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Trauma and empathy – A phenomenological analysis of Sándor Ferenczi’s intersubjective technique

Introduction

The term intersubjectivity is designed for the description of the relationship between two or more subjects. It is used by different disciplines of the humanities, like philosophy, psychology, sociology, or anthropology, to refer to human beings’ relationships to others. Among these theories, some stress the priority of the single human mind, while others assume that our relationship with others has primacy in our being. The phenomenological tradition of philosophy emphasises that our being in the world is based on intersubjective relations with Others and the world. According to phenomenologists like Husserl, Merleau-Ponty, or Sartre, these three elements (self, others, world) are inseparable from each other and they could only be understood through their interconnectedness. The same theoretical division exists in the discipline of psy-sciences as well. Some of its branches hypothesise that most mental processes primarily originate from the single human mind before any other connection, like classical Freudian psychoanalysis, which assumes primarily narcissism, or any modern discipline where the basic unit of scientific investigation is the mind in itself. At the same time, other branches suppose that interactions are more influential factors in our personal development, as in the case of object relational schools of psychology (Aron, 1990; Bálint, 1950; Fónagy and Target, 1997).

The Hungarian psychoanalyst, Sándor Ferenczi was one of the firsts who highlighted the importance of relationality in therapy (Szecsődy, 2007). It would be an anachronism to claim that Ferenczi was consciously an ‘intersubjectivist,’ as he could not know about the phenomenological movement; however, his ideas are in line in many ways with the approach. Ferenczi was a respected associate and an intimate friend of Freud, but he also unleashed widely disputed ideas that greatly influenced the evolution of modern psychoanalytic technique and practice. For him, psychosexual development, trauma, and healing (which are still the key topics of psychoanalysis) could only take place through interactions with others.

Ferenczi's ideas have become very influential for the relational schools of psychotherapy (like British object-relations schools, intersubjective psychoanalysis or relational school of psychoanalysis). On the other hand, his fundamental theory is based on many implicit and affective elements that do not meet the formal criteria of today's modern scientific paradigm based upon natural scientific measurements and empirical data collection. Natural scientific psychology could give us many useful insights into the physiological laws of the human mind, cognitive processes, and perception; however, it hardly gives any explanation for complex psychic events regarding human existence, like anguish, love, friendship, or guilt (Davis, 2011). Phenomenology, on the other hand, could bring us closer to the understanding of these topics, from the aspect of the ever-changing nature of being. For this reason, reading Ferenczi's ideas from a phenomenological point of view would lead us to a profound understanding of his theoretical insights.

The present essay, therefore, considers psychotherapeutic attitudes¹ based on intersubjectivity from the perspective of phenomenology. First, it highlights the advantages of the phenomenological approach in the understanding of the human psyche and argues that the phenomenological notion of intersubjectivity is very helpful in healing practices. Then, the study introduces the work of Sándor Ferenczi as an example of an early but effective therapeutic attitude based on the idea of intersubjectivity.

The technical insights of Sándor Ferenczi – Differences with Freud

Sándor Ferenczi and Sigmund Freud became friends when Ferenczi was a young neurologist. They started exchanging letters after Ferenczi wrote a review of *The Interpretation of Dreams*. After he read the book, he wrote "*aere perennius*" on the front page, a Latin quote from Horatius, which means "*more lasting than brass*" to refer to the significance of the study. From the year 1907, the two scientists worked together and sent altogether approximately 1,200 letters to each other. These were about various topics like case studies and theoretical questions, but also matters of private life (Ferenczi and Freud, 1908–14 [1993]; Harmat, 1994).

At that time, Ferenczi and his students, the *Budapest School*, had become one of the main contributors to classical psychoanalytical theory and practice. Therefore, the question arises: why had Ferenczi and the Budapest School been so much underrepresented in the history of psychoanalysis until recently? The answer is more institutional than scientific. After 1924 until Ferenczi's death in 1933, he had gradually grown distant from several original Freudian ideas.

¹ In the present study, the notion of psychology refers to 'psy-sciences' in general. Psy-sciences are the practices and grounding theories of psychology, psychiatry, psychoanalysis, pedagogy, criminology, special education, etc. (Rose, 1990). There are various kinds of techniques, from contradictory theoretical background, therefore we should not generalize them; however, we should speak about a kind of paradigm that mainstream psychology is based on, and which nowadays follows the modern, natural scientific method. That is what this paper would like to oppose through the phenomenological point of view.

Contrary to Freud, he believed that *regression* in therapy (getting back to the emotional atmosphere of an earlier stage of personal development) is not harmful, but one of the core elements of psychic healing. He also emphasised, based on joint research with Otto Rank, that the *pre-Oedipal* stage has a more significant effect on the development of the infant than the Oedipal stage. Therefore, for Ferenczi and Rank, the figure of the mother (and the relationship with her) was more central than that of the father, who is the bedrock of the Freudian theory. Following his theoretical insights, Ferenczi made technical adjustments too, which he called the “*active technique*.” Its core element is a sort of dialogue between the analyst’s and the patient’s unconscious through transference and countertransference (Young-Bruehl, 2002).²

For Freud, transference was a useful tool of therapeutic work that facilitates the understanding of the patient’s past feelings and emotions that had been considered lost. At the same time, he regarded countertransference (the therapist’s emotions) as a difficulty, as it blurs the therapist’s clear-sightedness during the healing process (Freud, 1917 [1963]).

“Such experiences [transference], though painful, are necessary and hard to avoid. Without them, we cannot really know life and what we are dealing with. I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a narrow escape. But no lasting harm is done. They help us to develop the thick skin we need and to dominate ‘countertransference’, which is after all a permanent problem for us; they teach us to displace our own affects to best advantage.” (Freud and Jung, 1909 [1974], 230–231.)

Contrary to Freud, Ferenczi thought that these interpersonal elements are not obstacles to the therapy; on the contrary, they are very helpful, because only these could invoke the emotional atmosphere of the client’s original trauma (Ferenczi, 1931 [2018]).

“Of course, too, Freud is right when he teaches us that it is a triumph for analysis when it succeeds in substituting recollection for acting out. But I think it is also valuable to secure important material in the shape of action which can then be transformed into recollection. I too am in principle opposed to uncontrolled outbreaks, but I think it is expedient to uncover the hidden tendencies to acting out as fully as possible, before setting about intellectual work on them and the training in self-control which goes with this.” (Ferenczi, 1931 [2018], 153.)

The positive side of regression, which Ferenczi promoted, could only occur when the client and the therapist share their feelings in the form of transference and countertransference.

“Finally, a situation became apparent which could only be described as one in which the patient had to be allowed for a time to have his way like a child, not

² By transference, we understand the projection of the patient’s past feelings into the actual situation of the therapy and to the therapist, including rage, hatred, mistrust, parentification, erotic attraction, or dependence. Countertransference is the same mechanism, but in a different direction, when the analyst projects his/her personal feelings onto the client (Freud, 1917 [1963], 496).

unlike the ‘pre-treatment’ which Anna Freud considers necessary in the case of real children. Through this indulgence the patient is permitted, properly speaking for the first time, to enjoy the irresponsibility of childhood, which is equivalent to the introduction of positive life-impulses and motives for his subsequent existence. Only later can one proceed cautiously to those demands for privation, which characterize our analyses generally.” (Ferenczi, 1929 [2018], 124.)

This is why Ferenczi called his method the “active technique”, as both the client and the therapist have to take a mutually active part in the process of therapy. Healing can only occur if the therapy is an interpersonal event.

The monadic and the relational model of psychoanalysis

For Freud, therapy was more like a one-person experience, a monologue, where most processes are happening in the psyche of the patient. However, for Ferenczi, therapy was a dialogue, a two-person event. This difference brings us to a well-known division in therapeutic attitudes, namely to the *monadic* (one-person) and the *relational* (two-person) models of the psy-sciences, which are two different interpretations of the nature of the human mind (Greenberg and Mitchell, 1983).

The monadic theory assumes that the centre of investigation is the subject’s single mind, which is a kind of closed system, where the energy of the instincts constantly seeks for psychic homeostasis. Consequently, all mental processes, like projection, internalisation, or representation originate from the individual’s mind. According to this perspective, eventually all interpersonal events are individual processes, as human relations spring from intrapsychic processes and defence mechanisms. We could easily recognize the classical Cartesian division in this attitude where the mind (*res cogitans*) and the outside world (*res extensa*) are two separated spheres (Aron, 1990).

The Freudian seduction theory is a fine example of one-person processes: in the early writings of Freud, the background of many adult psychological problems (like hysteria or neurosis) is a childhood experience of sexual abuse mostly by an older family member. For the late Freud, however, seduction is not necessarily an actual event, but the phantasy of the child. Even if seduction is not an actual case but a phantasy, it has a psychic reality; therefore, the therapist has to handle it as one’s real experience (Jones, 1953 [1974]; Szummer, 1995).³

Most of the definitions and theories of classical psychoanalysis have built upon the monadic attitude, which can easily be linked with the natural scientific paradigm and its psychological branches such as neuroscience or cognitive sciences, where the basic unit of the investigation is the individual (Gergen, 1996). In this scientific attitude, the importance of the person is more central than his/her relations to others. The paradigm

³ Ferenczi was against this later idea and he insisted on the reality of seduction. In 1984, Jeffrey Masson wrote a book in which he accuses Freud of not abandoning his theory for scientific reasons, but because he was afraid of the Viennese public, as most of his patients came from influential and well-known families (Masson, 1984).

does not question the relevance of interpersonal relations but assigns less weight to them.

The relational model does not focus on the person's mind but on the therapeutic relationship (and all other kinds of relationships, like family, societal, etc.) itself. Personal development, psychic structure and trauma are interpersonal events and the consequence of our relations to others in the shared world. According to this idea, consciousness has a dialectic structure, as it inevitably has constant interactions with its environment and other human beings (Greenberg and Mitchell, 1983). Michael Bálint, an internationally well-known psychotherapist and a student of Ferenczi, said in 1950 at the British Psychoanalytical Congress that it was unnecessary for Freud to reduce his theory to individual processes. According to Bálint, our relation to objects is primary to psychic development (Bálint, 1950).

This idea is the basis of the object-relational attitude in the psy-sciences. It assumes that instead of primary narcissism, there is primary object-relation or object-love.⁴ Our desire for love, for the love of the Other, and for connectedness is more fundamental than self-love. In addition, in this paradigm, the therapeutic situation is a two-person experience; therefore, it could not be conceptualised through the one-person definitions of Freudian psychoanalysis (op.cit.). Ferenczi assumed that the desire for connectedness comes from our prenatal experience in the mother's uterus (Ferenczi, 1932 [1998]). This is what he calls "*Thalassa*" (primeval spirit of the sea in ancient Greek mythology), or "*ocean feeling*" after Freud. This ocean feeling refers back to the time when we felt "one" with our environment, to the time before language and separation, to a place of returning that forever fascinates us. Birth is a forced separation for the infant, a violation of this archaic state of contentment, which all human beings have to experience to be able to live. Therefore, to be born to this world is an inevitable and shared trauma of the whole of humankind, which Bálint calls the "*basic fault*" (Bálint, 1968).

Contemporary object-relation schools are based on the ideas of Ferenczi and other members of the Budapest school who emigrated later. Influential scholars and scientific groups include, among others, Melanie Klein, Michael Bálint, and Donald Winnicott in the British object-relations school; Heinz Kohut and the American object-relations school; or Clara Thompson, Eric Fromm and Harry Stack Sullivan in the interpersonal school of psychology (Aron, 1990; Fónagy and Target, 1997).

⁴ Primary narcissism is the earliest stage of psychic development in which all desires of the infant are for self-preservation, or we should say, all desires of the infant are directed upon himself or herself. In this stage, the infant has no concept of any object other than himself or herself; therefore, object-love appears in a later stage. (Freud, 1914 [1957])

Natural sciences and the phenomenological approach – From objectification to intersubjectivity

Remarkably, empirical research in psy-sciences has recently been heading towards some of Ferenczi's ideas, i.e. towards a paradigm that is based upon intersubjectivity (Lénárd and Tényi, 2001). Investigations have shown that psychic development and its problems in most cases originate from the malfunction of the early intersubjective relation between infant and caregiver, for instance, in the attachment theories of Harry Harlow or John Bowlby and Mary Ainsworth, and the discovery of mirror neurons in the field of neuroscience (Lábadi, 2011). Based on Walter A. Davis's critique, the problem of these investigations is that they reduce intersubjectivity to a kind of biological necessity and transform human connections into attachment, like mere gratification of instinctual drives (Davis, 2011).

Therefore, while natural scientific explanations legitimate two-person models, they have reconstructed them into a one-person paradigm. Attachment in this sense is equal to cognitive representational schemes and internal working models. This psychological attitude is grounded in biological facts, emphasising the role of relations from the aspect of human evolution and not from the complex symbolic system of human interactions. Thus, this perspective necessarily objectifies the human subject and its relations to others.

A phenomenological perspective, on the other hand, could be a useful tool to avoid objectification when we investigate the Subject and its relations. For phenomenology, the position of the interpreter is more essential for scientific investigation than the mere determination of the material itself. Its purpose is not only the description of a phenomenon but also the understanding of the context of it (Zahavi, 2011). This attitude is extremely important in psychotherapy when we would like to grasp psychic phenomena and human experiences. In therapy, the focus has to be on the client's first-person narrative, and the therapist has to understand it as a hermeneut (Rác, Kassai and Pintér, 2016). The centre of therapeutic work is the 'here and now' of the dialogue, and for the understanding of subjective experiences, the participants have to be in a shared reality. This subjective experience, the part-take of the shared world is what an objective-scientific perspective could never fully comprehend.

The interpersonal event of therapy is a fine example of what phenomenology calls intersubjectivity. The intersubjective perspective emphasises that relations and interactions are more decisive than neurological factors when people perceive themselves. This attitude is in contrast to the objective scientific description of reality, which seeks to describe unchanging and unbiased laws. Natural scientific psychology could not describe in-depth the myriad of vital questions of being, like anguish, love, guilt, or the finite nature of human existence. Phenomenology, on the other hand, could bring us closer to understanding them, from the perspective of the ever-changing nature of being (Davis, 2011).

The psy-sciences have an ambiguous status among the disciplines of science. Its problem is that there is no corporeal body for investigation or a source of problems,

where a professional could perform operations: thus, the psyche has to function as a kind of imaginary body. Michael Foucault assumes that the “medical gaze” of the therapist has to remodel the patient’s psyche as a kind of concrete body. In this process, the psyche eventually transforms into a scientific object (Foucault, 1963 [2003]).

“In order to be able to offer each of our patients a course of treatment perfectly adapted to his illness and to himself, we try to obtain a complete, objective idea of his case; we gather together in a file of his own all the information we have about him. We ‘observe’ him in the same way that we observe the stars or a laboratory experiment.” (Foucault, 1963 [2003], 15.)

According to Jean-Paul Sartre, in every interpersonal relationship, one is always in the status of an object and the other is in the status of a subject. Either I become the object of the Other’s gaze or vice versa (Sartre, 1943 [2003]). For Sartre, the intersubjective relation is dynamic, hence the subject-object status is always changing among the participants. In medicalization, however, this playing field becomes rigid: the professional always remains the Subject, because he/she has the power (institutional power) to mark the patient by the diagnosis. Thus, the patient is always the object of external interpretations and treatment. This dynamic presupposes an inevitably unequal relationship in theory making, diagnostic procedures and therapeutic practices. Diagnosis classifies and determines the human being, who always has to be the object of interpretation to some extent. In contrast, the essence of the intersubjective approach in psychology is that both participants have to reserve their subjectivity for successful healing. The question arises then: how could the therapist maintain the subjectivity of the client within the therapy? The phenomenological approach could offer some possible solutions to this problem.

For phenomenology, the consciousness of the Subject, his/her relationship with Others, and the shared world are equally important parts of the description of personal experiences. These are the three elements of phenomenological intersubjectivity (Rumble, 2010). What gets very little attention in natural scientific psychological approaches is the third element, the world, in which our connectedness takes place (Zahavi, 2001). Mind, others, and the world exist in an intertwined way, as Maurice Merleau-Ponty states in his example on the “*flesh*” (Merleau-Ponty, 1964 [1969]). Consequentially, the world could not be an object, like an objective external reality in Cartesianism, but it is a familiar habitation or milieu (Rumble, 2010). Human subjectivity is shaped by the complex and reciprocal relationship between the self and the world. It is not a cognitive schema, but a constantly unfolding dynamic form.

The notion of *empathy* is one of the primary tools that could help preserve the subjectivity of the client. It springs in therapy when the participants of the interaction could understand the shared world. Empathy is the key to not objectifying the patient. Yet, for this, it is important to shift our focus from individual mental processes to the relationship itself. As Dan Zahavi, a Danish phenomenologist argues:

“This approach rejects the idea that the relation between self and other is established by way of analogical inference, and instead argues for the existence of a specific mode of consciousness, called empathy, which is taken to allow us to

experience and understand the feelings, desires, and beliefs of others in a more-or-less direct manner. To be more specific, empathy is typically taken to constitute a unique and irreducible form of intentionality, and one of the traditional tasks of this approach has consequently been to spell out the difference between empathy and other forms of intentionality, such as perception, imagination and recollection.” (Zahavi, 2001, 153.)

Intersubjective trauma theory and the active technique

For Ferenczi, the therapeutic relationship was also central to psychic healing. According to his trauma theory, any trauma is a kind of fraction in intersubjective relations and the shared world. Thus, healing means reparation of the relation. While for Freud trauma, is a single event (like sexual assault, war trauma, or child abuse), for Ferenczi, minor but recurring everyday life events and emotional abuses are traumas as well. These are what we can call *microtraumas* (Lénárd and Tényi, 2001).

He assumes that there are three phases of trauma in his study published in 1933, the *Confusion of the Tongues Between the Adults and the Child* (Ferenczi 1933 [2018]). First, the child has a trustful but dependent relationship with the adults and caregivers around. In addition, the child is vulnerable to their parents and their internal processes. Next, the adult unexpectedly or repeatedly does something frightening, painful, or over-exciting to the child, even without his or her acknowledgment. Finally, the child wants to understand the incomprehensible situation to calm down, but the adult does not provide any explanation, either because he/she does not acknowledge the deed, or because he/she feels guilty about it. As a result, the adult could behave as if the incident had not happened or might even rebuke the child.

Freud stops at the second phase and assumes that the cause of the trauma is the noxious action itself. For Ferenczi, trauma is not the event itself, but its unspeakable and incomprehensible nature. Therefore, we should say that Freud’s trauma theory is monologic, while Ferenczi’s is dialectical (Bókay, 2020). The child who has not fully understood the symbolic meanings of the world around him/her is vulnerable to their parents who have already mastered these meanings. It shows that Ferenczi’s theory describes not only a two-person phenomenon but also the alienation of the shared world in the traumatic experience. Trauma influences one’s personality development and his/her relationship with others and the world. It eventually results in the deprivation of meanings, for example, by parental authority.

A *competent infant* (non-traumatized children) is able to display and represent his or her internal states because these are coupled with meanings through interaction with the caregiver. Ideally, the caregiver is acting as a translator: he/she translates the child’s signs and emotions in a way that corresponds to the system of symbolic meanings. Through this translation work, the child also learns to interpret his or her internal states. However, in the case of trauma, the parental interpretive power imposes itself on the child’s experiences (too much), or on the other end of the scale, the caregiver does not give enough meaning to the child (provides too little). Therefore,

the child is unable to understand the events as well as his or her own inner experiences. This phenomenon is what Winnicott describes as “*empty-self*” (Lénárd and Tényi, 2001, 160.; Winnicott, 1971 [1999]).

This trauma theory is dialogical precisely because the cause of the trauma is the deprivation of meanings or the misunderstanding between the participants. In Lacanian language, trauma is a fraction between the order of the *Symbolic* and the *Real* when there is no symbolic meaning associated with the given experience or phenomenon. Therefore, the child is unable to interpret his or her own experiences in the symbolic, interpersonal space, which results in alienation (Lénárd and Tényi, 2001, 157.).

Throughout Ferenczi’s trauma theory described above, it becomes obvious how subjectivity is the result of intersubjective relations from the earliest stages of life. In line with this, the origin of mental problems has to be intersubjective as well (Bálint, 1968). Consequentially, psychotherapy aims to restore the early traumatic fracture, which defines one’s attitude towards the world. The objective and reductive tendencies of the natural scientific attitude could reproduce the traumatic milieu since it takes away the capacity of the subject to interpret his/her experiences. For this reason, there should be no menace of objectification at all in the treatment, as it could easily repeat the trauma itself (Ferenczi, 1933 [2018]).

“The analytical situation—i.e. the restrained coolness, the professional hypocrisy and—hidden behind it but never revealed—a dislike of the patient which, nevertheless, he felt in all his being—such a situation was not essentially different from that which in his childhood had led to the illness. When, in addition to the strain caused by this analytical situation, we imposed on the patient the further burden of reproducing the original trauma, we created a situation that was indeed unbearable. Small wonder that our effort produced no better results than the original trauma.” (Ferenczi, 1933 [2018], 186.)

The therapist should not force an external meaning (for example by diagnosis) onto the diverse and complex personal experiences of the subject, but has to be attentive to the client’s narrative. This form of therapeutic recognition is based on understanding and empathy on the part of the therapist. Its aim is the acknowledgment of the phenomenon that is given in the intentional experience (Kóváry, 2017). If the professional would like to avoid the unbalanced situation of the early trauma, he/she has to ensure that both participants reserve its subjectivity, so that the sphere of therapy could serve as space for jointly constituted meanings and understanding, which were originally omitted in the early stage of the childhood (Rumble, 2010). By this, the patient could gain an understanding of their emotional and affective surplus in the symbolic order of human relations.

Ferenczi’s therapy is joint work, where the analyst acknowledges the existence of the patient as a Subject, thus initiating him/her into the world from which he/she was alienated before in the trauma. This is what he called the active technique, in which the therapist must maintain his active commitment and empathy towards the patient. For this, Ferenczi emphasises an active, flexible attitude rather than following general rules and theorems. The professional must always adapt to the given situation (Ferenczi, 1931 [2018]).

“I have refused to accept such verdicts as that a patient’s resistance was unconquerable, or that his narcissism prevented our penetrating any further, or the sheer fatalistic acquiescence in the so-called ‘drying up’ of a case. I have said to myself that, as long as a patient continues to come at all, the last thread of hope has not snapped. Thus the question constantly forced itself upon me: Is the patient’s resistance always the cause of the failure? Is it not rather our own convenience, which disdains to adapt itself, even in technique, to the idiosyncrasies of the individual?” (Ferenczi, 1931 [2018], 149.)

Reciprocity is also important, as it protects the participants from arbitrary interpretations. Transference from the patient and countertransference from the therapist provide the intersubjective backdrop of the therapy. Instead of emotional abstinence, promoted by Freud, the therapist has to take an active part as well to form the emotional milieu of the therapy. Objectivity and neutrality are limiting and petrifying the discursive space of therapy. Rigid, emotionless attitude could repeat the emotional milieu that the authoritarian parental power evoked and the feeling of childlike vulnerability and helplessness experienced in the original trauma. Therefore, the active, emotional presence of the therapist and the relationship itself are the basic element of psychic healing.

Sándor Ferenczi wrote his *Clinical Diary* (1932 [1998]) in the late stage of his life, where he had presented case studies, technical adjustments, and experiments with the method. He also records self-critical reflections and criticism on the conventional psychoanalytic theory. In contrast to Freudian case studies, these records are not composed and stylised, but they contain Ferenczi’s emotions, subjective experiences, doubts and mistakes during his experimentation. It is important to admit that Ferenczi made mistakes in many cases, but it is remarkable that he was very reflective of them. Consequentially, the diary does not give a well-formed and descriptive theory on technique but offers ideas, like a flow of thoughts.

Conclusion

Today, humanistic and psychodynamic therapies that are based on nonverbal elements, emotional attunement, affective attachment, intersubjective connection, and implicit relationship knowledge inherit Ferenczi’s insights (Lénárd and Tényi, 2001.). Thus, by emphasising the phenomenological concept of intersubjectivity in therapy, the study sought to offer a theoretical and therapeutic approach that attempts to move out of an objective natural-scientific approach that focuses only on personal mental processes and biological necessities.

The notion of intersubjectivity means not only shifting the emphasis from subjective reasoning to the interpersonal relationship, but also introduces the notion of the shared world to psychological theory and practice. From this point of view, I wanted to introduce Ferenczi’s work as a pioneering experiment with the technique. His standpoint is especially important, as it represents a very humane and ethical account of how the therapist should act in the therapeutic situation.

The active technique as imagined Ferenczi had proved unsuccessful, as it could never become a well-formed and solid theory. Still, his ideas and technical attitude are decisive as his students have spread them all over the world, even if references are not made to him. Ferenczi's writings provide many examples of dynamic and active practical insights that could help to preserve the patient's subjectivity, and he relies on the problem of the shared world as well as the phenomenological approach does. Long before present-day studies and psychodynamic theories emerged, Ferenczi had concluded that our relations, rather than the subjective psyche, should be the focus of healing in psychoanalytical therapy.

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