

THE MIND-BODY INTERFACE IN SÁNDOR FERENCZI: A HISTORICAL PERSPECTIVE OF THE PSYCHOANALYTIC PSYCHOSOMATICS BEGINNINGS¹

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ABSTRACT: This study's primary objective was to present Sándor Ferenczi's (1873-1933) understanding regarding the mind-body interface, emphasizing two fundamental concepts proposed by the author: pathoneurosis and organ neurosis. Note that, based on his understanding of Freud, the author resorts to the theoretical model of hysteria to introduce pathoneuroses but aligns his position with the formulations of actual neuroses to describe organ neuroses. Therefore, we argue that Ferenczi provided very important support for further advancements in the field of Psychoanalytic Psychosomatics, even though this fact is often not properly acknowledged.

Keywords: Psychoanalytic Psychosomatics; Ferenczi, Sándor; History of psychoanalysis.

RESUMO: A interface mente-corpo em Sándor Ferenczi: perspectiva histórica dos primórdios da Psicossomática Psicanalítica. Este estudo teve como objetivo principal apresentar as concepções de Sándor Ferenczi (1873-1933) sobre a interface mente-corpo, destacando, sobretudo, dois conceitos fundamentais propostos pelo autor, a saber: patoneurose e neurose de órgão. Salientamos que o autor, fundamentando-se em Freud, recorre ao modelo teórico da histeria ao aludir às patoneuroses, mas alinha seu posicionamento às formulações acerca das neuroses atuais, ao descrever as neuroses de órgão. Dessa forma, sustentamos que as contribuições de Ferenczi forneceram subsídios de grande relevância para os progressos posteriores no campo da Psicossomática Psicanalítica, ainda que tal fato muitas vezes não seja devidamente reconhecido.

Palavras-chave: Psicossomática Psicanalítica; Sándor Ferenczi; História da Psicanálise.

DOI - <http://dx.doi.org/10.1590/1809-44142017003005>

INTRODUCTION

The relatively recent configuration of Psychoanalytic Psychosomatics as a field of study raises a number of questions given the complex relationships it establishes with Medicine, on one hand, and with Psychoanalysis, on the other hand, which is already more directly inserted in its working proposal. Peres and Santos (2012), however, states that currently it would be more appropriate to employ the term “Psychosomatic”, not to qualify certain organic diseases – that is, disorders that affect the body in its material dimension – supposedly psychogenic diseases, but rather to name a scientific discipline based on the existence of a functional unity between body and mind. This discipline has established, from its origin, a fertile dialogue with Psychoanalysis and is characterized as an extension of its postulates, even though it is also supported on conceptual elements arising from other theoretical perspectives.

Some disagreement, however, still permeates the relationship between Psychoanalysis and Psychoanalytic Psychosomatics. In a paper discussing the development of Psychoanalytic Psychosomatics during the 20th century, Casetto (2006) emphasizes that some analysts are still reluctant in regard to applications of the theory and technique in the understanding and approach to psychological aspects of organic diseases. Gurfinkel (1997), in turn, points out certain deadlocks in the dialogue between Psychoanalysis and Psychoanalytic Psychosomatics in regard to the foundation and delimitation of the scope of their applications, though it does argue that it is impossible to separate one from another when considering that they share the same theoretical understanding regarding mental functioning and its interface with somatic functioning.

This study’s objective is to outline, on a historical basis, the beginnings of the development of Psychoanalytic Psychosomatics. More specifically, our primary objective is to present the views of Sándor Ferenczi (1873-1933) on the body-mind interface, mainly highlighting two fundamental concepts proposed by the author: pathoneurosis and organ neurosis. To address this goal with this context in mind, however, first we briefly circumscribe the role of this Hungarian psychoanalyst in the beginnings of Psychoanalysis and establish similarities between his theoretical position and that advocated by Georg Groddeck (1866-1934), who, in general, proposed an interpretive reading of bodily phenomena. Furthermore, we will present brief remarks on Freudian formulations of hysteria and actual neuroses, recognizing that these have exerted great influence on Ferenczi’s ideas.

The objective of this strictly bibliographical study is to present both the theoretical and historical contexts that permeate the original ideas of these authors – especially Ferenczi – regarding the topic under study. The idea of presenting this appraisal is important because it constitutes a reinterpretation based on an updated view; that is, the subject is viewed from a different and later perspective in order to analyze a set of theoretical formulations in a larger and more complex picture (CASADORE, 2014). Hence, this study’s legitimacy lies in the possibility of reconfiguring understandings and also establishing parallels and similarities between past and present. It is worth mentioning that theoretical studies in Psychoanalysis, according to Mezan (1993), are still characterized by maintaining a strict bond with clinical practice to the extent that they favor reflection that ultimately originates from clinical practice or refers to it.

THE FIGURE OF SÁNDOR FERENCZI AT THE BEGINNINGS OF PSYCHOANALYSIS

Ferenczi was part of the first generation of psychoanalysts but still today plays a central role in studies addressing the progress of Psychoanalysis, especially in relation to so-called “difficult cases”. This Hungarian psychoanalyst, often known as “the most brilliant clinician of all the history of Psychoanalysis” (ROUDINESCO & PLON, 1998, p. 751), stands out because of his experimentation regarding the psychoanalytical technique, firmly keeping in mind the role of an analyst, the ethics of the working relationship established with the patient, and intrinsic to it, the therapeutic relationship (CASADORE, 2012).

Ferenczi took a relentless investigative approach and when he encountered the complexity of certain patients, he did not hesitate to formulate new hypotheses or explore different techniques. At a very early time in psychoanalytical development, such an undertaking was sometimes radical. Regardless, the author was encouraged by Freud to write and share what he was experiencing at the clinic. It is important to mention

that, even though original, Ferenczi's initiatives were always cautious and his writings show much self-criticism and constant questioning regarding what he put into practice, always accompanied his work.

In our view, it was precisely this "restless spirit" (FERENCZI, 1931/2012, p. 80) presented throughout the author's work that led to his recognition as a brilliant clinician. In the obituary written on the occasion of Ferenczi's early death, Freud even said that his works had made "all analysts his disciples" (FREUD, 1933/1996, p. 224). Michael Balint (1896-1970), Ferenczi's student, wrote 15 years after his death that, after Freud, the author who contributed the most to the advancement of Psychoanalysis was precisely Ferenczi. He also highlighted that Ferenczi had anticipated theories regarding some issues that would emerge only later – such as the study of the most archaic stages of child development – and, therefore, it would be important to return to Ferenczi's ideas to better understand them (BALINT, 1948/1957).

GRODDECK AND FERENCZI: THE FIRST PSYCHOANALYTIC PERSPECTIVES OF ORGANIC DISEASES

Ferenczi recognized Groddeck to be a pioneer in studies that aimed not only to establish an intimate relationship between emotional states and physiological functioning but also in the application of psychoanalytical knowledge to treat patients affected by organic diseases. Groddeck, a German doctor of vitalistic inspiration, had already presented his ideas regarding the subject in the mid-1910s and was at first encouraged by Freud to publish his books and papers. He found in Ferenczi an interlocutor who shared several of his positions regarding psychoanalytical theory and technique.

The friendship between these two authors was responsible for mutual influences in the construction and development of their theories. Fortune (2002), based on analyzing correspondences exchanged by Ferenczi and Groddeck, notes that their letters revealed a frank and open friendship when compared to those exchanged with Freud, for instance. For this reason, they discussed very personal issues and how much these issues would represent a variable in their clinical practice and theories.

We consider it important to note that they met by means of Freud. Ferenczi's recently published paper, "Disease or pathoneuroses," was mentioned by Freud in the first letter he wrote to Groddeck. Freud's intention was precisely to bring them into contact with each other due to their common interest in the psychological factors of organic diseases. In the same year, after they had met personally, the Hungarian psychoanalyst wrote a review dedicated to Groddeck's book "*Die psychische Bedingtheit und psychoanalytische Behandlung organischer Leiden*", in which he exalts the originality of his colleague with respect to his theoretical theories and also praises the way he conceives his investigative methods, essentially grounded in facts and experiences (FERENCZI, 1917b/2012).

Additionally, a few years later, Ferenczi wrote another review of a new book authored by Groddeck, "*Der Seelensucher: ein psychoanalytischer Roman*", in which Ferenczi reaffirms that "you cannot, in any case, contest the seriousness of the author's thesis or the rigor of his argument" (FERENCZI, 1921/2012, p. 142). In this text, Ferenczi highlights that the advent of Psychoanalysis indicates that the unconscious is much closer to the body's "physical sphere" than consciousness is. The author also asserts that analysts had focused on physical changes presented in conversion hysteria, while Groddeck had sought a seldom-explored theoretical path to apply Freudian contributions in the field of General Medicine in an attempt to delimit psychological factors of various organic diseases, attributing them to a defense against "unconscious sensibilities".

We believe it is valid to consider Groddeck not merely as an influence on Ferenczi; he was rather an inspiration. As put by Fortune (2002), it is possible to speculate that, if not for the relationship Ferenczi had with Groddeck, the "last Ferenczi" – the one who questions some of Freud's perspectives and, therefore, overcomes certain borders hitherto between theory and psychoanalysis technique – would not exist. When analyzing the content of the letters exchanged between the two psychoanalysts, Fortune highlights that Ferenczi equally admired Groddeck as a writer and admitted that he would like to be able to write as well as him and feel free to take positions about everything he wanted without agonizing over potential negative critiques; Ferenczi was specifically afraid of Freud's potential critiques. Groddeck helped Ferenczi overcome his "blockages" and ended up inspiring him to finish "*Thalassa*" (FERENCZI, 1924b/2012), a book in which he presents almost experimental postulates linking Psychoanalysis to Biology, especially using Evolutionary Theories, in an attempt to draw parallel and consistent lines between the phylogenetic and ontogenetic development.

In this same year, Ferenczi coauthored a publication with Otto Rank (1884-1939), “The development of Psychoanalysis” (FERENCZI, 1924a/2012), in which he criticized the psychoanalytical technique and assumes the need to rethink it, considering factors such as the therapeutic relationship and its setting. This manuscript already shows original, incisive and problematizing writing, which, it should be noted, led up to a series of papers increasingly focused on clinical practice and those demands considered to be difficult or counter-indicated in a psychoanalytical treatment. This period, the mid-1920s, can be considered a turning point of the content of Ferenczi’s work.

If, on the one hand, his “restless spirit” and the primacy of studies focused on clinical practice were always present in this Hungarian psychoanalyst’s work, it is only from this time that he takes a more blunt stance in regard to issues and establishes experiments directed to the psychoanalytical technique that questioned certain conservative positions that had become orthodox within the core of Psychoanalysis. On the heels of Groddeck, Ferenczi maintained an autonomous and essential inquiring mode of thinking, considering it necessary not only to avoid dogmatism and what he classified as “hypocrisy”, but also to establish new boundaries for clinical practice. Thus, he shows the need to constantly problematize psychoanalytical therapeutics approach to expand its reach and retain the possibility of an ethical and responsible pattern work.

Therefore, we conclude that Ferenczi and Groddeck shared not only theoretical or technical positions but that something else also pervaded the relationship of these two authors that involved their stance as researchers and clinicians. After all, both are acknowledged in the history of the psychoanalytical movement for the originality with which they conceived their studies and the progressive and critical positions they assumed. Their most important papers show how much they cared for so-called “Applied Psychoanalysis” and how, before turning to metapsychological constructions, they sought to deal with difficulties faced in clinical practice. Ferenczi (1924a/2012) even stated that, in contrast with theory, psychoanalytical technique had been somehow neglected, and such a fact would be the real stimulus for conceptual advancements. For this reason, he always stressed the need to ceaselessly review theory based on new knowledge that constantly accrued from clinical practice.

We, however, deemed it necessary to clarify that Groddeck’s theoretical development regarding the psychological determinants of organic diseases is essentially supported on a symbolic and representational attempt that is itself based on the interpretation of symptoms. In this aspect, the author approximated his formulations to the theoretical model proposed by Freud to understand hysteria, who, as it is known, conceived of it as a bodily conversion of some psychological disturbance. It so happens that the position that was consolidated into “*Psychoanalytische Schriften zur Psychosomatik*”, generally speaking, supported the view that an organic disease would always “translate” something from the psychological process so that a “meaning” would invariably result, considering that this process was associated with a need he called “it” to express itself (Groddeck, 1920/2011). Hence, ultimately, the author endorsed, albeit indirectly, a supposed division between body and mind, while the latter would have prevalence over the former.

Similarly, as observed by Mészáros (2009), Ferenczi also insisted that the body be viewed as a system of symbols, with its own language, to report unconscious conflicts and, thus, would be impregnated with hidden messages that could be “decoded” by Psychoanalysis. Nevertheless, Ferenczi was not as radical as Groddeck regarding the hypothetical symbolic dimension of organic diseases. Furthermore, over time he begins to consider the subject from a different perspective, as he increasingly approaches issues related to primary object relations and advances postulations on the traumatic and archaic unpleasantness that would escape any representation, as we discuss later.

PSYCHONEUROSES VERSUS ACTUAL NEUROSES: EROGENOUS BODY AND BIOLOGICAL BODY

From a historical standpoint, still current impasses between Psychoanalytic Psychosomatics and Psychoanalysis would have its most remote source at the first moment of the theoretical development of Psychoanalysis, when Freud gave priority to the studies of psychoneuroses – a title that included both neuroses and psychoses, among which hysteria and paranoia are examples – and became occupied with the erogenous body at the expense of the biological body. That is so because the author at this point foregoes explanations directed to actual neuroses, a term that was coined to gather, in the first instance, anxiety neurosis and neurasthenia (FREUD, 1895/1996) and later also included hypochondria (FREUD, 1914/1996),

conditions that, similar to what occurs with hysteria, would occupy a central role in the composition of organic clinical symptoms unrelated to physiological damage.

After all, it is based on his work with hysterical patients that Freud starts to configure Psychoanalysis both as a theory, focused on the understanding of mental processes underlying psychoneuroses, and as clinical practice that prioritizes this type of demand. As a consequence, the terminology “actual neurosis” and texts that directly discussed it become increasingly rare among Freud’s works from the 1910s on. As highlighted by Ferraz (1997), such a fact is associated with increasing emphasis given in Freud’s studies to repression and child sexuality as the baseline for the construction of Psychoanalysis. The reason for this is that actual neuroses, as opposed to hysteria, would be directly related to the experience of disturbances in the sphere of adult sexuality and would accrue from processes that did not include psychological mediation.

In our view, for the time under discussion, the differentiation between psychoneuroses and actual neuroses led to the establishment of what would or would not be the object of Psychoanalysis. Freud even stated, after the establishment of basic principles, that actual neuroses did not offer any “leading point” to the analysis (1917/1996, p. 389). Ferenczi, however, believed, as Freud once did, that studies directed to the body’s organic dimension were an extension and expansion of Psychoanalysis and not something inherent to another scientific discipline that was alien to its precepts. The author ultimately saw Psychoanalysis as a vast field of knowledge – and in that initial context, had a lot to be explored – with the potential to enable multidisciplinary discussions and be directed to the clinical practice intended to work with the health of individuals, the central reference of which would be the understanding of the psychological apparatus based on unconscious formations, along with the history and subjective constitution of each individual.

Following this position of Ferenczi, important contributions are found concerning understanding of the mind-body interface, thus, contributions to further advancements in the field of Psychoanalytic Psychosomatics, especially when we work on Freud’s formulations concerning actual neuroses. In this sense, we consider it relevant to emphasize that the concept of actual neurosis – even if, at first, essentially related to neurasthenia – appears in the letters exchanged between Freud and Wilhelm Fliess (1858-1928), while we can find it for the first time in his scientific publication “Sexuality in the aetiology of the neuroses” (FREUD, 1898/1996). In this work, he argues that sexuality would be present and active in all psychoneuroses, albeit in different forms. In neurasthenia, disturbances in adult sexuality would trigger various symptoms, which could be discovered by collecting the patient’s anamnesis, especially because it would involve the subject’s more recent period of life. In psychoneuroses, however, recall would not be so simple, because it would be concerned with child sexuality permeated by repression.

Ferraz (1997) considers there to be some elements of actual neuroses that would also be present in certain organic diseases, especially chronic and non-transmissible diseases, as we could add. Among such elements, we specifically highlight the absence of psychological mediation in the formation of symptoms – which would not present themselves as a return to repression and, thus, it would not be possible to represent – and the current nature of triggering factors. Nonetheless, it is important to clarify that both Freud and Ferenczi considered actual neuroses invariably to refer to a disturbance and/or libidinal that went unsatisfied and was directly related to adult sexuality, rather than to child sexuality. Later, this understanding was expanded by Psychoanalytic Psychosomatics and other determinants were taken into account such as repressed aggressiveness (LAPLANCHE & PONTALIS, 2001).

When seen in the light of Freud’s contributions concerning actual neuroses, certain organic diseases differ from psychoneurotic symptoms, essentially due to the impossibility of an underlying psychological representation, a condition that would enable free access to stimuli directly to the somatic plan. After all, the clinical status of hysteria, devoid of a physiological basis, would show the influence of unconscious psychological processes and, precisely for this reason, would enable an investigative/interpretive approach through words. In certain organic diseases, in contrast, there would be a “flaw” in the para-excitation function, the objective of which is to contain tensions to which the psychological apparatus is subject and integrate these tensions into a signification chain. It is in this aspect that, as noted by Laplanche and Pontalis (2001), both the etiology and pathogenesis of actual neuroses would basically be somatic rather than psychological.

THE MIND-BODY INTERACTION IN PATHONEUROSIS AND ORGAN NEUROSIS

Ferenczi did not elect the mind-body interface as a central theme of his studies, thus there are not many publications, in his work as a whole, directly dedicated to the theme. Nonetheless, in his first text he more directly addressed this subject, titled “Disease or pathoneuroses” (FERENCZI, 1917a/2012), he finds inspiration in the theoretical model of hysteria. Only later does Ferenczi shed light on the role of representational “failures” and unpleasantness directed to the more archaic relationships between mother and infant as determinants both of mental and somatic functioning, approximating his formulations of the psychological factors of organic diseases in the theoretical model of actual neuroses, thus placing them such that they fall short of the representational-symbolic configuration.

Contextual considerations can help explain the situation of Psychoanalysis of that time in its history, therefore, explaining some of the paths taken by Ferenczi, or even Groddeck. Hence, we deem it relevant to note that at the time “Disease or pathoneuroses” was published, there were no conditions to categorically establish an understanding that organic diseases were devoid of symbolic meaning. At the time, shortly after the publication of Freud’s papers on metapsychology and a few years before the formulation of the second theory of psychical apparatus, some baseline points of Psychoanalysis were taking form, also in response to the first dissidents that sketched the theoretical models that arose from it, but who defended positions essentially different from those proposed by Freud.

At that point specifically, Psychoanalysis was situated to explore a still inhabited and vast theoretical path. The studies addressing early childhood and preoedipal development, and its more archaic relations, for instance, had not achieved significant results. Possibly because of that, interpretation and free association were seen as fundamental premises of Psychoanalysis, the only means to investigate mental functioning, which implied the centrality of language and representational determination of symbolic order, of any psychoneurotic symptom. We understand that, largely for that reason, in these first texts dedicated to exploring the body as imbricated in a complex unit together with the psyche, both Ferenczi and Groddeck tended to advocate the existence of symbolic meaning inherent to the mind-body interface.

As already mentioned, in the same year Ferenczi published “Disease or pathoneuroses”, Groddeck published “*Die psychische Bedingtheit und psychoanalytische Behandlung organischer Leiden*”. Both texts, though, have very distinct characteristics: Groddeck presents the basis of his proposals concerning the applications of Psychoanalysis to the understanding and treatment of psychological factors or organic diseases, while Ferenczi proposes thinking of the functioning of body and mind as concomitant and mutually influential. The interest in the body’s organic dimension and its view from psychoanalysis, however, is what both theorists have in common.

In “Disease or pathoneuroses”, Ferenczi (1917a/2012) reports some clinical cases he accompanied and that served to illustrate the existence of a close relationship between psyche-soma at the onset of organic diseases. What arouses curiosity is the fact that Ferenczi was willing to pursue study in an opposite direction, one that is typically explored in Psychosomatics. Specifically in this text, he presents situations in which a surgical intervention, or even an organic problem, would trigger, by association, some type of psychological disorder. For the author, these would be the neuroses resulting from a bodily condition, and not the opposite. Ferenczi called them pathoneuroses, or neuroses’ disease.

The individual’s bodily condition would be responsible for withdrawal of libido previously invested in the external world, and for its return, not to the self, as in secondary narcissism, but specifically to the organ affected, which would become super-invested and, consequently, also object of secondary satisfactions. Ferenczi also classifies the organ affected as “genitalized” when he states that it can also trigger erotic fantasies that would in turn be associated with regression. The author states that this “narcissist neurosis” that results from an organic condition belonged to cases in which the lesion or disease occurs in a strongly invested part of the body, and “with which the ego easily identifies itself entirely” (FERENCZI, 1917a/2012, p. 336). This part of the body is essentially an erogenous zone or even a part that plays a sexual role – as Ferenczi exemplifies with the face – and that could lead the patient to narcissist regressions.

The basis of the understanding established by Ferenczi for this phenomenon is close to that found in Groddeck, where he refers to a specific and subjective meaning attributed both to the lesion and to the organ that is in fact symbolized. We understand that, taking the reference model proposed by Freud for psychoneuroses, and more specifically for hysteria, Ferenczi intended, broadly speaking, to show that a primary organic condition may trigger a libidinal “disturbance”. The author also states that, in most cases, such a process is a regressive movement, often a narcissist one, due to the organic condition.

The mind-body interface in Sándor Ferenczi: a historical perspective of the Psychoanalytic Psychosomatics beginnings

Even without the intention to build a theoretical “extension” proposed to study organic diseases, Ferenczi gradually ends up addressing issues that had previously been neglected by discussions at time in Psychoanalysis – such as archaic relationships between mother-infant and the narcissistic, pre-symbolic, and developmental periods, or even regression, which later also appeared in some of his more polemic writings on psychoanalytical technique. This study’s objective, however, does not include Ferenczi’s last works, which address trauma theory or technical aspects he reconsidered in the clinical practice of those patients considered to be “difficult” because they presented some psychological functioning that differed from “classical” neurotic patients. We are fully aware that these writings are much in dialogue with the Psychoanalytic Psychosomatics in its contemporary advancements, but it seems that exploring them is more suitably a topic of another debate to be taken up at a later opportunity. For now, we are interested in highlighting those texts that directly focus on the mind-body interface.

Therefore, we need to mention another text, “Organ neuroses and their treatment,” in which Ferenczi (1926/2012) also addresses the subject and presents a more elaborate attempt to understand the psychological determinants of organic diseases and even proposes a new concept: organ neurosis or organic neurosis. Immediately in the opening of this text, the author defends the idea that many organic diseases have a psychological origin. Ferenczi, however, differentiates the process that would culminate with the outbreak of these diseases from hysterical conversion dynamics and associates it with the theoretical model of actual neuroses – especially neurasthenia – as established by Freud.

Ferenczi, however, had the idea of a specific directionality, even if different from Groddeck’s emphatic defense concerning the existence of unilateral determinism stemming from the psyche and affecting the body. Ferenczi imbues in his discussion the idea of the affected organ symbology and indirectly refers to their origins as a consequence of individual psychological functioning. It so happens that the organ neuroses mentioned by Ferenczi referred to organic diseases that arise from some disorder in adult sexuality. Thus, it is on this point that we can establish a close relationship between his formulation and the theoretical model of actual neuroses.

Among organ neuroses, the author mentions respiratory and cardiac diseases, which would bring, linked with its onset, something of a symbolic nature. Here we perceive that Ferenczi also fundamentally maintains his points of view previously presented when he defends, in “Disease or pathoneuroses,” the idea that the illness of an organ would be linked to libidinal super-investment – or “erotization”, related to the potential to obtain pleasure – which would lead to dysfunction. The author also sustains that it is only in organ neurosis that “this erotic or playful functioning can acquire excessive importance, to the point of disrupting its useful activity per se” (FERENCZI, 1926/2012, p. 417).

Ferenczi also indicated treatment possibilities for organ neuroses. In this sense, for part of these neuroses, and because they relate to adult sexuality, he first suggested that interventions, which he called “sexual hygiene”, intended to overcome obstacles imposed on the normal development of sexuality, would be efficacious. But Ferenczi does not make such a simplistic reading; he highlights that there are other psychological processes in addition to physical ones, which are related to disease because they disturb sexuality and also deserve special attention.

As the author proceeds with explanations concerning clinical practice, he reaffirms that the course of organic diseases tends to be positively or negatively affected by psychological influences and this type of investigation depends on the type of treatment that refers to the transference phenomenon, and mainly to suggestibility, both inherent to the therapeutic relationship. Ferenczi mentions the successes achieved by Psychoanalysis regarding the treatment of organic diseases and argues that such successes are due to the reestablishment of harmony in the patient’s affective and sexual life, making use of forces accruing from “sexual energy, as if self-preservation, in case of a very serious illness, had to resort to the conservation of the species” (FERENCZI, 1926/2012, p. 419).

Therefore, even if directly addressing the psychological aspects of organic diseases in a few texts, Ferenczi ends up strongly influencing further developments concerning this subject and mainly in regard to his proposals to reformulate psychoanalytical technique. After all, he supports the view that, in general, this technique should be seen as an “elastic” and flexible technique, subject to adjustments depending on the case, problem, or relationship established between analyst and patient, based on the analyst’s empathic understanding of the situation and use of “tact” and “feel with” (FERENCZI, 1928/2012). From a theoretical standpoint, this Hungarian psychoanalyst’s last writings addressing the analysis of “difficult” patients

complemented his proposals. The texts prioritize archaic object relations and propose an enlarged understanding of trauma in an early stage of development. These works would also ground the formulations of other authors in the field of Psychoanalytic Psychosomatics, even though such a fact is often not properly acknowledged.

It is relevant, just to illustrate and clarify, that according to Aisemberg (2010), the work “Psychosomatic medicine: its principles and applications”, written by Franz Alexander (1891-1964), also a Hungarian psychoanalyst, can be considered the inaugural mark of the Psychoanalytic Psychosomatics, even though he established principles from which some authors, especially those associated with the Paris Psychosomatic School, later detached themselves. Originally published in 1950, approximately two decades after “Organ neuroses and their treatment”, this work consolidates the term “vegetative neurosis” to name clinical conditions in which bodily functions were unbalanced due to chronic stimulation or inhibition from some physiological responses triggered by emotional stress (ALEXANDER, 1950/1989). That is, these conditions would be determined by the autonomous nervous system, which is not directly related to ideation processes. Precisely for this reason, there is a fundamental difference between these conditions and hysteria. The correspondence between notions of organ neurosis and vegetative neurosis, therefore, is evident, even though the latter was more widely disseminated than the former.

FINAL CONSIDERATIONS

This study's main objective, taking as its starting point a contextual outline of psychoanalytical productions from the beginning of the last century, was to analyze some of Ferenczi's writings addressing the mind-body interface and the psychological aspects of organic diseases. We inferred that this author's intellectual production ultimately triggered potentially progressive questioning at the heart of the psychoanalytical movement and also contributed to the expansion of psychoanalytical theory and technique. We also explored the relationship between Ferenczi and Groddeck, and how Groddeck influenced and inspired Ferenczi's further writings. We also outlined a contextual understanding of advancements and psychoanalytical proposals and Freud's theoretical-conceptual development up to that time. Note that Ferenczi resorts first to the theoretical model proposed by Freud to understand hysteria in an attempt to establish the origin of neuroses that result from surgical interventions or organic problems, the so-called pathoneuroses. Then later, Ferenczi aligns his formulations to those established by Freud regarding actual neuroses, by advocating the existence of a direct link between the onset of certain organic diseases – classified as organ neuroses – and disorders experienced in the sphere of adult sexuality. In this way, we argue that Ferenczi's publications provided very important support to the further progress achieved in the field of Psychoanalytic Psychosomatics.

Received: May 30, 2015. **Accepted:** October 03, 2015.

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The mind-body interface in Sándor Ferenczi: a historical perspective of the Psychoanalytic Psychosomatics beginnings

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¹ Support: Coordination for the Improvement of Higher Education Personnel (CAPES).