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## **Sándor Ferenczi's *Clinical Diary* Between Spoken and Written Word\***

The *Clinical Diary* – undoubtedly one of the most important documents in the entire history of psychoanalysis – can be described as Ferenczi's last major project before his death in 1933. Written in its entirety in 1932, it comprises one hundred and thirty-two entries, in which Ferenczi addressed his ongoing patient analyses (Brennan, 2015), the problems of psychoanalytic theory and his self-analysis. Michael Balint described the structure and character of the *Clinical Diary* as follows:

“It is entirely spontaneous, as a true diary should be. It is true that a large part of it, about 80%, is typed, which means that Ferenczi dictated those parts to his secretary whenever he could get away from his work for a few moments.”  
(Ferenczi, 1932/2014, 11-12)

Occasionally Ferenczi would also record several remarks on the same day, which reflects the dynamics of his diary as being written during breaks from his daily analytic routine. As Peter L. Rudnytsky pointed out, Ferenczi's experiments with the methods of psychoanalytic treatment eventually paved the way for “the contemporary shift to a two-person conceptualization of clinical work, just as Freud's self-analysis was paradigmatic for the one-person perspective of classical theory” (Rudnytsky, 2022, 8).

With mutual analysis emphasizing a reciprocal, intellectual, and affective relationship between analyst and patient, self-analysis gave way to an essentially relational and dialogical practice. The therapeutic method of mutual analysis was deeply rooted in the rejection of the strict boundary between analyst and patient, who were henceforth equally involved in the analytic process, both intellectually and emotionally.<sup>1</sup>

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<sup>1</sup> On mutual analysis, see: Ragen – Aron, 1993; Fortune, 1996; Rudnytsky, 2022.

Over the years, Ferenczi would write more and more sparsely, increasingly leaning toward short forms such as brief theoretical remarks, notes on his work with patients, and self-analytical reflections, which later were published as *Final Contributions* and the *Clinical Diary*. Significantly, though, the vast majority of Ferenczi's diary was dictated rather than written. Through an inquiry into how Ferenczi's journal<sup>2</sup> was mediated by his voice, I consider it an oral-based tool for (self-)analytic practices. I argue that the spoken character of the diary made it possible for Ferenczi to directly extend the situation of analysis which is primarily an oral activity based on the practices of talking and listening.

### Self-analysis and auto-genesis in *Clinical Diary*

Whereas contemporary readings of Ferenczi's diary have focused more on the content of the diary than on its form, reading the *Clinical Diary* for its genre has revealed that it is a "research diary."<sup>3</sup> In research diaries, readers are faced with a form determined by a combination of analysis and autobiographical reflection. Although the starting point is theoretical thought, in the end, the writer himself becomes the subject of analytic inquiry. As Béatrice Galtier has aptly pointed out, although research diaries fundamentally and inseparably combine the objective with the subjective, this does not at all take away from their scientific character (Galtier, 1997).

The close reading of the *Clinical Diary* shows that, as a published work, it did not have one author. Rather, its content was based on conversations with patients, who influenced the nature and form of the different entries, most of which were dictated by Ferenczi and typed by his secretary. Therefore, unlike many intimate diaries and notebooks, the *Clinical Diary* did *not* emerge from daily writing practices (only one-fifth of the text was handwritten), but from the time Ferenczi spent with his patients and secretary, who typed the words spoken between patient appointments. Moreover, the diary was not a "secret" text: Ferenczi's closest colleagues and family members, such as Gizella Ferenczi, Michael and Alice Balint, and Vilma Kovács, knew of its existence (Ferenczi, 1932/2014, 7-10, 19-32).<sup>4</sup>

When analyzing the *Clinical Diary*, Galtier introduced "the chronographic method" (*la méthode chrono-graphique*) to identify the psychoanalyst's late writing practices (Galtier, 1997, 241). She applied the method to the handwritten notes from 1930 to 1932 (including the closing October entry of the diary), which allowed her to

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<sup>2</sup> It should be noted that, although they are often used interchangeably, there is a difference between the terms "diary" and "journal" in life writing studies. The English term "journal" seems to be closer to the German "Tagebuch" and the French "journal" because of its etymology. The emphasis on a daily dimension of writing practices ("Tage-Buch," "der Tag"/"journal," "le jour") makes "Tagebuch" a particular form of daily writing routine that is closely related to dated, non-linear, and non-coherent short entries (directly linked to lived experience).

<sup>3</sup> On the genre of the research journal, see Lourau, 1988.

<sup>4</sup> After Ferenczi's death, his manuscripts (the future *Clinical Diary* included) were given to Michael Balint by Gizella Ferenczi. Balint undertook their editing and was responsible for decoding the handwritten parts. The publication of Ferenczi's diary was not possible until the late 1960s because of his conflict with Freud as well as Jones's subsequent unjustified allegations about Ferenczi's mental illness.

look at Ferenczi's late work not in terms of the content, but in terms of the writing and recording techniques he used (Ferenczi, 1949). Ferenczi's diary was his final and unfinished project, in which his many years of work on therapeutic techniques in psychoanalysis were supposed to culminate. Remarks by Michael Balint – its first editor – indicate that it was not a collection of unrelated notes, but rather a deliberately created diary devoted to psychoanalytic methods.

The key issue I would like to address concerns the specificity of the *Clinical Diary* in terms of its genre and its oral dimension. I will concentrate on the fact that what is commonly called a “clinical diary”, in its greater part was dictated, not written. Therefore, it is crucial to think not only about reading Ferenczi's diary, but also about listening to it.

The importance of the spoken word in psychotherapy was pointed out by Freud himself. In his *Introductory Lectures on Psycho-Analysis*, presented at the University of Vienna in 1915-1917, Freud stated:

“Words were originally magic and to this day words have retained much of their ancient magical power. By words one person can make another blissfully happy or drive him to despair, by words the teacher conveys his knowledge to his pupils, by words the orator carries his audience with him and determines their judgements and decisions. Words provoke affects and are in general the means of mutual influence among men.” (Freud, 1916-1917/1961, 16)

In analysis, spoken words are a “particular type of sound-based events” (Barale & Minazzi, 2008, 938) that can lead to “mutual influence.” It should be noted that the belief in the magical power of spoken words at that time was already strong in anthropology (especially in Bronislaw Malinowski's thought) and undoubtedly influenced Freud's reflection.

As a spoken journal, the *Clinical Diary* represents a special case of a lifewriting genre. First, it was private (not intended for publication at the time of its creation) and intimate (because of its content, especially the self-analytic passages), and yet, paradoxically, also non-secret (created with the participation of another person – the secretary). Second, it was spoken. The oral dynamics of Ferenczi's recorded notes bring them closer to the situation of a meeting between the analyst and the analysand. Therefore, the *Clinical Diary* can be read to a much greater extent in the speaking–listening perspective (the inner dynamics of therapeutic work) rather than the narrative–interpretative one (the psychoanalyst as a writer), which earns it a special location on the map of prewar psychoanalytic literature.

In the *Clinical Diary* only minor parts were handwritten, while most were typed. Ferenczi addressed many topics: self-analysis related to his relationship with Freud, paranoia, denial, schizophrenia, homosexuality, the Oedipus complex, the question of the effectiveness of current therapeutic methods, and the new trauma theory. The *Clinical Diary* was composed at a significant time for Ferenczi's personal and professional biography. By the time he started working on the diary, his friendship with Groddeck had already weakened, while his relationship with Freud had gone from cool to open conflict. The last remarks in the diary followed an unpleasant

meeting with Freud in Vienna and a later congress in Wiesbaden. Due to its content and novelty, *Clinical Diary* had to wait a long time to be published. As Balint recalled:

“We thought it would be better to wait until the immediate repercussions of the disagreement between Freud and Ferenczi had subsided. This would allow time for the creation of a more favorable atmosphere for the objective evaluation of Ferenczi’s ideas contained in the *Diary*.” (Ferenczi, 1932/2014, 8)

The reception of Ferenczi’s late reflections, which were published under the title *Final Contributions* (Ferenczi, 1955), was further worsened by Ernest Jones’s (Ferenczi’s former analysand’s) harmful remarks in the third volume of his monumental biography of Freud (Ibid., 8-9).

The manuscript of the diary<sup>5</sup> contains two hundred and ninety-two pages, of which fifty-six were handwritten by Ferenczi. It means that 19 percent of the diary was written by hand. In his journal (future *Clinical Diary*) Ferenczi spoke about mutual analysis (30 entries, mostly typed), therapeutic techniques (63 entries, 10 typed), self-analysis (only 13 entries, 7 handwritten and 6 typed), trauma theory (65 entries, mostly typed), gender and sexuality/especially homosexuality (31 entries, mostly typed), there are also entries related to ongoing analyses with R.N. (Elizabeth Severn) – 28, D.M. (Clara Thomson) – 16, Ett. (Izette de Forest) – 2, N.D. (Roberta Nederhoed) – 1, B. (Alice Lowell) – 25, S.I. (Harriot Sigra) – 19, U. (Teddy Miller) – 4, O. S. [R./R.S. in the manuscript] – 9, F. – 1.

The indication of which entries were written by his own hand, and which were typed is particularly important because it opens up the question of which notes remained in the private domain (written down privately, for oneself) and which entered the public sphere upon their conception (by being spoken out loud while dictated and typed). The significant quantitative discrepancy between the spoken word and the written text once again raises the principal question of whether the *Clinical Diary* is more of an oral (intended for the ear) or written work (intended for the eye). A perfect example of this is the (dictated) entry from January 19, 1932. Ferenczi spoke about himself in the third person: “Similarly, her [Severn’s] partner of the mutual analysis [Ferenczi] had compensated in his youth by endless masturbatory activity [...]” (Ferenczi, 2014, 15). Notably, such a masking-strategy was no longer needed in his handwritten notes. At the same time, in another (dictated) entry (from March 17, 1932), Ferenczi speaks openly (in the first person) about the sexual trauma he had experienced in early childhood (61).

This shows that in the case of Ferenczi’s journal, his masking strategy (myself described as other) was not used uniformly. The written entry cannot be always seen as more “private,” more “intimate” than the typed one (i.e., spoken). In the anthropology of writing an oral situation (the necessity to speak) is usually considered less intimate than a one-to-one event of writing (f. ex. in the case of journal/diary/letter writing practices). Ferenczi’s *Clinical Diary* proves though that the binary categories, so often used in our theoretical writings – “oral” (presumably more public) and “textual” (more private, but only in the case of life writing) – in the context of

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<sup>5</sup> My analysis is based on the manuscript of *Clinical Diary* held in Freud Museum London.

psychoanalytic literature cannot be sustained. And yet, contrarily to most subjects, the issue of self-analysis in *Clinical Diary* has more entries that are handwritten, and not typed, which seems to be significant.

In the light of its genre's features, *Clinical Diary* can be described as a written-oral form of loosening the boundaries between private self-narrative and public discourse. The issue signaled here is perfectly reflected in Jacques Derrida's reflection on the archive of psychoanalysis and the politics of autobiography. In a famous lecture given in 1994 at the Freud Museum London, Derrida paid particular attention to the institutionalization of knowledge – in this case, through the Freudian archive (of the history of psychoanalysis) and Sigmund Freud's private archive (Derrida, 2005a). The power of legislation, Derrida argued, is based on drawing boundaries between the public and the private, the personal and the scientific. Following this path, he asked: "What comes under theory or under private correspondence, for example? What comes under system? under biography or autobiography? under personal or intellectual?" (Ibid., 4-5). Revealing and deconstructing the boundaries between the subjective and the objective would thus serve as a creative method of reinterpreting archive politics. Because psychoanalytic practice and institutions reveal the inextricable knot between personal history and the "invention of psychoanalysis" as a project of knowledge, one can look at the *Clinical Diary* without distinguishing between what is intimate (private) and what is analytical in the text. That way, the influence of Ferenczi's everyday experiences on the development of psychoanalytic theory comes to the fore. The key to such an understanding of the psychoanalyst's diary is the date placed above the entry. It introduces an element of everyday life into Ferenczi's research practice, acting as a floating boundary between work and everyday life, between the theoretical system and the one who creates it.

Derrida was clearly fascinated by genre-blurring and destabilization of genres as a part of "the interpretive drive," of which he was a vital participant. Using Friedrich Nietzsche's deeply personal philosophical treatise *Ecce Homo* as a prime example, he showed the mechanism by which a theoretical-autobiographical text was pushed outside the framework of philosophy and placed in the field of personal writing. In lectures devoted to "otobiographies," Derrida emphasized the relationship between autobiography and listening (the ear) – the dynamics of constructing a story in relation to the one who listens (Derrida, 2005b). In this light, the relationship between what is considered intimate (self-analytic), related to the presence of others (the ear – listening), and the institutionalization of what is at once intimate and scientific (theoretical) becomes crucial for the autobiographical genre. Like *Ecce Homo*, Ferenczi's *Clinical Diary* simultaneously belongs to the space of theory and life writing.

The proximity of the theoretical discourse of psychoanalysis to the various forms of autobiographical records can be observed in the quest to discover the origins of the self. In both autobiography and psychoanalysis, the way to gaining knowledge of the self leads through self-analysis. At the same time, in his diary, Ferenczi turned to a new kind of self-analysis – to *auto-genesis*, for which communication with others (speaking–listening) rather than writing is necessary. In contrast to self-analysis, mutual analysis was an event that was both intimate and interpersonal because it



implied the presence of the other person. In this sense, analysis and self-analysis conducted in Ferenczi's (spoken) diary ceased to be a form of solipsistic monologue and instead turned into an oral tool of understanding oneself in relation to others.

### **Analysis as a relational event: the (im)possibility of self-analysis**

Ferenczi's (self-)analytic practices are closely related to the development of mutual analysis and his close relationship with Georg Groddeck. The surviving correspondence between Groddeck and Ferenczi – unlike that between Ferenczi and Freud – is rather one-sided. There are only three letters sent by Groddeck out of Ferenczi's fifty-two letters and postcards (Ferenczi & Groddeck, 2006, 11-12). Nevertheless, a close reading of selected letters from the first period of their correspondence (1921–1922) allows us to see why Groddeck and Ferenczi drifted away from each other over the following years. For one, Severn's appearance played a significant role in weakening their relationship. Not only was she eager to follow her analyst's intuitions, but living in Budapest, she was physically closer to Ferenczi, which naturally facilitated their communication. The loosening of some ties in favor of others provides an important context for a better comprehension of how Ferenczi approached analysis and self-reflection late in life.

Groddeck and Ferenczi became aware of the differences between them rather quickly. Indeed, two distinct portraits emerge from their early correspondence: one of Groddeck as an unorthodox psychoanalyst who used theory primarily as a tool for developing his philosophy of culture and bent language freely for autobiographical and literary expression; and the other of Ferenczi as a psychoanalyst who treated theory as an infinitely fertile tool for improving therapeutic methods. Ferenczi pointed out that in the patient–analyst relationship – which develops analogously to the child–caretaker relationship – the free expression of emotions is necessary. To Groddeck, he wrote on Christmas 1921: “So, taken objectively, it is no small matter if [...] I declare myself defeated by your naturalness, your natural kindness, and friendliness. Never before have I expressed myself so openly to a man, not even to ‘Siegmond’ [Freud]” (Ferenczi & Groddeck, 1921/2006, 53). Openness, warmth, and trust were impossible to achieve with Freud in the role of an analyst. As Ferenczi admitted, “I could not open up to him completely freely” (Ibid.). Under the circumstances of being unable to “open up freely” to the analyst, the analysis itself ceased to be possible.

In the same letter, Ferenczi revealed another important aspect of the patient–analyst relationship. Freud's lack of openness and his frigidity not only reduced the effectiveness of Ferenczi's analysis itself, but they also harmed his intellectual work and, as a result, his career in the psychoanalytic movement. Freud's authoritarian approach and his narcissism, diagnosed by Ferenczi in the *Clinical Diary*, had a destructive effect on the freedom of Ferenczi's thinking, preventing him from achieving something he could see in Groddeck: the unrestrained expression of creative fantasy liberated from Freud's orthodoxy. Ferenczi did not hesitate to posit that the affect and the intellect are inseparable in theoretical and analytical work, developed in

daily writing practices based on logic, intuition, inspiration, and creative imagination. As Ferenczi added, recalling his close collaboration with Freud in the first years of their relationship:

“The consequence was that in Palermo, where he wanted to work on the famous paranoia case (Schreber) together with me, in a sudden outburst of rebellion, on the very first evening of our work, when he wanted to dictate something to me, I stood up and declared that this was not working together after all if he simply dictated to me.” (Ferenczi & Groddeck, 1921/2006, 53)

Ferenczi identified Freud's failure to recognize an intellectual partner in him as the principal cause of his desire to rebel – to break with the Father's Law – and to gain freedom of thought. In describing the famous Palermo incident, Ferenczi addressed not only the sources of his future unsuccessful analysis but also diagnosed the destructive effect of casting Freud in the role of his master and teacher. Although in his text “Analysis Terminable and Interminable” (1937) Freud used Ferenczi's case as an example of successful analysis, the self-analytic letter to Groddeck from 1921, as well as his late correspondence with Freud, leave no illusions about Ferenczi's judgment. His own experience led him to criticize the accepted models of treatment in psychoanalysis. One problem was the (im)possibility of self-analysis. Concerns related to self-analysis as an effective method of self-discovery and self-knowledge reappear in Ferenczi's letter to Groddeck dated October 11, 1922. He wrote:

“I do not believe in self-analysis. The unconscious is clever enough to mislead one just in the most important aspects. The analysis involves a degree of self-expression that is not possible if one allows a large part of one's psyche to act as a critical instance – and that is what one does in self-analysis if one wants to be both father and son. [...] That way, one does not arrive at essentially new insights about oneself. For this, the ‘boiling heat of the transference’ is necessary, which is missing in the self-analysis.” (Ferenczi & Groddeck, 1922/2006, 73)

Ferenczi's words echo both the arguments made against self-observation as an effective method of psychological expertise that were typical for the second half of the nineteenth century. In Ferenczi's eyes, self-analysis as a method of reaching the unconscious was too prone to error. That was because the individual was unable to look at himself in a critical, purely objective way. The work of transference was also impossible in self-analysis (see Ferenczi, 1921). Therefore, Ferenczi concentrated on the effects that self-analysis had had on Freud:

“That self-analysis contradicts the rule of ‘sociality’ is also proved by the following facts: can the mentally ill, who, as a result of the change of their mental structure, make themselves independent from society (become asocial), truly analyze themselves, i.e., discharge the content of their unconscious effortlessly, without the help of a midwife?” (Ferenczi & Groddeck, 1922/2006, 74)

Ferenczi's explicit objection to self-analysis as a method was addressed to Groddeck, whose novel *The Book of the It* – like Freud's *The Interpretations of Dreams* – was

situated at the intersection of autobiography, fiction, and psycho-medical discourse. However, the critique of self-analysis in this case was meant to serve as an encouragement to subject oneself to analysis understood as a relational (interpersonal) event.

As we read in the following part of Ferenczi's letter: "I am writing all this to invite you once again to *urgently* come to Budapest and *continue your analysis here* [italics mine]" (Ibid., 75). Ferenczi was most likely referring to the attempts to mutually analyze each other that he and Groddeck had made during their stay in Baden-Baden in 1921 and 1922. Groddeck's response from October 12, 1922, made it clear that discussions around self-analysis had become a central aspect of their disagreement over methods in psychoanalytic inquiry. In his reply, Groddeck wrote: "I will pass over the self-analysis and its results [...]. In my opinion, the main analyzer is life itself, and what we doctors do in the process is mostly a miserable self-exaltation" (Ibid., 79).

Characteristically, Groddeck regarded life – understood as synonymous with *élan vital* – as the greatest teacher and considered every man a tool in the hands of the unconscious – "das Es." At the same time, the "life itself" described by Groddeck lay deep inside every individual. Therefore, in this case, self-analysis allowed one to see the mysterious workings of "das Es." As the excerpts from Ferenczi's and Groddeck's correspondence quoted above represent well, the main issue was their different evaluation of self-analysis as a method of psychological expertise. Nevertheless, Ferenczi's critical reflection on self-analysis as a method strengthened his conviction that analysis was first and foremost a social fact – an interpersonal event based on affective exchange and reciprocal, empathic engagement.

### **Ferenczi's (private) revolution: mutual analysis**

Revolutions in science usually proceed imperceptibly, and yet they lead to breakthroughs in the prevailing order of knowledge. A shift can evolve in years of discussion, but it can also be brought about by one or two publications. Ferenczi's "Confusion of Tongues" (1933) – a text that can be regarded as a direct result of the mutual (self-)analytic practices by Ferenczi and Severn – turned out to be such a watershed moment in the pre-World War II history of the theories and practices of psychoanalysis. In this case, as in the entire history of psychoanalysis, personal ties intersected with the practices of self-analysis and analytic work with patients. A new way of thinking about the patient–analyst relationship emerged in a place where listening to the patients' stories met a reflection on therapeutic techniques.

Severn came to Budapest for her analysis with Ferenczi after unsuccessful experiences with other psychoanalysts: Smith Ely Jelliffe, Joseph Asch, and Otto Rank. She recalled Rank and Jelliffe as insensitive, one-sided, and even sadistic. These difficult experiences shaped her critical judgment of Freudian therapeutic methods. In *The Discovery of the Self*, Severn wrote: "The greatest objection to be made against psychoanalysis as such is, in my opinion, its *rigidity*. Being devised as a systemic and



observational method, *it lacks in flexibility and humanness in its personal application to sick people [italics mine]*" (Severn, 2017, 51-52; Rudnytsky 2022, 74). Severn's critical remarks against "mainstream" psychoanalysis brought her close to both Ferenczi and Groddeck.

In her reflection on trauma, Severn drew from her own experience, placing herself as one of the subjects of her study. As Rudnytsky points out: "Severn was not only sexually, physically, and emotionally abused but as a result suffered from what would today be classified as a dissociative identity disorder" (Rudnytsky, 2022, 15). Confronting her patients' traumatic experiences, Severn – alongside Ferenczi – criticized the Freudian account of trauma. On January 31, 1932, Ferenczi noted that even in cases of paranoia, the psychoanalyst must search for a grain of truth in his patients' stories (Ferenczi, 1995, 130). The difference between Freud's, Ferenczi's, and Severn's views on infantile sexuality and the techniques of working with patients had been revealed earlier in a heated discussion about the "Kusstechnik" used by Ferenczi in therapy with one of his patients (Clara Thompson).<sup>6</sup> On December 13, 1931, Freud had written to Ferenczi, hoping that no one else would learn about this "method." For Freud, the image of a patient kissing the analyst was sexually explicit, while Ferenczi believed that he was thus enabling the analysand to reclaim the role of a child severely abused by her parents.

Ferenczi had documented the progress of his work with Severn and the difficulties related to mutual analysis since January 1932. After a prolonged interruption to his diary entries (June 1932 to October 1932), he recorded the following remark: "Once mutuality has been attempted, one-sided analysis then is no longer possible – not productive" (Ibid., 213). This fragment marks the moment when mutual analysis went beyond the experimental stage and became a method of therapy. Importantly, Ferenczi did not "invent" it alone. Rudnytsky wrote about mutual analysis as Ferenczi and Severn's shared achievement: "Ferenczi and Severn jointly gave birth to trauma theory in psychoanalysis [...]. This revolution on the plane of theory goes hand in hand with a shift to a fully two-person, intersubjective approach to clinical practice" (Rudnytsky, 2022, 15). The shift in analytic practices was primarily related to the appreciation of the importance of the patient–analyst relationship and empathy as a key element of the psychoanalyst's approach. In psychoanalytic literature of the time, the revolution was foreshadowed by Ferenczi's and Severn's texts: "Confusion of Tongues" and *The Discovery of the Self* respectively. Traces of the practice of "mutual analysis" and a departure from the one-sided understanding of the psychoanalyst–patient interaction had appeared earlier and flourished in "clandestine circulation" – in Ferenczi's spoken journal and in his 1932–1933 correspondence with Freud.

The tension between the published (revealed) works and the intimate (hidden) revolutionary reflections clearly speaks to the dynamics of knowledge formation between the private and the public. In his diary, under the date of February 20, 1932, Ferenczi stated:

"In another case, in spite of months of repetition of the trauma, there is no conviction. The patient says, very pessimistically: it will never be possible for

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<sup>6</sup> Cf. Ferenczi, 1932, 2-4.

the doctor really to feel the events I am going through. Thus he cannot participate in experiencing the 'psychophysical' intellectual motivation. I reply: Except if I sink down with her into her unconscious, namely with the help of my own traumatic complexes. The patient appreciates this, but has legitimate doubts about such a mystical procedure." (Ferenczi, 1932/1995, 38)

Mutual analysis was intended as a technique to shorten the distance between the analyst and the patient. The trust between them hinged on mutual honesty and openness. The psychoanalyst and the patient, having found themselves in an equal position, were thus able to look at their own experiences anew – through the eyes of the other. In this context, on February 24, 1932, Ferenczi emphasized:

"Mutual analysis may originally have been invented by patients as a symptom of their paranoid distrust: to obtain confirmation that they were right to uncover diverse resistances, caused by antipathies, in the analyst, and to compel him to admit to these impulses. [...] The methodical analytical intentions assumed a rather more complicated form in the case of R.N. [...] After years of analysis came the idea of mutual analysis." (Ibid., 42-44)

The relational dimension in the formation of psychoanalytic theory was evident from its very beginnings. Like Josef Breuer was guided to talk therapy (the talking cure) by Anna O. (Bertha Pappenheim), Ferenczi could experiment with mutual analysis with Severn. On March 13, 1932, Ferenczi wrote:

"Certain phases of mutual analysis represent the complete renunciation of all compulsion and of all authority on both sides: they give the impression of two equally terrified children who compare their experiences, and because of their common fate understand each other completely instinctively try to comfort each other. Awareness of this shared fate allows the partner to appear as completely harmless, therefore as someone whom one can trust with confidence." (Ibid., 56)

The image of the frightened and lonely child became a model for Ferenczi's understanding of the relationship between the patient and the analyst. The relationship was to be free from any hierarchy and from the psychoanalyst's interpretative power.

Ferenczi's late letters to Freud can be read as a negative of his *Clinical Diary*. The two analysts' late correspondence documented a process of the disintegration of their intellectual and affective relationship (Haynal, 2002). In one letter to Freud, Ferenczi reported that his intensive work with his patients had led him to self-criticism, and, at the same time, to a rethinking of the psychoanalytic method's fundamental assumptions. On August 13, 1932, he stated in his diary:

"Psychoanalysis lures patients into 'transference.' The profound understanding and the keen interest in the most minute details of their life history and of the impulses of their psyche are naturally interpreted by the patients as a sign of profound personal friendship, indeed tenderness. As most patients are psychic shipwrecks, who will clutch at any straw, they become blind and deaf to the facts that would indicate to them how little personal interest analysts have in their patients. Meanwhile the unconscious of the patients perceives all the

negative feelings in the analyst (boredom, irritation, feelings of hate when the patient says something unpleasant or something that stirs up the doctor's complexes). The analysis provides a good opportunity to carry out unconscious, purely self-seeking, ruthless, immoral, indeed so to speak criminal actions and similar behavior guiltlessly [...], such as a sense of power over a succession of helplessly devoted patients, who admire him without reservation." (Ferenczi, 1932/1995, 199)

Despite the friendly attitude, the analyst found it hard to get rid of the sadistic pleasure (Sadistisches Vergnügen) taken at the patient's expense (Ibid., 264). In such a situation, the only thing that could help was to give up the position of power and step into the path of mutual analysis. Such a model of therapy did not suit Freud. And this was how Ferenczi commented on his objections: the symbolic death of the teacher–father is necessary for the disciple–child to find his own way in research practices.

The phantom of the repressed seduction theory returned with the publication of the "Confusion of Tongues" and Severn's *The Discovery of the Self*. Ferenczi merged the problem of the reality of childhood traumas with his attempt to reform psychoanalytic therapeutic methods, for which mutual analysis with Severn was the first step. Ferenczi devoted thirteen dated entries in his diary exclusively to mutual analysis. They illustrate the transition from an experiment to the constitution of a new psychoanalytic method. For both Ferenczi and Severn, this partnership – as oriented around trauma and dissociation – had not only a theoretical dimension but also an autobiographical one. In his first note dedicated to Severn, Ferenczi wrote:

"The last great shock struck this person, who was already split into three parts, at the age of eleven and a half. In spite of the precariousness of that *tripartitum*, a form of adaptation to the apparently unbearable situation had set in over the years." (Ferenczi, 1932/1995, 9)

Following earlier findings by Pierre Janet and Morton Prince, he recognized the mechanism of dissociation in Severn and interpreted it as an effect of a series of traumatic experiences.

The result of the trauma was the loss of contact with one's feelings, which resembles the concept of "als ob" described by Helene Deutsch in 1934. In the *Clinical Diary* Ferenczi noted:

"After the second shock, we therefore have to deal with a third, soulless part of the personality, that is to say, with a body progressively divested of its soul, whose disintegration is not perceived at all or is regarded as an event happening to another person, being watched from the outside." (Ibid., 9)

As a victim of childhood sexual abuse himself, Ferenczi could not help but see fragments of his own experience in Severn's account. References to her case were not only part of his work strategy but could also function as a catalyst for renewing his own self-analysis.

In *The Discovery of the Self*, Severn referred to Ferenczi's case as an illustration of the exact same mechanism that Ferenczi registered in his diary (Rudnytsky, 2022, 94-100). Severn noted:

“The patient I have just referred to is one in point. He was a boy of six, his nurse the offender. She was a comely young woman of voluptuous type who, for the satisfaction of her own urgencies, seduced the child, i.e., used him forcibly as best she could in lieu of an adult partner. The effect on the child was twofold: he was, on the one hand, horrified, frightened, and emotionally shocked by coming in contact with such emotional violence. On the other hand, he was in a real sense ‘seduced’ in that he was made suddenly and unduly precocious, a *desire* was aroused in him that was beyond his years.” (Severn, 1933/2017, 98)<sup>7</sup>

The description of the seduced child as a victim of the confrontation with uncontrollable desire is further reflected in Ferenczi’s “Confusion of Tongues.” A comparative reading of the *Clinical Diary* and *The Discovery of the Self* shows that mutual analysis was primarily an interpersonal practice of working through a series of traumatic events from childhood that emotionally bound the analyst and patient together. The reciprocal self-analytic dimension of mutual analysis resonates in Ferenczi’s diary and in *The Discovery of the Self*. As Rudnytsky emphasizes in this context:

“[B]ecause Severn also includes her own case history, and that of her daughter, in *The Discovery of the Self*, her book takes its place in the venerable analytic tradition – extending from Freud and Ferenczi to Horney and Kohut – of covert autobiography, while at the same time employing material from the analyses of both a colleague and a family member.” (Rudnytsky, 2022, 16)

While Ferenczi’s spoken diary consisted of brief and precise notes, comments and explanations that did not develop into a theoretical treatise due to their fragmentary form, Severn returned to the tradition of the psychoanalytic case study, bringing together her patients’ heterogeneous voices in a polyphonic *quasi*-literary and -autobiographical narrative shaped by the psychoanalyst in the role of a writer.

## Conclusion

This paper offered a reading of Ferenczi’s 1932 diary as a turn away from the psychoanalytic narrative toward oral commentary as a direct extension of the analytic encounter – an attempt to remain as close as possible to the spoken dimension of patients’ stories. The emphasis on logic (rationalism) and the critique of vague concepts that became apparent in the Ferenczi–Groddeck debate on the method posed the risk of transforming the patients’ words into a case study. Mutual analysis can thus be viewed not only as an experiment in the field of analytic practices but also as a break with previous practices of psychoanalytic writing.

Ferenczi’s journal marks a shift in psychoanalytic literature – from the model of theorizing the patients’ experiences to the relational model of empathizing with the analysand. At the same time, careful listening to the analysands’ stories constituted a

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<sup>7</sup> Cf. Rudnytsky, 2022, 95.

path toward a constantly renewed self-analytic confrontation with one's own emotional biography. In the last years of his life, in contrast to Freud and Groddeck, Ferenczi wanted to show that psychoanalysis was more of a relational practice based on speaking and mutual listening than a method of creating a narrative. That is why Ferenczi considered the continuously affected mind and, above all, the ear – rather than a pen and paper for the next great case study to be written – as the most important tools for the psychoanalyst's work and the proper centers of the psychoanalyst's intellectual fertility.

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