi fifteen years after his death, Balint recognized some relevant aspects regarding his master's clinical experimentation:

His many technical experiments were the reaction to this demand for help. These experiments in many respects belong now to the history of psycho-analysis, and particularly of our therapeutic technique. They are fairly well known, especially in respect of all that can be criticised in them. This much admitted, I am still sure that the day will come when analysts will begin to study them again, not to criticise them but to learn from them. (Balint, 1948/1973, p. 246)

In our view, the job of the theory of Ferenczian clinic, yesterday, today and for ever, has been and still is that of rattling, however lightly, the dogmatic image of psychoanalysis, allowing us to experience other ways of acting and feeling in our practice, beyond those enforced by orthodoxies and neo-orthodoxies of psychoanalytic schools and systems. And, of course, always having in mind the prudence that must attend that endeavor.

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## Notes

<sup>1</sup> Translated from the edition in Portuguese listed in the References section.

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